

	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 Includes consultations with a pharmacist. See Preventive Care for preventive services. <ul style="list-style-type: none"> Office visits (including Virtual Care – On Demand services) Office visit for women’s health Non-hospital urgent care centers All other office and clinic visits (including non-preventive nutritional therapy) 	Deductible, then 10% coinsurance Deductible, then 10% coinsurance Not available Deductible, then 10% coinsurance	Deductible, then 10% coinsurance Deductible, then 10% coinsurance Deductible, then 10% coinsurance Deductible, then 10% coinsurance	Deductible, then 40% coinsurance Deductible, then 40% coinsurance Deductible, then 40% coinsurance Deductible, then 40% coinsurance
Preventive Care <ul style="list-style-type: none"> Exams, screenings and immunizations Seasonal and travel immunizations Health education, preventive nutritional therapy for diseases such as diabetes, 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	Deductible, then 40% coinsurance Deductible, then 40% coinsurance Deductible, then 40% coinsurance
Contraception Management and Sterilization Male and female birth control and sterilization. (Vasectomy covered as preventive only if done in a doctor's office under local anesthetic) Up to a 12-month supply for contraceptive drugs and devices.	0% coinsurance, deductible waived	0% coinsurance, deductible waived	Deductible, then 40% coinsurance
Diagnostic X-ray, Lab and Imaging <ul style="list-style-type: none"> Preventive care screening and tests Lab Work Basic diagnostic x-ray and imaging Major diagnostic x-ray and imaging 	0% coinsurance, deductible waived Deductible, then 10% coinsurance Deductible, then 10% coinsurance Deductible, then 10% coinsurance	0% coinsurance, deductible waived Deductible, then 10% coinsurance Deductible, then 10% coinsurance Deductible, then 10% coinsurance	Deductible, then 40% coinsurance Deductible, then 40% coinsurance Deductible, then 40% coinsurance Deductible, then 40% coinsurance

	Hall Health Providers	In-Network Providers	Out-of-Network Providers
Surgery Services <ul style="list-style-type: none"> Inpatient hospital and professional services Outpatient hospital, ambulatory surgical center, including professional services 	<p>Not available</p> <p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 10% coinsurance</p> <p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 40% coinsurance</p> <p>Deductible, then 40% coinsurance</p>
Emergency Room In and out-of-network emergency room services covered at the same cost shares <ul style="list-style-type: none"> Facility fees. 	<p>Not available</p>	<p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 10% coinsurance</p>
<ul style="list-style-type: none"> Professional, diagnostic services, other services and supplies 	<p>Not available</p>	<p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 10% coinsurance</p>
Emergency Ambulance Services	<p>Not available</p>	<p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 10% coinsurance</p>
Urgent Care Centers	<p>Not available</p>	<p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 40% coinsurance</p>
Hospital Services <ul style="list-style-type: none"> Inpatient Care Outpatient Care 	<p>Not available</p> <p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 10% coinsurance</p> <p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 40% coinsurance</p> <p>Deductible, then 40% coinsurance</p>
Mental Health (Includes therapies provided for mental health conditions such as autism) <ul style="list-style-type: none"> Outpatient Inpatient and residential 	<p>10% coinsurance, deductible waived</p> <p>Not Available</p>	<p>10% coinsurance, deductible waived</p> <p>10% coinsurance, deductible waived</p>	<p>40% coinsurance, deductible waived</p> <p>40% coinsurance, deductible waived</p>
Chemical Dependency <ul style="list-style-type: none"> Outpatient Inpatient and residential 	<p>Deductible, then 0% coinsurance</p> <p>Not Available</p>	<p>Deductible, then 0% coinsurance</p> <p>Deductible, then 0% coinsurance</p>	<p>Deductible, then 0% coinsurance</p> <p>Deductible, then 0% coinsurance</p>
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. Abortion is also covered. <ul style="list-style-type: none"> Inpatient Hospital and professional services 	<p>Not available</p>	<p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 40% coinsurance</p>

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

Effective Date: 10/01/2020

	Hall Health Providers	In-Network Providers	Out-of-Network Providers
<ul style="list-style-type: none"> • Birthing center or short-stay facility • Diagnostic tests during pregnancy • Outpatient Professional • Midwife 	<p>Not available</p> <p>Deductible, then 10% coinsurance</p> <p>Deductible, then 10% coinsurance</p> <p>Not available</p>	<p>Deductible, then 10% coinsurance</p> <p>Deductible, then 10% coinsurance</p> <p>Deductible, then 10% coinsurance</p> <p>Deductible, then 20% coinsurance</p>	<p>Deductible, then 40% coinsurance</p> <p>Deductible, then 40% coinsurance</p> <p>Deductible, then 40% coinsurance</p> <p>Deductible, then 20% coinsurance</p>
<p>Home Health Care Limited to 130 visits per plan year</p>	Not available	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
<p>Hospice Care</p> <ul style="list-style-type: none"> • Home visits • Respite care, inpatient or outpatient 	<p>Not available</p> <p>Not available</p>	<p>Deductible, then 10% coinsurance</p> <p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 40% coinsurance</p> <p>Deductible, then 40% coinsurance</p>
<p>Habilitation Therapy (Neurodevelopmental)</p> <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. 	<p>Not available</p> <p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 10% coinsurance</p> <p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 40% coinsurance</p> <p>Deductible, then 40% coinsurance</p>
<p>Rehabilitation Therapy Please see <i>Mental Health</i> for therapies provided for mental health conditions such as autism.</p> <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. 	<p>Not available</p> <p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 10% coinsurance</p> <p>Deductible, then 10% coinsurance</p>	<p>Deductible, then 40% coinsurance</p> <p>Deductible, then 40% coinsurance</p>
<p>Skilled Nursing Facility and Care</p> <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 	<p>Not available</p> <p>Not available</p>	<p>\$300 copay, deductible then 10% coinsurance</p> <p>\$300 copay, deductible then 10% coinsurance</p>	<p>\$300 copay, deductible then 40% coinsurance</p> <p>\$300 copay, deductible then 40% coinsurance</p>

	Hall Health Providers	In-Network Providers	Out-of-Network Providers
Home Medical Equipment (HME), Supplies, Devices, Prosthetics and Orthotics Shoe inserts and orthopedic shoes not covered, unless it is diabetes-related.	Not available	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Acupuncture, Massage Therapy, Naturopathic Visits and Spinal Manipulation	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Allergy Testing and Treatment	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
Hearing Care Non-preventive, medically necessary hearing care supplies and procedures	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Temporomandibular Joint (TMJ) Disorders			
• Office visits	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
• Inpatient facility fees	Not available	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
• Other professional services	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
Transgender Surgery			
• Office visits	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
• Inpatient facility fees	Not available	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
• Other professional services	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
Transplants All approved transplant centers covered at in-network benefit level.			
• Office visits	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
• Inpatient facility fees	Not available	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
• Other professional services	Not available	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance
• Travel and lodging (as permitted under current IRS guidelines)	Not available	Deductible, then 10% coinsurance	Deductible, then 40% coinsurance

	Hall Health Providers	In-Network Providers	Out-of-Network Providers
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	
Cellular Immunotherapy And Gene Therapy <ul style="list-style-type: none"> • Office visits • Inpatient facility fees • Other professional services 	Deductible, then 10% coinsurance Not available Not available	Deductible, then 10% coinsurance Deductible, then 10% coinsurance Deductible, then 10% coinsurance	Deductible, then 40% coinsurance Deductible, then 40% coinsurance Deductible, then 40% coinsurance

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.