

2011 – 2012 Medical Plan Summary for Academic Student Employees

Student Benefits	Hall Health Center/ Rubenstein Pharmacy	Network Providers ¹	Non-network Providers ²
	You may use this option when registered for classes; when not registered, services and supplies are covered at network levels	You may use this option at any time	You may use this option at any time
Maximum Benefit	\$100,000/person/injury or sickness each plan year		
Hall Health Maximum Benefit	First \$1,000/person/plan year are covered in full (deductible & coinsurance are waived) Benefits then paid at network levels	Not Applicable	
Deductible	No deductible for first \$1,000/person/plan year Benefits then paid at network level of \$75/person each quarter; up to \$300/person each plan year	\$75/person each quarter; up to \$300/person each plan year	
Coinsurance	No coinsurance for first \$1,000/person/plan year Benefits then paid at network level of 90% of allowable charge	90% of allowable charge	60% of allowable charge
Out-of-Pocket Maximum Deductibles, copays, amounts above the allowed amount, balances remaining after maximums are met, outpatient rehabilitation, outpatient physical therapy, and neurodevelopmental therapy do not apply	\$1,125/person/plan year \$2,250/family/plan year (combined Hall Health/network)		No Maximum

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Student Benefits	Hall Health Center/ Rubenstein Pharmacy	Network Providers ¹	Non-network Providers ²
Hospital Expenses			
Inpatient Includes room and board, intensive care, miscellaneous hospital expenses, physiotherapy, surgery, assistant surgeon, anesthetist, registered nurse, physician's visits and pre-admission testing	Not Available	90% of allowable charge after deductible	60% of allowable charge after deductible
Outpatient Includes surgery, miscellaneous day surgery expenses, anesthetist, assistant surgeon, physician's visits, medical emergency, x-rays and laboratory, radiation therapy, tests and procedures as well as chemotherapy (does not include treatment associated with stem cell rescue or bone marrow transplant) Facility/clinic charges are not a covered medical expense	100% of preferred allowance after deductible for the following services/supplies: treatment by a doctor or surgeon, office and clinic visits, outpatient services, diagnostic x-ray and lab, surgical services, surgical dressings and casts, prosthetic appliances, rehabilitative care when prescribed by physician ³	90% of allowable charge after deductible	60% of allowable charge after deductible
Emergency Room Care	Not Available	90% of allowable charge after deductible	90% of allowable charge after deductible
Mental Health Treatment			
Inpatient No maximum but subject to plan maximum benefit and must be medically necessary.	N/A	90% of allowable charge after deductible	60% of allowable charge after deductible
Outpatient No maximum but subject to plan maximum benefit and must be medically necessary.	100% of allowable charge (no deductible); includes services at the Student Counseling Center at Schmitz Hall	90% of allowable charge after deductible	60% of allowable charge after deductible

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Student Benefits	Hall Health Center/ Rubenstein Pharmacy	Network Providers¹	Non-network Providers²
Prescription Drug Expenses (per prescription) (Includes, diabetic, contraceptive, and mental health drugs)			
Generic: Up to a 35-day supply	\$10 copay	80% after deductible	60% of allowable charge after deductible
Formulary: Up to a 35-day supply	\$25 copay	80% after deductible	60% of allowable charge after deductible
Nonformulary: Up to a 35-day supply	\$35 copay	60% after deductible	60% of allowable charge after deductible
Maintenance Medication⁴ Prescription Drug Expenses (mail order through Rubenstein Pharmacy)			
Generic: Up to a 90-day supply	\$10 copay plus shipping & handling fees	Not Available	
Formulary: Up to a 90-day supply	\$40 copay plus shipping & handling fees	Not Available	
Nonformulary: Up to a 90-day supply	\$80 copay plus shipping & handling fees	Not Available	
Additional Expenses			
Abortion	Not Available	90% of allowable charge after deductible	60% of allowable charge after deductible
Acupuncture, Massage, Naturopathy and Chiropractic Care Massage therapy covered with a physician referral only	Not Available	75% of allowable charge after deductible up to \$250/plan year (combined network/non-network)	50% of allowable charge after deductible up to \$250/plan year (combined network/non-network)
Alcohol and Chemical Dependency	Not Available	100% of allowable charge after deductible	100% of allowable charge after deductible up to
Ambulance	Not Available	Not Available	80% of allowable charge after deductible
Braces and Appliances and Durable Medical Equipment Does not include coverage for replacement or repair	Not Available	90% of allowable charge after deductible	
Dental For treatment due to injury to sound, natural teeth only	100% of allowable charge after deductible up to \$1,500/plan year		

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Student Benefits	Hall Health Center/ Rubenstein Pharmacy	Network Providers¹	Non-network Providers²
Diabetes Care Includes equipment and supplies prescribed by a physician as well as outpatient self-management training and education	Paid as any other sickness		Paid as any other sickness
Hearing Care	75% of allowable charge after deductible	75% of allowable charge after deductible	75% of allowable charge after deductible
Home Health Care	Not Available		60% of allowable charge after deductible up to 130 visits/plan year
Hospice Care	Not Available		60% of allowable charge after deductible up to 6 months
Immunizations Only certain services are covered under the preventive care benefit; see lists of covered services	100% of allowable charge for covered services		60% of allowable charge for covered services
Infusion Therapy Benefits are payable only when services are received in conjunction with Home Health or Hospice Care	Not Available	90% of allowable charge after deductible up to \$25,000/plan year (combined network/non-network)	60% of allowable charge after deductible up to \$25,000/plan year (combined network/non-network)
Lab Work	Covered lab charges incurred at or referred from Hall Health will be covered at 100% for covered services	90% of allowable charge after deductible for covered services	60% of allowable charge after deductible for covered services
Mammography Includes screening or diagnostic	Not Available	90% of allowable charge after deductible when recommended by physician	60% of allowable charge after deductible when recommended by physician
Maternity Care/Prenatal Testing	90% of allowable charge after deductible (outpatient maternity care received at Hall Health is covered at network levels)		60% of allowable charge after deductible
Midwifery	80% of allowable charge after deductible		80% of allowable charge after deductible
Neurodevelopmental Therapy Children age 6 and under	90% of allowable charge after deductible up to \$1,000/plan year (combined network/non-network)		60% of allowable charge after deductible up to \$1,000/plan year (combined network/non-network)

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Student Benefits	Hall Health Center/ Rubenstein Pharmacy	Network Providers ¹	Non-network Providers ²
Outpatient Physician's Visits	100% of allowable charge after deductible	90% of allowable charge after deductible	60% of allowable charge after deductible
Phenylketonuria Treatment	Not Available	Paid as any other sickness	Paid as any other sickness
Physiotherapy / Rehabilitation – Outpatient only	100% of allowable charge after deductible up to 12 visits/plan year Physician referral required; medical necessity will be reviewed after 12 visits (combined network/non-network)	90% of allowable charge after deductible up to 12 visits/plan year Physician referral required; medical necessity will be reviewed after 12 visits (combined network/non-network)	60% of allowable charge after deductible up to 12 visits/plan year Physician referral required; medical necessity will be reviewed after 12 visits (combined network/non-network)
Preventive Care Only certain services are covered under the preventive care benefit; see the 2011-2012 insurance booklet for a list of covered services.	100% of allowable charge for covered services		60% of allowable charge for covered services
Prostate Cancer Screening	Paid as any other sickness		Paid as any other sickness
Reconstructive Breast Surgery Post mastectomy	Paid as any other sickness		Paid as any other sickness
Skilled Nursing Facility	Not Available	90% of allowable charge after \$300/admission copay up to 90 days/plan year (combined network/non-network)	60% of allowable charge after \$300/admission copay up to 90 days/plan year (combined network/non-network)
Transplant Services and supplies related to covered transplants	Paid as any other sickness		Paid as any other sickness

¹ Network providers include Hall Health, University of Washington Medical Center (UWMC), University of Washington Physicians and University Physicians Network (UWP), Harborview, Seattle Cancer Care Alliance, Children's Hospital and Northwest Hospital & Medical Center.

² Non-network providers include all other doctors and hospitals. These providers may bill you for charges over the allowable charge. For non-emergency services of Washington, you may use a LifeWise contracted provider. If you use a provider that has a contract with LifeWise Assurance Company, then you will not have to pay any amount over the allowable charge. Please see the definition of Allowable Amount/Allowable Charge for more information. Locate a LifeWise contracted provider by calling Customer Service or go to <http://student.lifewiseac.com/uw/gaip>.

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³ When treatment is referred by Hall Health to a non-Hall Health provider, the network or non-network benefits will apply depending on the provider you see. This includes x-rays sent to a non-Hall Health radiologist for review. Covered lab work sent to an outside lab for analysis will be covered at 100%.

⁴ The eligibility of a prescription to fall under this benefit will be determined by LifeWise Assurance Company or Rubenstein Pharmacy as their designee. Please see the Prescription Drug benefit for certain prescription drugs that require pick-up from Rubenstein Pharmacy

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2011 – 2012 Medical Plan Summary for Dependents

Dependent Benefits	Network Providers (Including Hall Health)¹	Non-network Providers²
Maximum Benefit	\$100,000/injury or sickness each plan year	
Deductible	\$75/person each quarter; up to \$300/person each plan year	
Coinsurance	90% of allowable charge	60% of allowable charge
Out-of-Pocket Maximum Deductibles, copays, amounts above the allowed amount, balances remaining after maximums are met, outpatient rehabilitation, outpatient physical therapy, and neurodevelopmental therapy do not apply	\$1,125/person/plan year \$2,250/person/plan year	No Maximum
Hospital Expenses		
Inpatient Includes room and board, intensive care, miscellaneous hospital expenses, physiotherapy, surgery, assistant surgeon, anesthesiologist, registered nurse, physician visits and preadmission testing	90% of allowable charge after deductible	60% of allowable charge after deductible
Outpatient Includes surgery, miscellaneous day surgery expenses, anesthesiologist, assistant surgeon, physician's visits, medical emergency, x-rays and laboratory, radiation therapy, tests and procedures and chemotherapy (does not include treatment associated with stem cell rescue or bone marrow transplant) Facility/clinic charges are not a covered medical expense	90% of allowable charge after deductible	60% of allowable charge after deductible
Emergency Room Care	90% of allowable charge after deductible	90% of allowable charge
Mental Health Treatment		
Inpatient	90% of allowable charge after deductible	60% of allowable charge after deductible

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Dependent Benefits	Network Providers (Including Hall Health)¹	Non-network Providers²
Outpatient No maximum but subject to maximum benefit and must be medically necessary	90% of allowable charge after deductible; includes services at the Student Counseling Center at Schmitz Hall.	60% of allowable charge after deductible
Prescription Drug Expenses (per prescription)(Includes diabetic, contraceptive, and mental health drugs)		
Generic: Up to a 35-day supply	After you meet the deductible, the plan pays 80%/prescription	60% of allowable charge after deductible
Formulary: Up to a 35-day supply	After you meet the deductible, the plan pays 80%/prescription	60% of allowable charge after deductible
Nonformulary: Up to a 35-day supply	After you meet the deductible, the plan pays 60%/prescription	60% of allowable charge after deductible
Maintenance Medication³ Prescription Drug Expenses (mail order through Rubenstein Pharmacy)		
Generic: Up to a 90-day supply	After you meet the deductible, \$10 copay plus shipping & handling fees	Not Available
Formulary: Up to a 90-day supply	After you meet the deductible, \$40 copay plus shipping & handling fees	Not Available
Nonformulary: Up to a 90-day supply	After you meet the deductible, \$80 copay plus shipping & handling fees	Not Available
Additional Expenses		
Abortion	90% of allowable charge after deductible	80% of allowable charge after deductible
Acupuncture, Massage, Naturopathy and Chiropractic Care Massage therapy covered with a physician referral only	75% of allowable charge after deductible up to \$250/plan year (combined network/non-network)	50% of allowable charge after deductible up to \$250/plan year (combined network/non-network)
Alcohol and Chemical Dependency	100% of allowable charge after deductible	100% of allowable charge after deductible
Ambulance	Not Available	80% of allowable charge after deductible
Braces, Appliances and Durable Medical Equipment Does not include coverage for replacement or repair	90% of allowable charge after deductible	
Dental For treatment due to injury to sound, natural teeth only	100% of allowable charge after deductible up to \$1,500/plan year	

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Diabetes Care Includes equipment and supplies prescribed by a physician, and outpatient self-management training and education	Paid as any other sickness	Paid as any other sickness
Hearing	75% of allowable charge after deductible	75% of allowable charge after deductible
Home Health Care	Not Available	60% of allowable charge after deductible up to 130 visits/plan year
Hospice Care	Not Available	60% of allowable charge after deductible up to 6 months
Immunizations Only certain services are covered under the preventive care benefit. See lists of covered services	100% of allowable charge for covered services	60% of allowable charge for covered services
Infusion Therapy Benefits are payable only when services are received in conjunction with Home Health or Hospice Care	90% of allowable charge after deductible up to \$25,000/plan year (combined network/non-network)	60% of allowable charge after deductible up to \$25,000/plan year (combined network/non-network)
Lab Work	90% of allowable charge for covered services	60% of allowable charge after deductible for covered services
Mammography Includes screening or diagnostic	90% of allowable charge after deductible when recommended by a physician	60% of allowable charge after deductible when recommended by a physician
Maternity Care/Prenatal Testing	90% of allowable charge after deductible	60% of allowable charge after deductible
Midwifery	80% of allowable charge after deductible	80% of allowable charge after deductible
Neurodevelopmental Therapy Children age 6 and under	90% of allowable charge after deductible up to \$1,000/plan year (combined network/non-network)	60% of allowable charge after deductible up to \$1,000/plan year (combined network/non-network)
Outpatient Physician's Visits	90% of allowable charge after deductible	60% of allowable charge after deductible
Phenylketonuria Treatment	Paid as any other sickness	Paid as any other sickness

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Dependent Benefits	Network Providers (Including Hall Health)¹	Non-network Providers²
Physiotherapy / Rehabilitation – Outpatient only	90% of allowable charge after deductible up to 12 visits/plan year Physician referral required; medical necessity will be reviewed after 12 visits (combined network/non-network)	60% of allowable charge after deductible up to 12 visits/plan year Physician referral required; medical necessity will be reviewed after 12 visits (combined network/non-network)
Preventive Care Only certain services are covered under the preventive care benefit. Wee the 2011-2012 insurance booklet for a list of covered services.	100% of allowable charge for covered services	60% of allowable charge for covered services
Prostate Cancer Screening	Paid as any other sickness	Paid as any other sickness
Reconstructive Breast Surgery Post mastectomy	Paid as any other sickness	Paid as any other sickness
Skilled Nursing Facility	90% of allowable charge after \$300/admission copay up to 90 days/plan year (combined network/non-network)	60% of allowable charge after \$300/admission copay up to 90 days/plan year (combined network/non-network)
Transplant Services and supplies related to covered transplants	Paid as any other sickness	Paid as any other sickness

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