Dependents and Non-Registered Academic Student Employees – Medical Plan

	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			
• Office visits	10% coinsurance	10% coinsurance	40% coinsurance
• Telehealth services.	10% coinsurance	10% coinsurance	40% coinsurance
• Non-hospital urgent care centers	Not available	10% coinsurance	40% coinsurance
Preventive Care			
• Exams, screenings and immunizations	0% coinsurance, deductible waived	0% coinsurance, deductible waived	40% coinsurance
• Seasonal and travel immunizations	0% coinsurance, deductible waived	0% coinsurance, deductible waived	40% coinsurance
• Health education and nicotine dependency treatment	0% coinsurance, deductible waived	0% coinsurance, deductible waived	40% coinsurance
Contraception Management and Sterilization	0% coinsurance, deductible waived	0% coinsurance, deductible waived	40% coinsurance
Diagnostic X-ray, Lab and Imaging			
• Preventive care screening and tests	0% coinsurance, deductible waived	0% coinsurance, deductible waived	40% coinsurance
• Lab Work	10% coinsurance	10% coinsurance	40% coinsurance
• Basic diagnostic x-ray and imaging	10% coinsurance	10% coinsurance	40% coinsurance
• Major diagnostic x-ray and imaging	10% coinsurance	10% coinsurance	40% coinsurance
Surgery Services			
• Inpatient hospital and professional services	Not available	10% coinsurance	40% coinsurance
• Outpatient hospital, ambulatory surgical center, including professional services	10% coinsurance	10% coinsurance	40% coinsurance
Emergency Room			
• Facility fees. The copay is waived if you are admitted as an impatient through the emergency room.	Not available	10% coinsurance	10% coinsurance
• Professional, diagnostic services, other services and supplies	Not available	10% coinsurance	10% coinsurance
Emergency Ambulance Services	Not available	10% coinsurance	10% coinsurance
Hospital Services			
• Inpatient Care	Not available	10% coinsurance	40% coinsurance
• Outpatient Care	10% coinsurance	10% coinsurance	40% coinsurance
Mental Health, Behavioral Health and Chemical Dependency			
• Outpatient	10% coinsurance,	10% coinsurance	40% coinsurance
• Inpatient and residential	Not available	10% coinsurance	40% coinsurance

Dependents and Non-Registered Academic Student Employees – Medical Plan

Maternity and Newborn Care Prenatal, postnatal, delivery, and inpatient care. See also Diagnostic X-ray, Lab and Imaging. For specialty care see also Office and Clinic Visits. • Hospital • Birthing center or short-stay facility • Diagnostic tests during pregnancy • 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 • Home visits • Respite care, inpatient or outpatient	 Not available Not available	 10% coinsurance 10% coinsurance	 40% coinsurance 40% coinsurance
Habilitation Therapy • 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 • 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 • 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, 10% coinsurance $300 copay, 10% coinsurance	 $300 copay, 40% coinsurance $300 copay, 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	25% coinsurance	25% coinsurance	50% coinsurance
Allergy Testing and Treatment	10% coinsurance	10% coinsurance	40% coinsurance
Spinal or Other Manipulative Treatment	25% coinsurance	25% coinsurance	50% coinsurance
Temporomandibular Joint (TMJ) Disorders • 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 • Office visits • Inpatient facility fees • Other professional services • Travel and lodging.	 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

Dependents and Non-Registered Academic Student Employees – Medical Plan

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 ($10,000 lifetime maximum)	Not available	0% coinsurance, deductible waived	0% coinsurance, deductible waived
• Repatriation of Remains ($25,000 maximum)	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.