

Registered Academic Student Employee – Medical Plan

	Hall Health Providers	In-Network Providers	Out-of-Network Providers
<p>Hall Health Maximum Benefit</p> <p>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.</p> <p>Note: Not all services are provided at Hall Health</p>	<p>First \$1,000 per academic student employee per plan year are covered in full (deductible & coinsurance are waived)</p>	<p>Not Applicable</p>	
<p>Individual Deductible</p>	<p>\$75 per quarter / \$300 per plan year</p>		
<p>Individual Out-of-Pocket Maximum</p>	<p>\$1,200</p>	<p>Unlimited</p>	
<p>Family Out-of-Pocket Maximum</p>	<p>\$2,400</p>	<p>Unlimited</p>	
<p>COMMON MEDICAL SERVICES</p>			
<p>Office and Clinic Visits</p> <ul style="list-style-type: none"> Office visits Telehealth services. Non-hospital urgent care centers 	<p><i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i></p> <p>0% coinsurance 0% coinsurance Not available</p>	<p>10% coinsurance 10% coinsurance 10% coinsurance</p>	<p>40% coinsurance 40% coinsurance 40% coinsurance</p>
<p>Preventive Care</p> <ul style="list-style-type: none"> Exams, screenings and immunizations Seasonal and travel immunizations Health education and nicotine dependency treatment 	<p><i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i></p> <p>0% coinsurance, deductible waived 0% coinsurance, deductible waived 0% coinsurance, deductible waived</p>	<p>0% coinsurance, deductible waived 0% coinsurance, deductible waived 0% coinsurance, deductible waived</p>	<p>40% coinsurance 40% coinsurance 40% coinsurance</p>
<p>Contraception Management and Sterilization</p>	<p><i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i></p> <p>0% coinsurance, deductible waived</p>	<p>0% coinsurance, deductible waived</p>	<p>40% coinsurance</p>
<p>Diagnostic X-ray, Lab and Imaging</p> <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 	<p><i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i></p> <p>0% coinsurance, deductible waived 0% coinsurance, deductible waived 0% coinsurance 0% coinsurance</p>	<p>0% coinsurance, deductible waived 10% coinsurance 10% coinsurance 10% coinsurance</p>	<p>40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance</p>

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Surgery Services <ul style="list-style-type: none"> Inpatient hospital and professional services Outpatient hospital, ambulatory surgical center, including professional services 	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i> Not available 0% coinsurance	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
Emergency Room <ul style="list-style-type: none"> Facility fees. The copay is waived if you are admitted as an inpatient through the emergency room. Professional, diagnostic services, other services and supplies 	Not available Not available	10% coinsurance 10% coinsurance	10% coinsurance 10% coinsurance
Emergency Ambulance Services	Not available	10% coinsurance	10% coinsurance
Hospital Services <ul style="list-style-type: none"> Inpatient Care Outpatient Care 	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i> Not available 0% coinsurance	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
Mental Health, Behavioral Health and Chemical Dependency <ul style="list-style-type: none"> Outpatient (there are no fees at the Counseling Center for registered students) Inpatient and residential 	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i> 0% coinsurance, deductible waived Not available	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
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. <ul style="list-style-type: none"> Hospital Birthing center or short-stay facility Diagnostic tests during pregnancy Professional Midwife 	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</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
Home Health Care <ul style="list-style-type: none"> Limited to 130 visits per plan year 	Not available	10% coinsurance	40% coinsurance
Hospice Care <ul style="list-style-type: none"> Home visits Respite care, inpatient or outpatient 	Not available Not available	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
Habilitation Therapy <ul style="list-style-type: none"> Inpatient (limited to 30 days per plan year) Outpatient (medical necessity will be 	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i> Not available 10% coinsurance	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance

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reviewed after 12 visits combined in-network and out-of-network)			
Rehabilitation Therapy <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) 	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i> Not available 0% coinsurance	10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance
Skilled Nursing Facility and Care <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 	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	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i> 25% coinsurance	25% coinsurance	50% coinsurance
Allergy Testing and Treatment	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i> 0% coinsurance	10% coinsurance	40% coinsurance
Spinal or Other Manipulative Treatment	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i> 25% coinsurance	25% coinsurance	50% coinsurance
Temporomandibular Joint (TMJ) Disorders <ul style="list-style-type: none"> Office visits Inpatient facility fees Other professional services 	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</i> 0% coinsurance Not available 0% coinsurance	10% coinsurance 10% coinsurance 10% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
Transplants <ul style="list-style-type: none"> Office visits Inpatient facility fees Other professional services Travel and lodging. 	<i>After \$1,000 Hall Health Maximum Benefit, benefits paid at:</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
Transgender Surgery	Not available	25% coinsurance	40% coinsurance

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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) • Repatriation of Remains (\$25,000 maximum)	Not available	0% coinsurance, deductible waived	0% coinsurance, deductible waived
	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 LifeWiseCustomer Service.