

# UNIVERSITY of WASHINGTON

## APPENDIX 1: GAIP Group Medical Plan Summary

UW GAIP Benefits: 2015 - 2018 Contract			
Benefits	Hall Health*	In-Network	Out-of-Network
Premiums	The University pays 100% of the Academic Student Employee (ASE) premium and contributes 65% of the cost for dependent premiums.		
Annual Maximum	Unlimited		
Pre-Existing and Transplant Waiting Periods	No waiting period		
Out-of-Pocket Maximum	\$1,200 per person, per plan year (Includes deductible of \$75 per quarter / \$300 per plan year , co-insurance, and medical co-pays and Rx cost share)		Unlimited
Family Maximum	\$2,400 per family, per plan year (Includes \$600 annual deductible, co-insurance, and medical co-pays and Rx cost shares)		Unlimited
Hall Health*	<b>First \$1,000 covered in full</b> per plan yr/per ASE (deductible and coinsurance waived). Then benefits paid at network levels. <i>Dependents or UW students not enrolled for classes: benefits are paid at network levels.</i>	Not Applicable	
Coinsurance	<b>First \$1,000 covered in full</b> per plan yr/per ASE (deductible & coinsurance waived). Benefits then paid at network level of 90% of allowed charges.  <i>Dependents or students not enrolled for UW classes:</i> Benefits are paid at network levels and are subject to network level deductibles and plan limits.	Paid at 90% after deductible	Paid at 60% after deductible
Deductible	<b>No deductible for first \$1,000 per ASE, per plan year</b> , then network deductibles apply. <i>Dependents or UW students not enrolled for classes: pay network deductible amounts.</i>	\$75 per quarter / \$300 per plan year	
Coordination of Benefits	2014-15 GAIP Plan is considered a Large Employer plan (by the WA OIC), which required coordination of benefits to be filed as 'primary'  When you have more than one health plan, "coordination of benefits (COB)" makes sure that the combined payments of all your plans don't exceed your covered health costs. You or your provider should file your claims with your primary plan first.		

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Office and Clinic Visits Office visits • Office visits • Office visit with your Gynecologist • Non-hospital urgent care centers • All other Provider office visits (excluding Naturopathic Visits)	<b>First \$1,000 covered in full</b> per plan yr/per ASE (deductible & coinsurance waived). Benefits then paid at network level of 90% of allowed charges.  <i>Dependents or UW students not enrolled for classes:</i> Benefits are paid at network levels and are subject to network level deductibles and plan limits.	90% of allowable charge after deductible	60% of allowable charge after deductible
<b>Preventive Care</b>			
Exams, screenings and immunizations	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60% after deductible
Seasonal immunizations at a pharmacy	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60% after deductible
Health education and tobacco cessation programs	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60% after deductible
Contraception Management and Sterilization	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60% after deductible
<b>Diagnostic X-ray, Lab and Imaging</b>			
Preventive care screening and testing	Lab work billed or referred by Hall Health will be covered at 100%. When x-rays are performed at Hall Health but referred to or billed from a non-Hall Health provider, members are responsible for applicable cost-shares.	Paid at 100%, deductible waived	Paid at 60% after deductible
Basic diagnostic x-ray, lab and imaging		Paid at 90% after deductible	Paid at 60% after deductible
Major diagnostic x-ray and imaging		Paid at 90% after deductible	Paid at 60% after deductible
<b>Prescription Drugs</b>			
Preventive drugs	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60% after deductible
Generic drugs	\$10 copay, Maintenance Drugs \$10 copay + shipping & handling	Paid at 80% after deductible	
Formulary brand name drugs	\$25 copay, Maintenance Drugs \$40 copay + shipping & handling	Paid at 80% after deductible	
Non-Formulary drugs	\$35 copay, Maintenance Drugs \$80 copay + shipping & handling	Paid at 60% after deductible	
Oral chemotherapy drugs	Subject to applicable copay	Paid at 90% after deductible	Paid at 60% after deductible
<b>Hospital Services</b>			
Inpatient Care	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Outpatient care	*Paid at 100% after deductible	Paid at 90% after deductible	Paid at 60% after deductible

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Surgery Services	Coverage for medically necessary transgender (sexual reassignment) surgery included as a covered surgery and paid at network levels.		
Inpatient hospital	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Outpatient hospital, ambulatory	*Paid at 100% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Professional services	*Paid at 100% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Emergency Room			
Facility fees	Not Available	Paid at 90% after deductible	Paid at 90% after deductible
Professional, diagnostic and other	Not Available	Paid at 90% after deductible	Paid at 90% after deductible
Emergency Ambulance Services	Not Available	Paid at 90% after deductible	
Urgent Care Centers	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Mental Health			
Office visits (there are no fees at the Counseling Center for registered students)	Paid at 100%, deductible waived	Paid at 90% after deductible	Paid at 60% after deductible
Outpatient facility (there are no fees at the Counseling Center for registered students)	Paid at 100%, deductible waived	Paid at 90% after deductible	Paid at 60% after deductible
Inpatient and residential	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Chemical Dependency Treatment			
Office visits (there are no fees at the Counseling Center for registered students)	Paid at 100%, deductible waived	Paid at 100% of allowable charge	Paid at 100% of allowable charge
Outpatient facility (there are no fees at the Counseling Center for registered students)	Paid at 100%, deductible waived	Paid at 100% of allowable charge	Paid at 100% of allowable charge
Inpatient and residential	Not Available	Paid at 100% of allowable charge	Paid at 100% of allowable charge

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<b>Maternity and Newborn Care</b>			
Hospital	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Birthing Center	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Diagnostic tests during pregnancy	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Midwifery	Paid at 80% after deductible	Paid at 80% after deductible	Paid at 80% after deductible
Professional	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Hearing Care	Paid at 75% after deductible	Paid at 75% after deductible	Paid at 75% after deductible
<b>Hospice Care</b>			
Home Visits	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Respite care, inpatient or outpatient	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
<b>Habilitation Therapy</b>			
		(Neurodevelopmental)	
Inpatient (limited to 30 days per plan year)	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Outpatient (limited to 12 visits per plan year, combined in/out of network)	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
<b>Rehabilitation Therapy</b>			
Inpatient (limited to 30 days per plan year)	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Outpatient Medical necessity will be reviewed after 12 visits (combined in/out of network)	*Paid at 100% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
<b>Skilled Nursing Facility and Care</b>			
Skilled nursing facility care limited to 90 days per plan year	Not Available	\$300 copay, then Paid at 90% after deductible	\$300 copay, then Paid at 60% after deductible
Skilled nursing care in the long-term care facility limited to 90 days per plan year	Not Available	\$300 copay, then Paid at 90% after deductible	\$300 copay, then Paid at 60% after deductible
Home Medical Equipment (HME), Supplies, Devices, Prosthetics and Orthotics	Not Available	Paid at 90% after deductible	Paid at 90% after deductible

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Acupuncture, Massage Therapy and Naturopathic Visits	Not Available	Paid at 75% after deductible	Paid at 50% after deductible
Allergy Testing and Treatment	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Chemotherapy, Radiation Therapy and Kidney Dialysis	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Clinical Trials	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Dental Accidents	Not Available	Paid at 100%	Paid at 100% (of allowable amount)
Foot Care	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Infusion Therapy	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Mastectomy and Breast Reconstruction	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Medical Foods	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Spinal or Other Manipulative Treatment	Not Available	Paid at 75% after deductible	Paid at 50% after deductible
Temporomandibular Joint (TMJ)			
Office visits	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Inpatient facility fees	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Other professional services	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Therapeutic Injections	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Transplants	All approved transplant centers covered at in-network benefit level		
Office visits	*Paid at 90% after deductible	Paid at 90% after deductible	Paid at 60% after deductible
Inpatient facility fee	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Other professional services	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Travel and lodging	Not Available	Paid at 90% after deductible	Paid at 60% after deductible
Abortion	Not Available	Paid at 90% after deductible	Paid at 80% after deductible
Emergency Medical Evacuation and Repatriation of Remains			
Emergency Medical Evacuation: \$10,000 maximum	Not Available	Not Available	No Charge
Repatriation of Remains \$25,000 maximum	Not Available	Not Available	No Charge
Pediatric Dental and Vision	Pediatric benefits subject to the medical plan annual maximum (Unlimited)		

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## GAIP Dental Plan Summary

UW GAIP Dental Benefits: 2015 - 2018 Contract	
Benefits	
Network	Under this plan you have the option of seeking care from any licensed dentist. (Services not applicable at Hall Health)
Deductible	
Individual	\$25 per person, per plan year
Family maximum	\$75 per family, per plan year
Applies to	Basic and Major Services
Annual Maximum per person	\$1,500 per person, per year
Diagnostic & Preventive Services	
Exams	Paid at 100% , no deductible (up to two routine exams each plan year)
Cleanings	Paid at 100% , no deductible (up to two cleanings each plan year)
Sealants (up to age 14)	Paid at 100%, no deductible (once every three years per tooth for permanent upper or lower molars with no decay)
Fluoride Treatment	Paid at 100% , no deductible (up to two times each plan year through age 18)
X-rays	Paid at 100%, no deductible (4 bitewings per year, up to 10 periapical x-rays) or panoramic x-rays once every 3 years); supplementary bitewing x-rays once every six month.
Basic Restorative Services	
Fillings	Paid at 80%, after deductible
Endodontics (Root Canal)	Paid at 80%, after deductible
Periodontics (Gum Disease)	Paid at 80%, after deductible
Simple Extractions	Paid at 80%, after deductible
Major Services	
Crowns, Inlays, Onlays	Paid at 50%, after deductible
Bridges and Dentures	Paid at 50%, after deductible
Orthodontics	Not Covered
Dental Accidents	Accidental dental injury expenses are covered in full, even when provided by an out-of-network provider
Notes	Coverage is available for a covered dental condition for members age 19 and older. Dental care for a child (< age 19) is covered under Pediatric Dental Services.

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## GAIP Vision Plan Summary

UW GAIP Vision Benefits: 2015 - 2018 Contract	
Benefits	
Network	Under the vision plan you can receive services from any licensed vision care provider.
Deductible	
Exam	\$10
Frames/Lenses (combined)	\$25
Contacts	\$25
Eye Exam	Paid at 100% after deductible (once every 12 months up to \$60)
Lenses**	Paid at 100% after deductible once every 12 months up to:
Single Vision	\$50 per pair
Bifocal	\$70 per pair
Trifocal	\$90 per pair
Lenticular or Aphakic	\$135 per pair
Frames**	Paid at 100% after deductible (once every 24 months up to \$70)
Contacts (instead of lenses and frames***)	Plan pays 100% after deductible once every 12 months up to:
Necessary	\$250/pair or up to the limit for disposable contact lenses
Cosmetic	\$105/pair or up to the limit for disposable contact lenses
Limitations	Vision services do not apply toward the medical plan out-of-pocket maximum.
Notes	The plan does not cover facility fees (if any) charged by some providers (such as hospitals). **Sales tax, shipping and handling costs apply to the limit. ***After the purchase of contacts, lenses are not covered for another 12 months and frames are not covered for another 24 months.

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