

# **STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

*Designed for the students of:*



**900 State Street  
Salem, OR 97301**

**2006—2007**

**Policy number  
US7099-06B0424**

**Please keep this outline of coverage for future reference.**



## COVERAGE

This brochure is a brief description of the benefits provided through *Willamette University* for half-time to full-time students for the 2006-2007 academic year.

## ELIGIBILITY

Every half-time to full-time student, undergraduate and graduate is provided the **Basic Accident Benefit**. Coverage is in effect for the 9-month academic year. Students are covered from the first to the last date they are required to be on campus and coverage will continue in force between Christmas and Spring breaks provided the student remains registered for each subsequent academic session.

All half-time to full-time students are automatically enrolled in the **Hard Waiver Accident & Sickness Plan** expanding the **Basic Accident Benefit** as well as adding **sickness** benefits for 12 months. The coverage period is from August 15, 2006 through August 25, 2007. *Coverage is not prorated for students enrolling in the spring term.* The **Hard Waiver Accident & Sickness Plan** is provided at an annual cost of \$465 for students who are age 24 and under and \$765 for students who are 25 and older on August 15, 2006. Cost of the plan will be determined by the student's age on August 15, 2006. The above rates include a Health Center Fee for administration of the program.

Participation in the **Hard Waiver Accident & Sickness Plan** is required unless a signed waiver card, identifying comparable coverage, is returned to the Student Accounts Office within 10 days after the fall semester classes begin for your academic program. *No exceptions will be made for waiver cards received after the deadline.*

Students who drop below half-time or withdraw for non-medical reasons during the policy term lose their eligibility for benefits under either plan with no refund. Coverage for students who enroll late because of loss of primary coverage, is effective on the date the Student Accounts Office receives your payment for the full premium.

Students with a large deductible on their primary insurance plan or an HMO or PPO plan that excludes all out-of-network services should seriously consider purchasing the **Hard Waiver Accident & Sickness Plan**. Your participation in this plan will provide additional coverage that can help fill the gaps of your current health insurance policy.

## REFUND PROVISION

In the event a **covered person** leaves school to enter active military service, coverage will cease and a pro-rata refund of premium will be made upon written request.

## EXCESS COVERAGE PROVISION

Your benefits are payable for **covered expenses** not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the **covered expenses** up to the limits of the policy.

## SUBROGATION

When benefits are paid to or for a **covered person** under the terms of this policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or is found legally liable by a Court of competent jurisdiction for the **sickness** or **injury** that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The **covered person** agrees to sign papers and do whatever else is necessary to transfer their rights to us. We will exercise such rights on their behalf. The **covered person** further agrees to furnish us with all relevant information and documents.

## DEFINITIONS

**Accident** means a specific unforeseen event which happens while the **covered person** is covered under this policy and which directly, and from no other cause, results in **injury**.

**Covered Expense** means charges:

- Not in excess of the **usual, reasonable and customary** charge;
- Not in excess of the maximum benefit amount payable per service as shown in the Description of Benefits;
- Made for medical services and supplies not excluded under the policy;
- Made for services and supplies which are **medically necessary**; and
- Made for medical services specifically included in the Description of Benefits.

**Covered Person** means an eligible student.

**Deductible** means the amount of **covered expenses** paid by you before benefits are payable under the policy. The **deductible** amount is shown in the Description of Benefits.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his license.

**Doctor** does not include:

- You;
- Your spouse, dependent, parent, brother, or sister; or
- A person who ordinarily resides with you.

**Hospital** means an institution;

- Operated pursuant to law;
- Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- Under the supervision of a staff of **doctors**;
- Providing 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
- With medical, diagnostic and treatment facilities, and with major surgical facilities on its premises; or available on a prearranged basis; and
- Charging for its services.

**Hospital** does *not* include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics (except as stated below); or
- Rehabilitation.

For treatment of chemical dependency the definition of **hospital** includes a treatment center which provides a program for treatment of chemical dependency according to a written treatment plan approved and monitored by a **doctor**. Such facility must be: 1) affiliated with a **hospital** under a contract agreement with an established system of outpatient referrals; or 2) accredited as such by the Joint Commission on Accreditation of Hospitals; or 3) licensed as a chemical dependency treatment program; or 4) licensed, certified or approved as an chemical dependency treatment program or center by any state agency having legal authority to so license, certify or approve.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an **accident**. All **injuries** to the same person sustained in one **accident**, including all related conditions and recurring symptoms of **injuries** will be considered one **injury**.

**Medically Necessary** means those services or supplies provided or prescribed by a **hospital** or **doctor**:

- Essential for the symptoms and diagnosis or treatment of the **sickness** or **injury**;
- Provided for the diagnosis, or the direct care and treatment of the **sickness** or **injury**;
- In accordance with the standards of good medical practice;
- Not primarily for your convenience or that of your **doctor**; and
- That are the most appropriate supply or level of service that can safely be provided.

**Natural Teeth** means **natural teeth** or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

**Physiotherapy** means any form of the following:

physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a **doctor**.

**Sickness** means illness or disease of the **covered person**. **Sickness** includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of **sickness** will be considered one **sickness**.

**Usual, reasonable and customary (URC)** means:

- Charges and fees for medical services or supplies that are the lesser of: The usual charge by the provider for the service or supply given; or the average charged for the service or supply in the area where service or supply is received; and
- Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

## **EXTENSION OF BENEFITS**

The coverage under this policy ceases on the expiration date for **covered persons** who are not eligible to continue coverage under the new or renewal policy issued to the Institution. If, however, on the expiration date, the **covered person** is confined to a **hospital** for a condition covered by this policy, benefits will be extended for the condition for up to 30 days after the expiration date as long as the **covered person** remains **hospital** confined.

***TO BE ELIGIBLE FOR REIMBURSEMENT A CLAIM FORM MUST BE SUBMITTED WITHIN 180 DAYS FROM THE DATE OF INJURY OR FIRST TREATMENT FOR A SICKNESS.***

## **DESCRIPTION OF BENEFITS**

### **HOSPITAL & SURGICAL PROVISIONS:**

1. **Hospital** room and board are included up to the semi-private room rate;
2. When more than one surgical procedure is performed at the same time, through the same incision, the highest payment will be for the surgery which costs the most. We will pay a maximum of 50% for a second surgical procedure and 25% for the third surgical procedure;
3. Services of an assistant surgeon are included, up to 25% of the amount payable for the surgery;
4. Services of an anesthetist who is not employed or retained by the **hospital** are included, up to 25% of the amount payable for the surgery;
5. If the Insured student is admitted into the **hospital** on a Friday or Saturday on a non-emergency basis and the procedure for which the student is admitted is not performed on the date of or the date after the admission, We will not pay the **hospital** room & board or miscellaneous Expenses for the initial Friday or Saturday preceding the procedure.

Expenses incurred on an outpatient basis for **physiotherapy** due to an **accident** or **sickness** is limited to \$300 unless specifically ordered by an orthopedic doctor. **Physiotherapy** includes any form of physical or mechanical therapy, diathermy, ultrasonic therapy, heat treatment in any form, manipulation or massage.

**BASIC ACCIDENT BENEFIT: \$2,500**

This benefit is provided by the University to all eligible students for the 9-month academic year and is payable at 100% of **URC** with no **deductible**. Coverage for intercollegiate athletic **injuries** is provided under a separate plan. This coverage is excess over any other valid and collectible insurance.

When your **injury** requires (a) treatment by a **doctor**; (b) **hospital** services; (c) services of a licensed practical nurse or RN; (d) x-ray service; (e) use of operating room, anesthesia, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a **doctor**, prescription medicines, drugs, or any other therapeutic services or supplies; or (i) home health care, we will pay the **covered expense** incurred within (104) weeks after the date of the **accident** up to a maximum of \$2,500 within the U&C.

This benefit includes coverage for treatment of **injury** to **natural teeth**.

Initial medical treatment must be incurred within 90 days from the date of the **accident**.

**HARD WAIVER ACCIDENT & SICKNESS PLAN: \$10,000 AGGREGATE LIMIT**

*This coverage applies only to eligible students who have paid for this coverage and did not return a waiver form.*

**WILLAMETTE UNIVERSITY BISHOP WELLNESS CENTER REQUIREMENTS:**

The **Hard Waiver Accident & Sickness Plan** will supplement the services normally available to students through the Bishop Wellness Center. No **covered expense** under this plan will be considered unless incurred as a result of being seen and referred to a medical provider by the personnel of the Bishop Wellness Center. This provision is waived for medical emergencies.

The Bishop Wellness Center is closed during Christmas and Spring break, summer, evenings, weekends and recognized University Holidays. Claims for **covered expenses** incurred when the Bishop Wellness Center is closed must be reported and approved once it reopens.

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.

**EXPANDED ACCIDENT BENEFIT: \$7,500**

This benefit is payable at 80% of **URC** for any one **injury** that has exceeded the **Basic Accident Benefit** of \$2,500. Both the **Basic Accident Benefit** and the **Expanded Accident Benefit** combined may not exceed the aggregate limit of \$10,000. The first **covered expense** must be incurred within 90 days from the date of **accident** and incurred within 104 weeks from the date of **accident**

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:**

Accidental Death and Dismemberment insurance covers you for a loss as shown below. The loss must result from an **accident**, directly and independently of all other causes. The **accident** must take place while you are a **covered person** under this policy. Also, the loss must take place within fifty-two (52) weeks after the **accident**. The following table shows the amounts we will pay:

For loss of life.....	<b>\$1,000</b>
Both hands or both feet or sight of both eyes..	<b>\$1,000</b>
One hand and one foot.....	<b>\$1,000</b>
One hand and sight of one eye.....	<b>\$1,000</b>
One hand or one foot or sight of one eye.....	<b>\$ 500</b>

**SICKNESS INPATIENT BENEFIT: \$10,000**

When your **sickness** requires **hospital** confinement (18 consecutive hours or more), we will consider the **covered expenses** incurred by you to the aggregate limit of \$10,000 after a \$50 **deductible** per **sickness**. Expenses are covered provided you are a **covered person** during the time the **covered expense** is incurred.

- The covered percentage is 100% of **URC** for the first \$300, then 80% thereafter up to the maximum;
- **Hospital** miscellaneous charges are included;
- Surgery charges are included based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile;
- In **hospital doctor** charges are included.

**SICKNESS OUTPATIENT BENEFIT: \$2,000**

A **REFERRAL** from Student Health Services must be secured for outpatient treatment. This provision is waived in case of a medical emergency or when the Bishop Wellness Center is not accessible.

**The maximum limit for all combined sickness outpatient expenses shown below may not exceed \$2,000 per sickness. Expenses are covered provided you are insured during the time the covered expense is incurred.** If, while not confined to a **hospital**, your **sickness** requires emergency room services, ambulance service, diagnostic x-ray or laboratory services, the services of a **doctor**, prescribed medicines and therapeutic services or supplies, We will consider the Expense up to the combined maximum limit of \$2,000 of **URC** per **sickness**.

- There is a \$50 deductible per sickness.
- The payment schedule is 80% of the URC up to the maximum limit.

\*\*Prescriptions ordered by Bishop Wellness Center and filled at participating AVIA Pharmacies are only subject to a \$15 deductible for generic and \$25 for brand name prescriptions.

**Pap Smear Expense Benefit:** We shall pay for an annual cervical smear or Pap smear test for female **covered persons**.

**The maximum limit for all combined sickness Outpatient Expenses shown above may not exceed \$2,000 per sickness.**

**ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$10,000 PER ACCIDENT OR SICKNESS.**

**Any expense not specifically listed in the preceding sections is not covered.**

**OUTPATIENT MENTAL ILLNESS & CHEMICAL/SUBSTANCE ABUSE BENEFIT: \$3,000**

If, while not confined to a **hospital**, your **sickness** requires the services of a licensed psychiatrist, **doctor**, or psychologist, prescriptions or lab expenses, we will pay the eligible **covered expenses** at 80% of the **URC** to the maximum limit of \$3,000 per **sickness**, after a \$50 deductible.

**OUTPATIENT SURGICAL EXPENSE: \$3,000**

*If, while not confined to a hospital, your sickness requires surgery, we will consider the covered expenses subject to the Hospital & Surgical Provisions to the \$3,000 maximum limit.*

Treatment for bony impacted wisdom teeth or dental abscesses is limited to a maximum of \$100 per tooth, \$400 total.

***The maximum limit for all combined Outpatient Surgical Expenses may not exceed \$3,000 per sickness.***

**INCREASED SUPPLEMENTAL MEDICAL PLAN**

If you would like to extend your coverage beyond the aggregate limit that is provided through the Student **Accident & Sickness** Plan, you may enroll in the Increased Supplemental Medical (Buy-up) Plan. The Increased Supplemental Medical Plan provides benefits only after the Student **Accident & Sickness** Plan Aggregate Limit has been exhausted. Coverage is then provided for **covered expenses** at 80% of the **URC** charge to the limit purchased below.

Below are some important things you should know about the Increased Supplemental Medical Plan.

- Payment must be received by October 15, 2006. No payments will be accepted after October 15, 2006.
- Coverage becomes effective the date the payment is received.
- Only Cashier's Checks or Money Orders will be accepted. No personal checks please.
- The Increased Supplemental Medical Plan does not extend the Outpatient Benefit Limits under the Student **Accident & Sickness** Plan.
- The Increased Supplemental Medical Plan has a deductible that is only satisfied by the Student **Accident & Sickness** Plan Aggregate Limit.
- The Increased Supplemental Medical Plan provides benefits at 80% of **URC** for eligible expenses.
- All exclusions and limitations provided under the Student **Accident & Sickness** Plan are duplicated in the Increased Supplemental Medical Plan.
- Enrollment information can be found at the Willamette University student insurance website:

<http://www.willamette.edu/dept/health/insurance.htm>

<b>INCREASED SUPPLEMENTAL MEDICAL PLAN</b>				
	<b>\$25,000 Aggregate Maximum</b>		<b>\$50,000 Aggregate Maximum</b>	
Student <b>Accident &amp; Sickness</b> Plan Limit	Annual Premium		Annual Premium	
	24 yrs & under	Over 24 yrs.	24 yrs & under	Over 24 yrs.
\$10,000 Aggregate	\$497	\$694	\$538	\$735
Premium must be received no later than <b>October 15, 2006</b>				

To enroll you must download and complete the enrollment form available on your institution's website and submit the application along with your payment to Summit America Insurance Services before **October 15, 2006**.

## **ADDITIONAL BENEFITS**

### **MAMMOGRAPHY BENEFIT**

Benefits will be payable for an annual screening by low dose mammography for female **covered persons** age 40 and older, or more frequently if the health care provider determines the woman to be at high-risk for breast cancer.

Benefits will be payable for an annual pelvic exam and pap smear for women 18 or older, or anytime upon referral by the woman's health care provider.

Benefits will be payable for a nonprescription elemental enteral formula for home use, if the formula is medically necessary for the treatment of severe intestinal malabsorption and a **doctor** has issued a written order for the formula and the formula comprises the sole source, or an essential source, of nutrition. Benefits are subject the same deductibles, coinsurance and provisions as any other condition under the policy.

## EXCLUSIONS

This policy does not cover loss nor provide benefits for:

- *Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution;*
- *Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of **sickness** or **injury**, except as specifically provided in the policy;*
- *War or any act of war, declared or undeclared, or while in the armed forces of any country;*
- *Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;*
- *Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;*
- *Dental treatment, except as specifically provided for in the schedule;*
- *Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;*
- ***Injury** of any **covered person** sustained while: participating in intercollegiate sports, contest or competition, unless specifically listed in the schedule; traveling to or from such sport, contest or competition as a participant; or during participation in any practice or conditioning program for intercollegiate sports.*
  
- *Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.*
- *Treatment in a military or Veterans **Hospital** or a **hospital** contracted for or operated by a national government or its agency unless:*
  - (a) The services are rendered on a medical emergency basis and*
  - (b) a legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance;*
- ***Injury** caused by, contributed to or resulting from the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's **doctor**;*
- *Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;*
- Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
- Expense for knee orthopedic devices unless prescribed for use during post-surgical physical therapy;
- For international students, expenses incurred within your home country or country of regular domicile;
- The part of medical expense payable by any automobile insurance policy without regard to fault;
- Any **accident** where the **covered person** is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- Preventative medicines, serums, vaccines;
- Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
- Expenses for **physiotherapy** exceeding \$300 without a prescription from an orthopedic **doctor**.

## LIMITATIONS

Benefits payable under this plan will be reduced by 50% under the following circumstances:

**For surgical benefits:** if the **covered person** has coverage under an HMO, PPO or similar arrangement; and the **covered person** does not use the facilities of the HMO, PPO or similar arrangement for provision of benefits.

**For outpatient benefits:** if the **covered person** does not attempt to obtain an out-of-network authorization or a referral from their managed care provider to get treatment.

The 50% reduction in benefits will not apply to emergency treatment required within 24 hours after an **accident** or emergency medical condition which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

**TO BE ELIGIBLE FOR REIMBURSEMENT A CLAIM FORM MUST BE SUBMITTED WITHIN 180 DAYS FROM THE DATE OF INJURY OR FIRST TREATMENT FOR A SICKNESS.**

### ASSIST AMERICA GLOBAL EMERGENCY ASSISTANCE SERVICES

Enrollment in the **Accident & Sickness** Plan provides you with a unique array of global emergency assistance when faced with a medical emergency while traveling. Any time you are at least **100 miles from your permanent address**, campus address or in another country, the Assist America program ensures that you have access to appropriate medical care.

Some of the many services offered include: medical consultations, prescription assistance, medical evacuation, medical repatriation, return of mortal remains, **hospital** admission guarantee, emergency trauma counseling, and pre-trip information. Should you experience a medical emergency while traveling, call Assist America and speak with trained crisis management counselors and medical personnel 24 hours a day, 365 days a year.

Assist America does not replace your medical insurance. All medical costs incurred should be submitted to your medical insurance plan and are subject to the policy limits of your health insurance. **All assistance services must be arranged and provided by Assist America. Claims for reimbursement of assistance services will not be accepted.**

Once you are enrolled in the **Accident & Sickness** plan you may obtain an identification card and further information regarding the services provided by Assist America from Health Services.

*The Assist America program is solely provided by Assist America Inc. and is not affiliated with United States Fire Insurance Company. Assist America is a registered service mark of Assist America Inc.*

## CLAIM PROCEDURES

In the event of an **accident** or **sickness**, you should:

- 1) Report your **accident** or **sickness** to the Student Health Services. A REFERRAL must be secured from the Student Health Services for outpatient treatment, **except:** a) In case of an emergency; b) When the Student Health Services is closed or between semester breaks or during the summer. Students should contact the Health Services when they reopen to obtain a claim form and referral.
- 2) File all charges with Your primary insurance carrier first. If you are insured by an HMO/PPO, you must obtain pre-authorization for all services rendered or benefits will be reduced by 50%.
- 3) If the other insurance does not pay the entire bill, secure a claim form and instructions from the Student Health Services or on your institution's website, fill in the necessary information, attach all itemized medical and **hospital** bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or below:

**Summit America Insurance Services, LC**  
**7400 College Blvd, Suite 120**  
**Overland Park, KS 66210**  
**Phone: 800-926-3441**  
**Fax: 913-327-7520**  
**E-mail: [EIIA@summitamerica-ins.com](mailto:EIIA@summitamerica-ins.com)**



- 4) Identify all subsequent information relating to your claim with your name; the institution name; the policy number; and the initial date of **injury** or **sickness**.

## FAIRMONT SPECIALTY PRIVACY PRACTICES

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information. We do not use or disclose your information for any fundraising, marketing or research activities.

We use and disclose your information to determine your eligibility for plan benefits, to facilitate payment for treatment and services provided to you, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claim inquiry. We may also disclose your information to law or government agencies when required by law.

Under the privacy laws, you have unlimited access to your information. You may limit how we use and disclose your information and get a listing of instances where it was disclosed. You may request that we correct inaccurate information or add missing information.

If you have any questions about your rights, our Privacy Practices or you want to file a complaint, please contact our Privacy Officer at: 1 (800) 926-3441.

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.

Administered by:



educational & institutional insurance administrators, inc.

Underwritten by:

United States Fire Insurance Company,

By Fairmont Specialty, a Division of Crum & Forster

