

**2009-2010
STUDENT ACCIDENT & SICKNESS
INSURANCE PLAN**

Designed for the DEPENDENTS of Insured Students of:



**Policy number
US035687-09B042D**

Please keep this summary of coverage for future reference.

Plan Administered by:



educational & institutional insurance administrators, inc.



COVERAGE

This brochure is a brief description of the benefits provided through **Willamette University** for our eligible insured student's spouse and/or child(ren) for the 2009-2010 academic year.

ELIGIBILITY

Willamette University participants of the University Accident & Sickness Insurance Plan may enroll their Dependents (legal spouse, unmarried child(ren) under the age of 19 but less than 25 if full-time student and an unborn child) for **Dependent Accident & Sickness Insurance**.

Enrollment of dependents MUST be completed during Fall fee payment or in the University Business Office (cashier) during the first 10 days of Fall Semester. An exception is made for a newborn child which will be automatically covered for the first 31 days after birth. An adopted child or child placed with you in anticipation of adoption will be automatically covered for 31 days from the date of placement. The automatic coverage of a newborn child or child placed for adoption will end on the 32nd day after birth or placement. Coverage for such a child will be the same as any other dependent, including medically diagnosed congenital defects, birth abnormalities, premature birth care and nursery care. To continue the coverage you must within the 31 days after the date of birth, adoption, or placement for adoption enroll such newborn and pay the applicable premium. Contact the Bishop Wellness Center for more information. The insurance coverage is effective for 12 months (August 15, 2009 – August 15, 2010) from the beginning of the Fall semester provided the eligible student has not waived the University Accident & Sickness Insurance Plan during the Fall and Spring semesters. **THE ENROLLMENT FORM CAN BE FOUND ON LAST PAGE ALONG WITH A PRINTABLE IDENTIFICATION CARD.**

NOTE: This is not a major medical health plan, the benefits are very limited.

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.

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.

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 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 pertaining to the subrogation.

DEFINITIONS

Accident means an event which directly, and from no other cause causes **injury** to one or more **covered persons** and occurs while coverage is in effect.

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 schedule;
- 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 schedule.

Covered Person means an eligible student

Dependent means your unmarried child who:

- a. Has his principal residence with you;
- b. Chiefly relies on you for support and maintenance; and
- c. Is within the following age groups unless otherwise shown in the Schedule:
 - 1) Under 19 years of age;
 - 2) 19 but less than 25 years of age and enrolled in a school as a full time student; or
 - 3) 19 or more years of age, and primarily supported by you and incapable of self-sustaining employment by reason of physical handicap or developmental disability. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a dependent under (1) or (2) above. We may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

"Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Deductible means the amount of **covered expenses** paid on behalf of a **covered person** before benefits are payable under the policy.

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.

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**.

Medical Emergency means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

- a. Placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any body organ or part.

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 of 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 charges 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 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 OF SICKNESS.

DESCRIPTION OF BENEFITS

The dependent must be under the care of a doctor when the covered expenses are incurred. The first expense must be incurred within 90 days from the date of accident or sickness and must be incurred:

- a. Solely for treatment of a covered injury while the dependent is insured and during the benefit period of 24 months;
- b. Or, solely for treatment of a covered sickness while the dependent is continuously insured.

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 a **doctor**. **Physiotherapy** includes any form of physical or mechanical therapy, diathermy, ultra-sonic therapy, heat treatment in any form, manipulation or massage.

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

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

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

SICKNESS PLAN: **\$10,000 AGGREGATE LIMIT**

All benefits combined may not exceed the aggregate limit of **\$10,000** per sickness.

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. Expenses are covered provided you are a **covered person** during the time the **covered expense** is incurred.

- There is a \$50 **deductible** per sickness.
- The covered percentage is 100% of **URC** for the first \$500, then 80% thereafter 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

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**.
- There is a \$50 co-pay per Emergency room visit, this is in addition to the \$50 deductible per **sickness**.
- The payment schedule is 80% of the **URC** up to the maximum limit.

Mental Illness and Chemical & Substance Abuse: We will pay the services of a licensed psychiatrist, **doctor**, or psychologist, prescriptions or lab expenses; we will pay the **covered expense** the same as any other **sickness**.

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 sickness outpatient expenses shown above may not exceed \$2,000 per sickness

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$2,500 PER ACCIDENT OR \$10,000 PER SICKNESS.

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

ADDITIONAL BENEFITS

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 issues a written order for the formula and the formula comprises the sole source, or an essential source of nutrition. Benefits are subject to the same deductibles, coinsurance and provisions as any other condition under the policy.

EXCLUSIONS

This policy does not cover loss nor provide benefits for:

1. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution;
2. 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;
3. 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;
4. 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;
5. Dental treatment, except as specifically provided for in the schedule;
6. War or any act of war, declared or undeclared, or while in the armed forces of any country.
7. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
8. 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.

9. Treatment in a military or Veterans **Hospital** or a **hospital** contracted for or operated by a national government or its agency unless; The services are rendered on an medical emergency basis and a legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance;
10. Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;
11. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
12. Congenital conditions;
13. The part of medical expense payable by any automobile insurance policy without regard to fault;
14. 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;
15. Preventative medicines, serums, vaccines;
16. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
17. Skeletal irregularities of one or both jaws; including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
18. Immunization services and supplies related to immunizations, except as specifically provided in the policy; preventative medicines or vaccines, except where required for treatment of a covered **injury** or **sickness**;
19. Expenses for a deviated septum, nasal or sinus surgery unless as the result of an accident;
20. For international students, expenses incurred within your home country or country of regular domicile;
21. Expense for knee orthotic devices unless prescribed for use during post-surgical physical therapy;
22. Services, supplies and/or treatment for acnes; acupuncture; hypnotherapy; allergy, including allergy testing; alopecia;
23. Travel in or upon: a snowmobile, any two-or three wheeled motor vehicle, or any off-road-motorized vehicle not requiring licensing as a motor vehicle;
24. **Injury** of any **covered person** sustained while: participating in any school, professional or organized 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;
25. Addiction and Codependency- services and supplies related to: (a) nicotine addiction, smoking cessation products or services, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping,

- working and religious; and (b) treatment for codependency;
26. Nonmalignant warts, moles and lesions; replacement or removal of hair growth, alopecia;
27. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproduction ability; premarital examinations; impotence, organic or otherwise; sterilization operations, tubal ligation, vasectomy; sexual reassignment surgery;
28. Services and Supplies for conditions related to learning disabilities;
29. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
30. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.
32. 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 of for the purpose prescribed by the person's **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 obtain treatment.

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

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$2,500 PER ACCIDENT OR \$10,000 PER SICKNESS.

CLAIM PROCEDURES

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

- 1) File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must secure pre-authorization for all services rendered or benefits will be reduced by 50%.
- 2) If the other insurance does not pay the entire bill, secure a claim form and instructions from the Bishop Wellness Center or the Willamette University website. Fill in the necessary information, attach all itemized medical 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 the claims administrator below:

NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
Phone: 800-952-4320
Fax: 207-647-4569
E-mail: eia@nahga.com



- 3) 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**.

Claim forms and instructions are also available at www.eiaa.org/willamette . If you are unable to download or print this brochure please feel free to contact:

NAHGA at 800-952-4320 or

EIAA at 888-260-7415

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.

Underwritten by:
United States Fire Insurance Company,
By Fairmont Specialty, a Division of Crum & Forster



This summary 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.

**2009-2010
WILLAMETTE UNIVERSITY
HEALTH INSURANCE APPLICATION FOR INSURED
STUDENT'S SPOUSE AND/OR CHILD(REN):**

Insured Student's Name _____

Insured Student's Date of Birth _____

Insured Student's ID# _____

Campus Box # _____

Home Address _____

Home Phone # _____

Program _____
Law, Atkinson, LA, MAT, or Joint Degree

Make check payable to: Willamette University

RATES — Please check one:
\$1,026 Spouse

Spouse's Name _____

\$669 One Child

Child's Name _____

\$1,209 Two Children (names below)

Child 1 _____

Child 2 _____

\$1,642 Three or more Children (names below)

Child 1 _____


Child 2 _____

Child 3 _____

Coverage begins 8/16/09 and ends 8/15/10 (for 12-months).

Application and full payment must be made during the first 10 days of the Fall semester. Dependents CANNOT be added later, with the exception of a newborn child which will be automatically covered for the first 31 days after birth. The automatic coverage of a newborn will end on the 32nd day after birth. Coverage for such child will be the same as any other dependent. You must purchase coverage within 31 days after the date of birth.

Refunds will not be given if cancellation request is received after the first ten days of class during the Fall semester.

 **Detach and Retain for Your Records**

2009-2010 Identification Card

United States Fire Insurance Company

Student (Subscriber) Name: _____

Dependent Name: _____

Student ID Number: _____

The Dependent whose name appears above is insured under an Accident & Sickness Insurance Policy issued to:

Institution: Willamette University

Policy Number: US035687-09B042D

To maximize your benefits, locate a First Health provider in your area call 1-800-226-5116 or go to www.myfirsthealth.com.

CLAIM FILING INSTRUCTIONS

Coverage under this policy is EXCESS to all other insurance and claims must be submitted to any other insurance first. Initial medical treatment must be received within 90 days from the date of the accident or onset of sickness. Claims must be submitted to NAHGA Claim Services within 180 days after the date of injury or first date of treatment for a sickness. Mail all medical bills including the insured dependent's name, ID number, address and name of the institution listed on the front of this card:

NAHGA Claim Services, PO Box 187, Bridgton, ME 04909

Phone: 800-952-4320 Fax: 207-647-4569

NOTICE TO HEALTH CARE PROVIDERS:

For information regarding plan benefits, eligibility or claim instructions please call NAHGA Claim Services at 800-952-4320. This card is not a guarantee of payment or coverage.