

**STUDENT INJURY AND
SICKNESS INSURANCE PLAN**

**DESIGNED FOR THE
STUDENTS OF**



2009 - 2010

Policy #

Domestic: US003701

International: US003702

UNDERWRITTEN BY:

United States Fire Insurance Company

by Fairmont Specialty

a Division of Crum & Forster

Eatontown, NJ 07724

PLAN ARRANGED BY:

Moloney + O'Neill Benefits, LLC.

818 W. Riverside, Ste. 800

Spokane, WA 99201

509-343-9508

GB-1021-09

ELIGIBILITY

The following Student Injury and Sickness Insurance Plan is available to students taking 6 or more credit hours per semester. Students who meet the Eligibility requirements for the Spring Semester may continue coverage through the Summer Session by paying the required premium. The intent of this policy is to supplement the Student Accidental Injury Insurance Plan required for all students. The eligibility requirements need not be met again for the Summer Session only.

DOMESTIC STUDENTS

Domestic students must actively attend classes for at least the first 31 days beginning with the first day for which coverage is purchased. The carrier maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the carrier discovers that the Policy Eligibility requirements have not been met, its only obligation is a refund of premium.

INTERNATIONAL STUDENTS

International students or scholars actively engaged in full-time educational activities outside their home country or country of regular domicile as non-resident aliens are eligible for this Plan during their term of study.

DEPENDENT SPOUSE AND CHILDREN

Eligible students who enroll in this Plan may also insure their eligible Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age (or 25 if a full-time student) who are not self-supporting. Dependent Eligibility expires concurrently with that of the insured Student. All newborn children of the insured Student or insured spouse are automatically covered from the moment of birth for an initial period of 60 days. Adopted children are covered for 60 days from the date of placement. The covered student must notify the carrier (or its authorized agent) within 60 days to continue coverage for the dependent.

EFFECTIVE AND TERMINATION DATES

The Master Policy is on file at the school and becomes effective at 12:01 a.m. on August 21, 2009 for law students and on August 29, 2009 for all undergraduate and graduate students. Coverage becomes effective on that date or the date application and full premium are received by the carrier (or its authorized representative), whichever is later. Coverage must be elected between August 15, 2009 and October 2, 2009 for the academic year. Students entering school for the Spring Semester may elect coverage until February 12, 2010. If you do not enroll in this plan during these enrollment semesters, you may enroll at a later date if the following requirements are met:

- You were covered by another plan when this plan was offered

AND

- Your coverage under that plan ended.

You must enroll within 30 days after the coverage ended. This plan will be effective the first of the month following receipt of the enrollment application and payment. Your coverage will go into effect the date the premium is received by the Company (or its authorized representative). Coverage will not be backdated to the first day of the semester. The Master Policy terminates at 12:01 a.m., on August 20, 2010 for law students and on August 28, 2010 for all undergraduate and graduate students. Coverage terminates on that date or at the end of the semester through which premium is paid, whichever is earlier. Dependent coverage coincides with that of the insured Student. The Eligibility requirements listed above must be met each time a premium is paid to continue insurance coverage. It is the student's responsibility to make timely payments to avoid a lapse in coverage. The Policy is a Non-Renewable One Year Term Policy.

REFUND OF PREMIUM

Premiums received by the carrier are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the armed forces. No other refund will be allowed.

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of the semester for which coverage is purchased will not be covered under the policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the policy for the full semester for which premium has been paid and no refund will be allowed.

Covered Persons entering the armed forces of any country will not be covered under the policy as of the date of such entry. A pro-rata refund of premium will be made for such person upon written request received by the carrier within 90 days of withdrawal from school.

PREFERRED PROVIDERS (PPO)

This plan has incorporated into the coverage access to the Multiplan Network of Preferred Providers. Please read the following information to familiarize yourself with the group of providers health care may be obtained. This enhancement to your program does not require you to use a Multiplan Preferred Provider. You may receive care from any licensed provider, but if you incur any expenses using a Multiplan Preferred Provider you may lower your out-of-pocket expense.

"Preferred Providers" are the Doctors, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out of Network" providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in

excess of the insurance payment are your responsibility. The availability of specific providers is subject to change without notice.

You should always confirm that a Preferred Provider is participating at the time services are required by checking the Multiplan website at www.multiplan.com or by calling 1-800-672-2140 and/or by asking the provider when you make an appointment for services.

CONTINUOUS COVERAGE

If a covered person is continuously covered under the policy offered through your participating institution they will be covered for any sickness diagnosed or injury sustained while so covered. If a covered person is enrolled for coverage offered through your participating institution within three months of the end of any preceding company's policy you will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than three months occurs.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if a Covered Person is under the care and treatment of a doctor and hospital confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, covered medical expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made for such condition both before and after the termination date will never exceed the Maximum Benefit. After the "Extension of Benefits After Termination" has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

SCHEDULE OF MEDICAL EXPENSE BENEFITS FOR EACH INJURY OR SICKNESS

Benefits will be paid up to the Maximum Benefit for covered expenses as scheduled below provided that treatment is received by a qualified licensed doctor.

Accidental injury benefits are provided up to \$5,000 under the required Student Accidental Injury Insurance Plan. Claims for injuries should be submitted to the Accidental Injury plan first. Benefits under the Student Injury and Sickness Insurance Plan extends the coverage provided by the Student Accidental Injury Insurance Plan to include sickness coverage with a medical maximum up to \$50,000 for benefits as stated in the Medical Expense Benefits Schedule.

Please Note: Services are considered in network if provided by a Multiplan provider. (The Gonzaga University Health Center is part of the network.)

To locate a Multiplan provider please visit their website at www.multiplan.com or call 1-800-672-2140.

Maximum Benefit (in or out of Network):\$50,000
Annual Deductible* for Sickness (in or out of Network):\$100 per policy year
Annual Deductible* for Student Injury (in or out of Network):\$5,000 per policy year

*The deductible will be waived (1) for services or treatment rendered at the Student Health Center, or (2) for services or treatment received as the result of a referral from the Student Health Center, or (3) if the Student Health Center is closed and the student is unable to obtain services and treatment or a referral from the Student Health Center.

ELIGIBLE EXPENSES INCLUDE:

INPATIENT		
	IN NETWORK	OUT OF NETWORK
Hospital Room & Board (including general nursing care)	80% of the PPO Allowance	60% of Semi-Private Room Rate
Hospital Inpatient Miscellaneous (including the cost of pre-admission testing, the operating room, lab tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and supplies.)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Day Surgery Miscellaneous (including the cost of the operating room; lab tests and x-ray examinations, anesthesia; drugs or medicines; and supplies)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Surgeon	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Assistant Surgeon	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Anesthetist	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Doctor's Visits (benefits are limited to one visit per day. Limits for Doctor's visits do not apply when related to surgery)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Consultant Doctor Fees (when requested and approved by the attending Doctor)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges

(Schedule of Medical Expense Benefits continued)

Physiotherapy	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Registered Nurse's Services (private duty nursing care)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Emergency Room	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Ambulance (ground transportation only)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
X-Ray & Laboratory	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Test & Procedures (diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits, Physiotherapy, x-rays and lab procedures)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Braces & Appliances	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Prescription Drugs - Out-patient (each prescription and each refill limited to a 30-day supply)	80% of expenses incurred	80% of expenses incurred
Dental Treatment (made necessary by Injury to natural teeth)	\$100 per tooth	\$100 per tooth
Chemotherapy/Radiation	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Maternity & Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Mental or Nervous Disorders (In-patient)	50% of the PPO Allowance 60 days maximum	50% of Usual, Reasonable & Customary Charges/60 days maximum
Mental or Nervous Disorders (Out-patient)	50% of the PPO Allowance/up to \$50 per day/\$500 maximum	50% of Usual, Reasonable & Customary Charges/\$50 per day/\$500 maximum
Alcoholism/Drug Abuse	Paid under Mental or Nervous Disorders Benefit	Paid under Mental or Nervous Disorders Benefit
Cancer Screening Tests (including mammograms, cytologic screening, prostate cancer screening)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Breast Reconstructive Surgery or Prosthesis	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Home Health Care Expense (up to a maximum of 130 visits during any Policy Year)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges

(Schedule of Medical Expense Benefits continued)

Hospice Expenses (for an initial term of up to 6 mos; thereafter for up to an additional 6 mos if death is imminent or if Insured Person is entering remission under certification by a Doctor)	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Diabetes Treatment Benefit	80% of the PPO Allowance	60% of the Usual, Reasonable & Customary Charges
Phenylketonuria Treatment	80% of the PPO Allowance/not to exceed \$2,000 per Policy Year	60% of the Usual, Reasonable & Customary Charges not to exceed \$2,000 per Policy Year

MENTAL OR NERVOUS DISORDER BENEFITS

While hospital confined, benefits will be paid at 50% of Reasonable & Customary Charges incurred, not to exceed 60 days confinement expense per Policy year. Psychiatric Hospitals are not covered.

Benefits for treatment on an outpatient basis are limited to 50% of the Reasonable and Customary Charges incurred up to \$50 per day, not to exceed \$500 maximum per Policy year.

All Covered Medical Expenses incurred as a result of a Mental or Nervous Disorder are subject to the above stated maximums, including but not limited to items such as Prescription Drugs and diagnostic testing.

ADDITIONAL MEDICAL BENEFITS

Benefits are payable subject to the policy limitations for Dental Anesthesia for certain individuals; mammograms; reconstructive breast surgery following a mastectomy; diabetes treatment, supplies and self-management training; formulas necessary for treatment of PKU, and neurodevelopmental therapies for children age 6 and under. See the Policy on file with the School or contact the Plan Representative, for any specific benefit amounts if you need to file a claim.

INTRAMURAL SPORTS

Injuries incurred while participating in Gonzaga University's intramural sports program are covered according to the schedule of benefits.

FAIRMONT SPECIALTY TRAVEL ASSIST PLAN

Fairmont Specialty has provided a Travel Assistance Service through Europ Assistance USA (EA) which provides 24 hour services that can help you access emergency assistance when you are traveling 100 or more miles away from home. Europ Assistance USA is there when a crisis strikes to help you obtain the care and attention you need.

Over 850,000 multilingual service professionals stand ready to assist you in 200 countries and territories worldwide.

These services are only eligible for payment or reimbursement if EA is contacted at the time of service and has arranged and/or pre-approved the service. Contact number: (877) 279-1913 (toll free Canada/US) and (240) 330-1433 (local/collect) www.europassistance-usa.com.

Services provided:

Medical Evacuation up to \$50,000, Medical Repatriation up to \$50,000, Return of Dependent Children up to \$5,000, Return of Mortal Remains up to \$10,000, Return of Traveling Companion up to \$5,000. Other additional services including a Nurse Helpline are also available.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Injury of the primary insured covered under any student accident insurance policy underwritten by us.
2. Any Sickness, or Injury as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, for the first three continuous months following a Covered Person's effective date, unless continuous coverage is applied.
3. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution.
4. 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.
5. 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 a sickness or injury covered by the policy.
6. 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.
7. Dental treatment, except as specifically provided for in the Schedule.
8. War or any act of war, declared or undeclared, or while in the armed forces of any country.
9. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense.
10. Intentionally self inflicted injury, including overdose, suicide or any attempted threat.

11. 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.
12. 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.
13. 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.
14. Injury of any covered person sustained while participating in any intercollegiate, professional or organized sports contest or competition, unless specifically listed in the Schedule. This includes transportation to and from such events, participation in any practice or conditioning program.
15. Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.

Anything not listed on the schedule of benefits is not covered.

TERM OF COVERAGE

Student Injury and Sickness Insurance Plan

Undergraduate and Graduate Students

Annual.....	8/29/09-8/28/10	Fall.....	8/29/09-1/10/10
Spring.....	1/11/10-5/16/10	Summer.....	5/17/10-8/28/10

Law Students

Annual.....	8/21/09-8/20/10	Fall.....	8/21/09-1/10/10
Spring.....	1/11/10-5/16/10	Summer.....	5/17/10-8/20/10

ESL Students

Fall I.....	8/29/09-10/22/09	Fall II.....	10/22/09-1/14/10
Spring I.....	1/14/10-3/18/10	Spring II.....	3/18/10-5/17/10
Summer I.....	5/17/10-7/5/10	Summer II.....	7/5/10-8/30/10

Eligible students must enroll in this Plan by the enrollment deadlines as follows: Fall - 10/2/09, Spring - 2/12/10, Summer - 6/18/10. A student who does not enroll by the enrollment deadline may not apply for coverage until the next enrollment period unless the student can prove loss of primary coverage has occurred during the semester or session.

SCHEDULE OF PREMIUMS

(Students that are age 23 and under as of 8/1/2009 will be eligible to purchase the insurance at the lower age rate.)

Rates for students age 23 and under:

Student Only	
Full Year.....\$929	Fall Only.....\$371
Spring Only.....\$371	Summer Only.....\$215
Student & Spouse	
Full Year.....\$3,840	Fall Only.....\$1,504
Spring Only.....\$1,504	Summer Only.....\$858
Student & Children	
Full Year.....\$2,093	Fall Only.....\$827
Spring Only.....\$827	Summer Only.....\$465
Student, Spouse & Children	
Full Year.....\$4,981	Fall Only.....\$1,956
Spring Only.....\$1,956	Summer Only.....\$1,097
ESL - Student Only	
Fall I.....\$186	Fall II.....\$186
Spring I.....\$186	Spring II.....\$186
Summer I.....\$108	Summer II.....\$108
ESL - Student & Spouse	
Fall I.....\$788	Fall II.....\$788
Spring I.....\$788	Spring II.....\$788
Summer I.....\$441	Summer II.....\$441
ESL - Student & Children	
Fall I.....\$432	Fall II.....\$432
Spring I.....\$432	Spring II.....\$432
Summer I.....\$240	Summer II.....\$240
ESL - Student, Spouse & Children	
Fall I.....\$1,021	Fall II.....\$1,021
Spring I.....\$1,021	Spring II.....\$1,021
Summer I.....\$572	Summer II.....\$572

Rates for students age 24 and over:

Student Only	
Full Year.....\$1,893	Fall Only.....\$746
Spring Only.....\$746	Summer Only.....\$436
Student & Spouse	
Full Year.....\$4,872	Fall Only.....\$1,911
Spring Only.....\$1,911	Summer Only.....\$1,091
Student & Children	
Full Year.....\$3,098	Fall Only.....\$1,222
Spring Only.....\$1,222	Summer Only.....\$706
Student, Spouse & Children	
Full Year.....\$6,025	Fall Only.....\$2,363
Spring Only.....\$2,363	Summer Only.....\$1,340
ESL - Student Only	
Fall I.....\$373	Fall II.....\$373
Spring I.....\$373	Spring II.....\$373
Summer I.....\$213	Summer II.....\$213
ESL - Student & Spouse	
Fall I.....\$998	Fall II.....\$998
Spring I.....\$998	Spring II.....\$998
Summer I.....\$565	Summer II.....\$565
ESL - Student & Children	
Fall I.....\$638	Fall II.....\$638
Spring I.....\$638	Spring II.....\$638
Summer I.....\$364	Summer II.....\$364
ESL - Student, Spouse & Children	
Fall I.....\$1,230	Fall II.....\$1,230
Spring I.....\$1,230	Spring II.....\$1,230
Summer I.....\$697	Summer II.....\$697

EXCESS PROVISION

Important: The Excess Provision does not apply if the Covered Person does not have other medical insurance or if the other insurance does not cover the loss.

Even if the Covered Person has other insurance, the Policy may cover unpaid balances and deductibles, and pay those eligible expenses not covered by other insurance.

Benefits may be considered on the unpaid balances after the other insurance has paid. No benefits are payable for any expense incurred as the result of a covered Injury or Sickness which is paid or payable by other valid and collectible insurance or under an automobile insurance policy. However, this Excess Provision will not be applied to the first \$100 of covered medical expenses incurred.

GONZAGA UNIVERSITY HEALTH CENTER

Gonzaga operates an on-campus Health Center, a walk-in ambulatory health care facility whose focus is to provide health care education and primary medical care for students to return them to their education endeavors as quickly as possible. Students may schedule an appointment for a visit with a doctor or registered nurse practitioner by calling extension 4052. All records are maintained in a separate confidential file. Specific services include:

- Doctor's appointments
- Wellness Education with an emphasis on self responsibility
- Treatment of injuries and illness
- Diagnostic testing (e.g., all blood tests, strep throat, mono)
- Immunizations are available for measles, hepatitis A & B, meningitis, tetanus, and influenza
- Medical supplies i.e. crutches, splints, and slings
- Observation room
- Follow-up care and referrals

Although full time students are eligible for services, fees that may be incurred are the responsibility of the student. Fees may be submitted to this carrier for payment.

Spokane Family Medicine is on-call 24-hours at 624-2313. For emergencies, call 9-1-1 and then notify Campus Security at extension 2222. Taxi service is available for urgent care by calling the switchboard.

DEFINITIONS

Doctor means a licensed practitioner of the healing arts acting within the scope of his/her license. Doctor does not include:

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

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:

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

Sickness: Wherever used in the Policy means illness or disease diagnosed during the term of coverage under the Policy for 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 means:

- a. Charges and fees for medical services or supplies that are the lesser of:
 1. The usual charge by the provider for the service or supply given; or
 2. The average charged for the service or supply in the area where service or supply is received; and

CLAIMS PROCEDURE

In the event of Injury or Sickness, the student should:

1. Report to the Student Health Center for treatment or referral, or when school is not in session, to a Doctor or Hospital.
2. Obtain a claim form from the College or from www.summitamerica-ins.com. Please submit one claim form for each Injury or Sickness. Mail the completed claim form and all medical bills and copies of any other insurance carrier's Explanation of Benefits Statements to the address shown below.
3. Please file the claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
4. After the first \$100 in eligible expense, coverage is secondary to all other insurance carrier(s).
5. Claim status can be checked online at:

www.summitamerica-ins.com.

SUBMIT ALL CLAIMS, CLAIMS INQUIRIES, AND ELIGIBILITY QUESTIONS TO:

SUMMIT AMERICA INSURANCE SERVICES, L.C.

7400 College Blvd., Suite 100, Overland Park, KS 66210

www.summitamerica-ins.com

Call Toll Free (877) 246-6997, Fax 913-327-7520

Or e-mail claims related questions to claims@summitamerica-ins.com

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits. The Master Policy will prevail in the event of any discrepancy between this brochure and the Master Policy.

No Premium notices will be sent.