

Student Accidental Injury Insurance Plan

*Designed For The
Students Of*



2009 - 2010

Policy # US003703

ELIGIBILITY

All registered students are enrolled in the Student Accidental Injury Insurance Plan. The purpose of this plan is to cover accidental injuries that may occur and are treated at the Student Health Center or other provider with first dollar coverage. It provides a basic coverage without a deductible. A voluntary Student Injury and Sickness Insurance Plan is also available to students for an additional premium, that extends benefits beyond this policy.

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 when 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.

EFFECTIVE AND TERMINATION DATES

The Master Policy is on file at the school and becomes effective at 12:01 a.m. on August 29, 2009. The Master Policy terminates at 12:01 a.m., on August 28, 2010.

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 for which benefits were paid before the termination date, covered medical expenses for such Injury 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.

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 a student has other insurance, the Policy may cover unpaid balances and deductibles, and pay those eligible expenses not covered by other insurance.

Benefits will 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 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.

DEFINITIONS

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

- a. You;
- b. Your spouse, dependent, parent, brother, or sister; or
- c. 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.

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
- b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight:

If a covered Injury, independently of all other causes and within one year from the date of Injury, results in any one of the following specific losses, the carrier will pay the applicable amount shown below in addition to payment under the Medical Expense Benefits.

For Loss of:

Life.....	\$ 5,000
Two or More Members.....	\$ 5,000
One Member.....	\$ 2,500

Member means hand, arm, foot, leg or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, the entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

CLUB AND INTRAMURAL SPORTS

Injuries incurred while participating in Gonzaga University's club sports program or intramural sports program are covered according to the schedule of benefits. Intramural injuries are subject to the plan's limit of \$5,000. Club sports injuries are subject to the plan's limit of \$50,000.

MEDICAL EXPENSE BENEFITS

FOR EACH INJURY

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. Injury must occur while this policy is in force.

Accident Benefits will be provided up to \$5,000 for a covered injury as stated in the Medical Expense Benefit Schedule below.

Maximum Benefit	\$5,000
Deductible	N/A
Hospital Room & Board (including general nursing care).....	80% of Semi-Private Room Rate
Hospital In-patient Miscellaneous (including the cost of pre-admission testing the operating room, laboratory tests, x-rays examinations, anesthesia, drugs or medicines, (excluding take home drugs), therapeutic services, and supplies)	80% of Usual, Reasonable & Customary Charges
Day Surgery Miscellaneous (including the cost of the operating room, laboratory tests, x-ray examinations, anesthesia; drugs or medicines; and supplies)	80% of Usual, Reasonable & Customary Charges
Surgeon (no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)	80% of Usual, Reasonable & Customary Charges
Assistant Surgeon	80% of Usual, Reasonable & Customary Charges
Anesthetist	80% of Usual, Reasonable & Customary Charges
Doctor's Visits (benefits are limited to one visit per day. Benefits for Doctor's Visits do not apply when related to surgery)	80% of Usual, Reasonable & Customary Charges
Consultant Doctor Fees (when requested and approved by the attending Doctor)	80% of Usual, Reasonable & Customary Charges
Physiotherapy	80% of Usual, Reasonable & Customary Charges
Registered Nurse's Services (private duty nursing care)	80% of Usual, Reasonable & Customary Charges
Emergency Room	80% of Usual, Reasonable & Customary Charges
Ambulance (ground transportation only)	80% of Usual, Reasonable & Customary Charges
X-Ray & Laboratory	80% of Usual, Reasonable & Customary Charges
Tests & Procedures (diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits, Physiotherapy, x-rays and lab procedures)	80% of Usual, Reasonable & Customary Charges
Braces & Appliances	80% of Usual, Reasonable & Customary Charges
Prescription Drugs - Outpatient	80% of expenses incurred (each prescription and each refill limited to a 30 day supply)
Dental Treatment	\$100 per tooth (made necessary by Injury to Sound, Natural Teeth)
Breast Reconstructive Surgery or Prosthesis	80% of Usual, Reasonable & Customary Charges for Accidental Injury
Home Health Care Expense	80% of Usual, Reasonable & Customary Charges (up to a maximum of 130 visits during any school year) for Accidental Injury

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. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat an Injury; are determined to be experimental/investigational in nature by the carrier; are received without charge of legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. War or any act of war, declared or undeclared, or while in the armed forces of any country.
3. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense.
4. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
5. Dental treatment, except as specifically provided for in the Schedule.
6. Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.
7. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution.
8. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury.
9. Eye examinations, prescriptions or fitting 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.
10. 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.
11. Intentionally self-inflicted injury (including drug overdose), suicide or any attempted threat.
12. 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.
13. 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.

(Exclusions continued)

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

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.

CLAIM PROCEDURE

In the event of Injury, 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. Mail the completed claim form, all medical bills, and copies of your other insurance carrier's Explanation of Benefits to the address below.
3. File claim within 30 days of Injury. Bills should be received by the carrier 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. Claims must be filed with your other insurance carrier(s) prior to filing under this Plan.
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 Boulevard, Suite 100

Overland Park, KS 66210

Call Toll Free 877-246-6997

Fax 913-327-7520

claims@summitamerica-ins.com

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

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.