

Blanket Student Accidental Injury Insurance Plan

**Designed Especially
For The Students Of**



**GONZAGA
UNIVERSITY**

2005 - 2006

Policy #11246

ELIGIBILITY

All registered students are automatically enrolled in the Blanket Student Accidental Injury Insurance Plan. A voluntary Student Injury and Sickness Insurance Plan is also available to students for an additional premium.

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 Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and when the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is 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 22, 2005. The Master Policy terminates at 12:01 a.m., on August 21, 2006.

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 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 12 months 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

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 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.

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. The Blanket Student Accidental Injury Insurance Plan also included coverage for Club Sports Participants*.

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 Physician, other than Physician'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 (each prescription and each refill limited to a 30 day supply).....	80% of expenses incurred
Dental Treatment (made necessary by Injury to Sound, Natural Teeth).....	\$100 per tooth
Club Sports*	80% of Usual, Reasonable & Customary Charges /up to \$50,000
Breast Reconstructive Surgery or Prosthesis	80% of Usual, Reasonable & Customary Charges for Accidental Injury
Home Health Care Expense (up to a maximum of 130 visits during any school year).....	80% of Usual, Reasonable & Customary Charges for Accidental Injury

* Club Sports will be covered up to an Aggregate Benefit of \$50,000 for eligible participants insured, subject to any specific benefit amounts shown in the above schedule. The benefit period for Club Sports will be 104 weeks from the date of covered injury. Club Sports coverage includes benefits for reinjury of a previous injury and out-of-network treatment for HMO's and PPO's.

TRAVEL ASSISTANCE SERVICES

The Travel Assist Plan is designed to provide students who travel 100 miles or more from their home (or in a foreign country that is not the country of permanent residence), with worldwide, 24-hour, emergency assistance services during the term of coverage under the student accident and sickness insurance. The assistance plan services are provided by On Call International (OCI).

Emergency Medical Transportation Services are provided up to a combined maximum limit of \$25,000 for covered services. Key services include: Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains, and Family of Friend Transportation Arrangements. All transportation related services, coverage and payments must be arranged and pre-approved by OCI.

Worldwide emergency medical, legal and travel assistance services are available 24 hours a day, 365 days a year. For more information, or a detailed list of services, please call:

In the U.S., toll free - 1-866-509-7715
Worldwide, collect - 1-603-898-9159

(Please refer to the Travel Assistance Services brochure available at www.summitamerica-ins.com)

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 a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; 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 attempt thereat.
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 an 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.
14. 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 such sport, contest or competition.
15. Anything not listed on the schedule of benefits is not covered.

Detach and Retain for your records
2005-2006 Identification Card
Fairmont Premier Insurance Company
Tinton Falls, NJ 07753

Insured (Name of Student)

Social Security # / Student ID#

If a premium has been paid, the Student whose name appears above has been insured under a Policy issued to:

Gonzaga University
(Not Applicable as a Prescription Card) Policy #11246

CLAIM INSTRUCTIONS

Claim must be submitted to the Company within 90 days after the date of treatment. Mail completed claim form and medical bills to:

SUMMIT AMERICA INSURANCE SERVICES, L.C.
7400 College Boulevard, Suite 100
Overland Park, KS 66210
877-246-6997

GONZAGA UNIVERSITY HEALTH CENTER

Gonzaga University Health Center

The Health Center is a physician's office for all our students. It is located at 704 E. Sharp, at the corner of Sharp and Dakota. This is an on-site ambulatory facility that provides medical care in order to return students to their classes as soon as possible. All of your visits are confidential. We have a resource room, as well as a daytime observation room for your convenience. To access care quickly and easily, call us or drop by. If you have any questions about your health, please call us.

Hours

Monday to Friday, 8:00 a.m. to 12:00 noon; 1:00 to 4:30 p.m. On Tuesday, we are open at 10 a.m. We are closed Saturdays, Sundays, holidays and during the semester breaks.

Emergencies 911 off campus
9-911 on campus

Phone

On-campus – extension 4052

Off-campus – 509-323-4052

On-call after hours – either 509-324-6464 for a nurse consultant or Family Medicine Physician – 509-459-4880

Questions regarding transportation – call the GU operator

Immunizations

All students are required to provide documentation of two measles (rubeola) or MMR vaccinations.

Insurance

Although you do not need insurance to come into the Health Center, a plan is necessary for any hospitalizations, X-rays, laboratory tests, referrals, etc.

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 Physician or Hospital.
- 2) Obtain a claim form from the College. 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 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. Claims must be filed with your other insurance carrier(s) prior to filing under this Plan.
- 5) Claim status can 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 877-246-6997

Or email claims related questions to:
claims@summitamerica-ins.com

UNDERWRITTEN BY:

**Fairmont Premier Insurance Company
a Fairmont Specialty Group Company**
Tinton Falls, NJ 07753

PLAN ARRANGED BY:

Marsh

Washington Mutual Building

West 601 Main, Suite 1400

Spokane, WA 99201

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits.