Gonzaga Student
Accidental / Injury
Insurance Plan

2018-2019

IMPORTANT NOTE
This Reference Guide provides general summary of your coverage and key information about the program.

A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to Gonzaga University. If any discrepancy exists between the Reference Guide and the Policy, the Master Policy will govern and control.

http://agadministrators.com/gonzaga
Welcome to Gonzaga University’s Accident / Injury Medical Expense Plan administered by A-G Administrators, Inc. on behalf of Berkley Life and Health Insurance Company. Please take a few moments to read this brief overview of the policy details.

This policy is designed to provide benefits as secondary, or excess, in coordination with your primary health plan. Please see the following schedule of benefits, frequently asked questions and instructions for submitting a claim. Additional terms, conditions and limitations also apply.

FREQUENTLY ASKED QUESTIONS

What do I do if I am injured in an accident?

- If you are on campus and injured and it is an emergency, you should call 911 and then contact Campus Public Safety and Security at 509-313-2222.
- If you are not on campus, call 911.
- For non-emergency medical problems due to accidental injury, you should seek medical care. You may contact Gonzaga Student Health & Counseling Services at 509-313-4052 for an appointment if you are currently enrolled as a student.
- If this is a club sport related accident, notify the Office of Student Involvement and Leadership at 509-313-4069
- If this is an intramural related accident, notify the Intramural Office at 509-313-4251

Who is covered?

- All undergraduate, graduate, and doctoral students enrolled in on-campus programs at Gonzaga University are automatically enrolled in this plan.
- Students in the following programs are not covered under this plan: Master of Initial Teaching, Canada-based programs, Virtual Campus, online graduate and doctoral programs in the School of Nursing and Human Physiology.
• This program provides benefits for specific losses from accidents that occur on campus or during off campus school sponsored activities only. It does not pay benefits for sickness.
• A covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss that occurs while an eligible person is insured under the program; and is not contributed to by disease, sickness, or mental or infirmity; and is not otherwise excluded under the terms of the Master Policy.

What are the benefits of this plan?
• If you suffer a covered accidental injury while on campus or participating in a Gonzaga University-sponsored activity, the insurance plan will pay up to $10,000 per covered injury after your primary insurance benefits have been exhausted.
• If the eligible accidental injury is related to a Club Sport accident, the insurance plan will pay up to $50,000 per covered injury after your primary insurance benefits have been exhausted. The benefit period for this plan is two years from the date of injury.
• Gonzaga offers a number of intramural sports teams. Accidents or injuries that occur as part of intramural participation are covered up to $10,000.
• This coverage includes traveling to or from the Covered Person’s home and campus or a University-sponsored activity. Travel time must not exceed three hours each way.

What is excluded under this plan?
This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an accidental bodily injury, unless otherwise covered under this policy by Additional Benefits:
• Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
• War or any act of war, declared or undeclared.
• Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
• Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
• Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
• Injuries paid under Workers’ Compensation, Employer’s liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
• Participation in any motorized race or speed contest.
• Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person unless affiliated with prescribing physicians and/or health systems.
• Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
• Loss resulting from participation in any activity not specifically covered by this Policy.
• Any treatment, service or supply not specifically covered by this Policy.
• Eyeglasses, contact lenses, hearing aids.
• Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  • While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  • While being used for any test or experimental purpose; or
  • While piloting, operating, learning to operate or serving as a member of the crew thereof.
• Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage.
• Effective Date, unless We receive a written medical release from the Covered Person’s Physician, excluding Club Sports.
How do I file a claim?

- A-G Administrators, Inc. (“A-G”) is the plan administrator for the Gonzaga University’s Secondary Injury Medical Expense Program. A-G is secondary to all other valid medical coverage held by the student. All charges must be submitted to the student’s primary insurance carrier for processing, prior to any payments made by A-G on behalf of the student.
- To make payment for an outstanding charge on a student’s claim, A-G must receive three pieces of information to be considered a valid claim (see below). Submit your claim electronically at http://agadministrators.com/gonzaga/.

What is the required documentation to file a claim?

1. Completed and signed claim form - Submitted by the student.
2. HCFA/UB Forms - Submitted from the student’s primary insurance carrier or medical provider. For detailed information regarding HCFAs and UB Forms please refer to the Important Definitions and Key Terms section of the brochure.
3. Explanation of Benefits - Submitted from the student's primary medical insurance plan or their insurance company.

Where do I get the claim form?

You can download a copy of the claim form or submit an electronic claim at A-G Administrator’s Gonzaga-specific website: http://agadministrators.com/gonzaga/

How do I get reimbursed for payments of services up front?

In order to receive reimbursement for expenses incurred related to valid claims you will need to submit the following information to A-G:

- Itemized medical bills (i.e. HCFA/UB), for more information, see below
- Copies of payment receipts
- Copy of cancelled check or credit card transaction (please note that credit card numbers should be redacted)
• The name and address of the person to whom reimbursement should be issued

What itemized medical bills need to be submitted?

• Attach itemized copies of all applicable bills, including those bills under any deductible your plan may have. Also, include those bills paid partially or in full by other insurance. Bills showing only “Balance forward” or “Balance due” are not sufficient.

• An itemized bill indicates the provider of service's full name and mailing address, type of service, date of service, fee charged and diagnosis. Missing information will be requested from the medical service provider.

• To assure quick processing, please be sure that the bill and the insurance statements submitted are for the same item.

• If any or all benefits are denied by other insurance, please provide a copy of the denial showing the reason charges were denied (include front and back of explanation of benefits when necessary).
**SCHEDULE OF BENEFITS**

<table>
<thead>
<tr>
<th>Maximum Accident Medical Expense Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gonzaga Student</strong></td>
<td>$10,000 per injury</td>
</tr>
<tr>
<td><strong>Gonzaga Intramural Sports Student</strong></td>
<td>$10,000 per injury</td>
</tr>
<tr>
<td><strong>Gonzaga Club Sports Student</strong></td>
<td>$50,000 per injury</td>
</tr>
</tbody>
</table>

**Benefits Period:** 2 Years from date of the Covered Accident

<table>
<thead>
<tr>
<th>Covered Medical Expense</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room and Board</td>
<td>100% of the semi-private room rate</td>
</tr>
<tr>
<td>Hospital Miscellaneous Services</td>
<td>100%</td>
</tr>
<tr>
<td>Day Surgery Miscellaneous</td>
<td>100%</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>100%</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>100%</td>
</tr>
<tr>
<td>Surgeon</td>
<td>100%</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>100%</td>
</tr>
<tr>
<td>Doctors’ Visits</td>
<td>100%</td>
</tr>
<tr>
<td>Physician’s Surgical Facilities</td>
<td>100%</td>
</tr>
<tr>
<td>Second Opinion or Consultation</td>
<td>100%</td>
</tr>
<tr>
<td>Registered Nurses Services</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100%</td>
</tr>
<tr>
<td>Office Visits</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient X-Ray, CT Scan, MRI &amp; Laboratory Tests</td>
<td>100%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>100%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>100%</td>
</tr>
<tr>
<td>Home Healthcare Expenses</td>
<td>100%</td>
</tr>
<tr>
<td>Dental Treatment</td>
<td>$100 per tooth</td>
</tr>
<tr>
<td>Breast Reconstructive Surgery or Prosthesis</td>
<td>100%</td>
</tr>
<tr>
<td>Braces and Appliances</td>
<td>100%</td>
</tr>
<tr>
<td>Medical Evacuation and Repatriation</td>
<td>100%</td>
</tr>
<tr>
<td>Prescription Drug Benefit</td>
<td>100%</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td>100% up to $5,000</td>
</tr>
</tbody>
</table>

**Insurance Carrier Information**

**Gonzaga University’s Student Accident Medical Program is administered by A-G Administrators & Underwritten by Berkley Life and Health Insurance.**

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>COL 006000000304</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Term</td>
<td>August 1, 2018 – July 31, 2019</td>
</tr>
</tbody>
</table>
DEFINITIONS & KEY TERMS

For a full list of key terms and definitions, please see the Master Policy, available at http://agadministrators.com/gonzaga/.

Campus
Gonzaga University-owned and/or operated buildings and property.

Club Sports
A Club Sport is a club that is approved and overseen by the Gonzaga University Office of Student Involvement and Leadership. For a full list of club sports, visit www.gonzaga.edu/studentinsurance.

Explanation of Benefits (EOB)
EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it be payment, denial, or pending) to a medical claim processed on your behalf. Often, this item is requested if we are processing a claim for you and you have any other insurance. EOBs are necessary to properly adjudicate excess insurance benefits.

Intramural Activity
An intramural activity is an activity sponsored by the Gonzaga University Intramural Office.

Itemized Medical Bills (HCFA1500 or UB92/UB04)
There are specific medical billing forms used to bill medical charges to insurance carriers or Third Party Claim Administrators. A physician or outpatient offices will use a HCFA, while hospitals and outpatient surgical facilities use UB92 and UB04 forms.

EFFECTIVE AND TERMINATION DATES

The Policy is on file at the school and becomes effective at 12:01 a.m. on August 1, 2018. The Policy terminates at 11:59 p.m., on July 31, 2019.
Health & Counseling Services is an on-campus physician’s office and counseling center that is available to all Gonzaga students. It operates an on-campus health clinic, a walk-in ambulatory health care facility whose focus is to provide health care education and primary medical care for students return them to their educational endeavors as quickly as possible. Students may schedule an appointment for a visit with our Board Certified Family Physicians or Advanced Registered Nurse Practitioners by calling 509-313-4052. All records are maintained in a separate confidential file. Specific medical services include:

- Doctors appointments
- Treatment of Injuries and Illness
- Diagnostic Testing (e.g. all blood tests, strep throat, mono)
- Immunizations
- Medical supplies i.e. crutches, splints, and slings
- Follow-up care and referrals

Although students are eligible for services, fees that may be incurred are the responsibility of the student.

**AFTER HOURS**

For after hours care consider one of the following:

- Call Family Medicine of Spokane at 509-626-9900 to speak with a physician.
- Visit a local Urgent Care Center.
- Visit a local Emergency Room.

If you have transportation concerns and need a ride to a local Urgent Care, call 509-313-5878 to arrange a Health Ride.
Submit Claims, Inquiries and Eligibility Questions to:

A-G Administrators, Inc.  
Attn: Gonzaga Claims  
P.O. Box 979  
Valley Forge, PA 19482  
Fax: 610.933.4122  
Phone: 610.933.0800  
Toll Free: 800.634.8628

Claims administered by:  
A-G Administers, Inc. Plan

Management and brokerage services are provided by:  
Mercer Health & Benefits, LLC.

Plan is underwritten by:  
Berkley Life and Health Insurance Company