Student Health Insurance Plan

Designed for the Domestic Students of

GONZAGA UNIVERSITY

2014 - 2015

Policy Number:
US079619

Group Number:
14430003
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>1</td>
</tr>
<tr>
<td>Effective and Termination Dates</td>
<td>1-2</td>
</tr>
<tr>
<td>Extension of Benefits</td>
<td>2</td>
</tr>
<tr>
<td>Refund of Premium</td>
<td>2</td>
</tr>
<tr>
<td>Excess Provision</td>
<td>2</td>
</tr>
<tr>
<td>Additional Medical Benefits</td>
<td>3</td>
</tr>
<tr>
<td>Gonzaga University Health Center</td>
<td>3</td>
</tr>
<tr>
<td>First Choice Health Network</td>
<td>3-4</td>
</tr>
<tr>
<td>Intramural Sports</td>
<td>4</td>
</tr>
<tr>
<td>Assist America Travel Assistance Plan</td>
<td>4</td>
</tr>
<tr>
<td>Schedule of Medical Benefits</td>
<td>5-6</td>
</tr>
<tr>
<td>Terms of Coverage</td>
<td>7</td>
</tr>
<tr>
<td>Premium Rates</td>
<td>7-8</td>
</tr>
<tr>
<td>Definitions</td>
<td>8-11</td>
</tr>
<tr>
<td>Exclusions and Limitations</td>
<td>11-12</td>
</tr>
<tr>
<td>Claim Procedure</td>
<td>13</td>
</tr>
</tbody>
</table>
ELIGIBILITY

The following Student Health Insurance Plan is available to domestic students taking 6 or more credit hours per semester. Students must actively attend classes for at least the first 31 days beginning with the first day for which coverage is purchased. Home study, correspondence, online, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. Please note, credit hours associated with the Masters of Nursing program can be applied towards the eligibility requirement. 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.

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.

DEPENDENT SPOUSE AND CHILDREN

Eligible students who enroll in this Plan may also insure their Eligible Dependents.

“Eligible Dependent” means the Insured’s Spouse under age 70, a child who is under 26 years of age or a child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured.

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 Policy is on file at the school and becomes effective at 12:01 a.m. on August 15, 2014 for law, undergraduate and graduate students. Coverage becomes effective on that date or the date application and full premium is received by the carrier (or its authorized representative), whichever is later. Coverage must be elected between August 15, 2014 and October 1, 2014 for the academic year. Students entering school for the Spring Semester may elect coverage until February 15, 2015.

If you do not enroll in this plan during these enrollment semesters, you may enroll at a later date if 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 Policy terminates at 12:01 a.m., on August 15, 2015 for law, 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.

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.

REFUND OF PREMIUM

Premium 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.

EXCESS 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. If there is other valid and collectible benefits available from any other source We will pay a minimum benefit amount of $100 and thereafter We will pay any excess amount unpaid from Your primary insurance.
**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; Alcoholism/Drug Abuse; 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.

**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 or (509) 313-4066. 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 Sicknesses
- 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 (509) 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.

**FIRST CHOICE NETWORK (PPO NETWORK)**

This plan has incorporated into the coverage access to the First Choice 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 First Choice Preferred Provider. You may receive care from any licensed provider, but if you incur any expenses using a First Choice 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 currently participating at the time services are rendered by checking the First Choice website at [www.fchn.com](http://www.fchn.com), by calling First Choice at (800) 231-6935 and/or by asking the provider when you make an appointment for services.

**INTRAMURAL SPORTS**

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

**ASSIST AMERICA TRAVEL ASSISTANCE PLAN**

Scholastic Emergency Services (SES) is the nation’s foremost provider of global emergency services designed specifically for the active student lifestyle. For any medical difficulty encountered 100 miles (150km) away from home or campus*, SES is the lifeline students can depend on with just a simple phone call. SES handles travel emergencies of every kind and even provides some services to students while on campus*. To learn more about the program, please see the SES brochure shown on our website at [www.summitamerica-ins.com/gonzaga](http://www.summitamerica-ins.com/gonzaga), or visit the SES website at [www.assistamerica.com/Students.aspx](http://www.assistamerica.com/Students.aspx).

*Students have select services while on campus, such as emergency trauma counseling, medical repatriation and return of mortal remains. Contact SES at:

- 1-877-488-9833 (inside USA)
- +1-609-452-8570 (outside USA or:
- email: medservices@assistamerica.com
The information below provides a Summary of the benefits under the Student Health Insurance Plan for the International Students of Gonzaga University. 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. This Student Health Insurance Plan extends the coverage provided by the Student Accidental Injury Insurance Plan and includes sickness coverage.

### Maximum Benefit (In and Out of Network)
**UNLIMITED**

### Out-of-Pocket Maximum
- **In Network**: $6,350 Individual/$12,700 Family

### Annual *Deductible for Sickness* (In and Out of Network)
- **In Network**: $100 per Plan Year
- **Out of Network**: $10,000 per Plan Year

### In Network and Outpatient Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Physician’s Visits (benefits are limited to one visit per day and do not apply when related to surgery. Outpatient visits include injections except when related to allergies.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Room &amp; Board (including General Nursing care and Intensive Care)</td>
<td>80% of the PPO Allowance</td>
<td>60% of Semi-Private Room Rate</td>
</tr>
<tr>
<td>Hospital Miscellaneous (including the cost of Pre-Admission Testing, Physiotherapy, Operating Room, Lab Tests, X-Ray Examinations, Anesthesia, Drugs (excluding take-home drugs) or Medicines, Therapeutic Services, and Supplies.)</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Registered Nurse’s Services (private duty nursing care)</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
</tbody>
</table>

### Outpatient Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Surgery Miscellaneous (including the cost of the operating room; lab tests and x-ray examinations, anesthesia; drugs or medicines; and supplies)</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>80% of the PPO Allowance</td>
<td>80% of URC</td>
</tr>
<tr>
<td>X-Ray &amp; Laboratory</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Prescription Drugs (each prescription and each refill limited to a 30-day supply)</td>
<td>80% of Expenses Incurred</td>
<td>80% of Expenses Incurred</td>
</tr>
<tr>
<td>Contraceptive Drugs &amp; Devices</td>
<td>100% of Expenses Incurred</td>
<td>100% of Expenses Incurred</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% of the PPO Allowance</td>
<td>No Benefit</td>
</tr>
<tr>
<td>Chemo therapy/Radiation</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Test &amp; Procedures (diagnostic services and medical procedures performed by a Doctor, other than Doctor’s Visits, Physiotherapy, X-Rays and Lab Procedures)</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
</tbody>
</table>

### Other Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Service (ground transportation only)</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Braces &amp; Appliances</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Dental Treatment (Made Necessary by Injury to Natural Teeth)</td>
<td>$100 per Tooth</td>
<td>$100 per Tooth</td>
</tr>
<tr>
<td>Consultant Doctor Fees (when requested and approved by the attending Doctor)</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Hospice Expenses (for an initial term of up to 6 months if death is imminent or if entering remission under certification by a physician)</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Home Health Care Expense (up to a maximum of 130 visits during any Policy Year)</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Cancer Screening Tests (including mammograms, cytologic screening, prostate cancer screening)</td>
<td>100% of PPO Allowance</td>
<td>No Benefit</td>
</tr>
<tr>
<td>Breast Reconstructive Surgery or Prosthesis</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Diabetes Treatment Benefit</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
<tr>
<td>Phenylketonuria Treatment</td>
<td>80% of the PPO Allowance: $2,000 Maximum per Policy Year</td>
<td>60% of URC: $2,000 Maximum per Policy Year</td>
</tr>
<tr>
<td>Mental or Nervous Disorders</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Maternity &amp; Complications of Pregnancy</td>
<td>80% of the PPO Allowance</td>
<td>60% of URC</td>
</tr>
</tbody>
</table>

*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.*
**Domestic Students Age 23 and Over**

<table>
<thead>
<tr>
<th></th>
<th>Student Only</th>
<th>Student &amp; Spouse</th>
<th>Student &amp; Children</th>
<th>Student, Spouse &amp; Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Coverage</td>
<td>$5,009</td>
<td>$12,743</td>
<td>$8,097</td>
<td>$15,833</td>
</tr>
<tr>
<td>Fall Coverage</td>
<td>$2,001</td>
<td>$5,090</td>
<td>$3,234</td>
<td>$6,323</td>
</tr>
<tr>
<td>Spring Coverage</td>
<td>$2,001</td>
<td>$5,090</td>
<td>$3,234</td>
<td>$6,323</td>
</tr>
<tr>
<td>Summer Coverage</td>
<td>$1,007</td>
<td>$2,562</td>
<td>$1,628</td>
<td>$3,184</td>
</tr>
</tbody>
</table>

**Definitions**

**Covered expenses** means charges:

a. Not in excess of usual, reasonable and customary charge;
b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
c. Made for medical services and supplies not excluded under the policy;
d. Made for services and supplies which are medically necessary; and
e. Made for medical services specifically included in the Schedule.

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

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

**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; Not primarily for your convenience or that of your doctor; and
d. That are the most appropriate supply or level of service that can safely be provided.

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

Preventive Care includes the following services when performed by a network provider.

Covered Preventive Services for Adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use for men and women of certain ages
- Blood Pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults over 50
- Depression screening for adults
- Type 2 Diabetes screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- HIV screening for all adults at higher risk
- Immunization vaccines for adults--doses, recommended ages, and recommended populations vary:
  1. Hepatitis A
  2. Hepatitis B
  3. Herpes Zoster
  4. Human Papillomavirus
  5. Influenza
  6. Measles, Mumps, Rubella
  7. Meningococcal
  8. Pneumococcal
  9. Tetanus, Diphtheria, Pertussis
  10. Varicella
- Obesity screening and counseling for all adults
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Tobacco Use screening for all adults and cessation interventions for tobacco users
- Syphilis screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women

Note: Services marked with an asterisk (*) must be covered with no cost-sharing in plan years starting on or after August 1, 2012.

- Anemia screening on a routine basis for pregnant women
- Bacteriuria urinary tract or other infection screening for pregnant women
- BRCA counseling about genetic testing for women at higher risk
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
- Breast Cancer Chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women*
- Cervical Cancer screening for sexually active women
- Chlamydia Infection screening for younger women and other women at higher risk
- Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs*
- Domestic and interpersonal violence screening and counseling for all women*
- Folic Acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes*
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women*
- Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older*
- Osteoporosis screening for women over age 60 depending on risk factors.
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
- Sexually Transmitted Infections (STI) counseling for sexually active women*
- Syphilis screening for all pregnant women or other women at increased risk
- Well-woman visits to obtain recommended preventive services for women under 65*

Covered Preventive Services for Children

- Alcohol and Drug Use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages
- Blood Pressure screening for children
- Cervical Dysplasia screening for sexually active females
Coverage for a Covered Person, for the first three continuous months following a Covered Person’s effective date, unless prior qualifying 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. 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.

5. 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.

6. Dental treatment, except as specifically provided for in the Schedule.

7. War or any act of war, declared or undeclared, or while in the armed forces of any country.

8. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense.

9. 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.

10. 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.

11. 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.

12. 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.

13. Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy, but not limited to contraceptives.

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

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

- Congenital Hypothyroidism screening for newborns
- Depression screening for adolescents
- Developmental screening for children under age 3, and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders
- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, Weight and Body Mass Index measurements for children
- Hemoglobin screening for children. Hemoglobinopathies or sickle cell screening for newborns
- HIV screening for adolescents at higher risk
- Immunization vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary:
  1. Diphtheria, Tetanus, Pertussis
  2. Haemophilus influenza type b
  3. Hepatitis A
  4. Hepatitis B
  5. Human Papillomavirus
  6. Inactivated Poliovirus
  7. Influenza
  8. Measles, Mumps, Rubella
  9. Meningococcal
  10. Pneumococcal
  11. Rotavirus
  12. Varicella
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure. Medical History for all children throughout development
- Obesity screening and counseling
- Oral Health risk assessment for young children
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children

- Iron supplements for children ages 6 to 12 months at risk for anemia
- Oral Health risk assessment for young children
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children
**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 Summit America’s website at [www.summitamerica-ins.com/gonzaga](http://www.summitamerica-ins.com/gonzaga). 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. Check claim status online at [www.summitamerica-ins.com](http://www.summitamerica-ins.com).

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Submit All Claims, Inquiries, & Eligibility Questions to:

**SUMMIT AMERICA INSURANCE SERVICES**

PO BOX 25936, Overland Park, KS 66225
Call Toll Free (877) 246-6997, Fax 913-327-7520
Or e-mail claims related questions to claims@summitamerica-ins.com

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No Premium notices will be sent.

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Please keep this Brochure as a brief summary of the insurance. The exact benefits, limitations, and exclusions governing this Plan are contained in the Policy (Form AH-27261-WA) issued to Gonzaga University onsite at the school. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.