

2020–2021 Plan Summary



WASHINGTON STATE COLLEGES AND NORTHWEST ATHLETIC ASSOCIATION OF COMMUNITY COLLEGES

INTERCOLLEGIATE SPORTS INJURY ONLY INSURANCE PLAN

www.4studenthealth.com/wsc-ics

Underwritten by:
Mutual of Omaha

Policy Number:
T5MP-P-050230

Revised 08/13/2020 6:33 AM

This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a Policy of insurance underwritten by Mutual of Omaha Insurance Company. Any discrepancy between this brochure and the Policy will be governed by the Policy. Please keep this brochure for future reference.

PLAN INFORMATION

Accountholder: Washington State Colleges and
Northwest Athletic Association
of Community Colleges

Insurance Company: Mutual of Omaha

POLICY NUMBER: **T5MP-P-050230**

Effective Dates: 08/01/2020 to 08/01/2021

The following is a brief description of the Injury medical expense benefits for athletic team participants of the Washington State Colleges and Northwest Athletic Association of Community Colleges. Complete details of coverage are in the Memorandum of Coverage issued to the Colleges. It may be inspected during business hours at the business office of the College.

WHO IS ELIGIBLE FOR COVERAGE UNDER THIS PLAN

Intercollegiate Student Athletes, Student Coaches, Student Managers, Student Trainers and Student Cheerleaders. Also eligible are prospective athletes and up to two chaperones for those prospective athletes. Students must actively attend classes for at least the first 31 days beginning with the first day for which coverage is purchased.

Student Athletes, Student Coaches, Student Managers and Student Trainers are covered for events and activities that are authorized by, organized by or directly supervised by an official representative of the Accountholder.

Student Cheerleaders are covered for activities performed as part of the cheer unit for an intercollegiate sport team competition authorized by, organized by and directly supervised by an official coach or advisor of the Accountholder. Practice sessions and pep rallies are also qualifying events when:

1. authorized by, organized by and directly supervised by an official coach or advisor of the Accountholder, other than an Insured; and
2. in preparation for an intercollegiate sport team competition.

Prospective athletes and their chaperones are covered for activities during, and directly related to an official visit for which the athlete was invited by the Accountholder.

WHEN COVERAGE BEGINS AND ENDS

Coverage begins as of the date that the individual is accepted by the Accountholder as a registered student and becomes a member of an eligible class. In no event, however, will insurance be deemed to commence prior to the effective date of the Memorandum of Coverage.

Coverage terminates as of the first to occur of the following dates:

1. The date that the individual ceases to be eligible for Coverage; or
2. The plan Termination Date.

WHAT THIS PLAN COVERS

Coverage is for eligible participants for events and activities that are authorized by, organized by, or directly supervised by an official representative of the Accountholder. Coverage includes conditions which result from other than accidental bodily injury, provided they are the result of the practice and play of a covered athletic activity and the student-athlete has been released to participate in practice or play by a legally qualified physician. This includes benefits for stress fractures, heat stroke, strains, twists, and other injuries directly related to participation in and travel to and from intercollegiate athletic events under college supervision.

MEDICAL EXPENSE BENEFITS

Medical Benefit:

\$25,000 per Injury for eligible insureds

\$10,000 per Injury for chaperones

Benefits for any one Injury shall not exceed, in the aggregate, the Maximum Benefit.

Medical Deductible:

\$500 per Injury

(Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Medical Deductible.)

Benefit Period:

The Injury must occur while this policy is in force. Treatment by a Legally Qualified Physician must begin within 90 days after the date of the accident. Charges must be incurred within 104 weeks of the date of the accident.

Eligible Medical Expenses:

Eligible Medical Expenses are as follows:

1. Treatment by a Legally Qualified Physician;
2. Care or services from a Hospital or Ambulatory Surgical Center;
3. Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage;
4. Professional ambulance service;
5. Orthopedic appliances;
6. Treatment by a physical therapist;
7. Treatment by a Physician's Assistant.

See the Schedule of Benefits for further information.

SCHEDULE OF BENEFITS

The company will pay the Medical Expense incurred for each service as scheduled below in excess of the \$500 per Injury Medical Deductible, up to the Maximum Benefit. Benefits shall not exceed the Usual and Customary Charges.

Covered Expense	Coverage
Hospital Room & Board (Including daily room rate and general nursing care.)	Semi-Private Room Rate
Hospital Miscellaneous Expenses (Includes the cost of pre-admission testing, the operating room, laboratory tests, X-ray examinations, anesthesia, drugs, excluding take home drugs, or medicines, therapeutic services, blood and plasma, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.)	100% U&C Charges*
Intensive Care	100% U&C Charges*
Day Surgery Miscellaneous (Including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies.)	100% U&C Charges*
Surgeon's Fees (No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.)	100% U&C Charges*
Assistant Surgeon (Payable only when required by Hospital.)	100% U&C Charges*
Anesthetist	100% U&C Charges*
Physician's Visits (Benefits are limited to one visit per day and do not apply when related to surgery.)	100% U&C Charges*
Consultant Physician Fees (When requested and approved by the attending Physician.)	100% U&C Charges*
Outpatient Physiotherapy	100% U&C Charges*
Registered Nurse's Services	100% U&C Charges*
Emergency Room	100% U&C Charges*
Ambulance	100% Covered Charges
X-Ray and Laboratory Tests	100% U&C Charges*
Braces and Appliances	100% U&C Charges*
Prescription Drugs	100% U&C Charges*
Dental Treatment (Made necessary by Injury to natural teeth.)	100% U&C Charges*

* U&C means Usual and Customary Charges. See Definition.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Principal Sum: \$10,000

If, within 365 days from the date of an Accident covered by this Plan, Injury from such Accident results in Loss listed below, we will pay the percentage of the Principal Sum listed in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, we will pay only one amount, the largest to which the Covered Person is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

Loss	Percentage of Principal Sum
Loss of Life	100%
Loss of Both Feet, Both Hands, or Entire Sight in Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight in One Eye	100%
Loss of One Foot and Entire Sight in One Eye	100%
Loss of One Hand, One Foot or Entire Sight in One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

“Severance” means the complete separation and dismemberment of the part from the body.

HEART & CIRCULATORY MALFUNCTION BENEFIT

If an Insured suffers Loss of Life resulting from Heart or Circulatory Malfunction (as defined), within 90 days from the date of participating in a scheduled game or supervised practice relating to the first diagnosis, we will pay, on behalf of the Insured, a lump sum benefit in the amount of \$10,000.

FULL EXCESS MEDICAL EXPENSE

If an Injury to the Covered Person results in his incurring Eligible Expenses for any of the services in the Schedule of Benefits, we will pay the Eligible Expenses incurred, subject to the Deductible Amount and Coinsurance Percentage (if any), that are not recoverable from any other insurance policy, service contract or workers' compensation.

DEFINITIONS

Ambulatory Surgical Center means a facility which is licensed as an Ambulatory Surgical Center by the state in which it is located.

Heart or Circulatory Malfunction means disease or illness of the heart or circulatory system which:

1. is first diagnosed and treated while the Insured's coverage is in force and occurs in a scheduled game or supervised practice, within 24 hours after participation; and
2. the Insured has not before such participation been medically advised of/or has received any medical treatment for such heart or circulatory malfunction.

Hospital means a place licensed (if licensing is required by law) as a hospital and operated for the care and treatment of resident inpatients with a registered graduate nurse always on duty or on call and with a laboratory and an operating room (both on the premises) where surgical operations are performed by persons legally qualified to do so. In no event shall the term "hospital" mean an institution or that part of an institution which is used principally as a clinic, convalescent home, rest home, nursing home for the aged, drug addicts or alcoholics.

Injury/Injuries means accidental bodily injuries received while the Insured is covered under the memorandum of coverage which result independently of sickness and all other causes.

Intoxicated means a blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state where the Injuries occurred.

Legally Qualified Physician means a physician:

1. other than the Insured;
2. practicing within the scope of his or her license; and
3. recognized as a physician in the state where services are rendered.

Medical Expense means expense incurred for Medically Necessary services and supplies ordered or prescribed by a Legally Qualified Physician. Not included are amounts in excess of the Usual and Customary Charges. Medical Expense is incurred on the date the service or supply is received.

Medically Necessary means a service or supply which: 1) is recommended by the attending Legally Qualified Physician; 2) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and 3) could not have been omitted without adversely affecting the Insured's condition or the quality of medical care.

Off-season Physical Conditioning means a physical conditioning activity, which is not the play or practice of the insured sport, that is officially scheduled and authorized by a regularly employed coach and trainer.

Physician's Assistant (PA) is a PA, other than the insured, trained and licensed to provide basic medical services.

Usual and Customary Charges means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

EXCLUSIONS AND LIMITATIONS

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

1. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
2. Injuries caused by an act of declared or undeclared war.
3. Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation.
4. Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician.
5. Injuries received while intoxicated.
6. Injuries covered by workers' compensation or employer's liability laws.
7. Injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded).
8. Injuries received while acting as a pilot or crew member.
9. Injuries received while traveling as a passenger by air, except as specifically provided herein.
10. The cost of dental treatment, except as specifically provided for injuries to natural teeth.
11. The cost of eyeglasses, contact lenses or examinations for either.
12. Coverage for student athletes, student coaches, student managers and student trainers is not provided for activities that are not directly a part of an intercollegiate sport, such as camps, clinics and other events not conducted by the Accountholder.
13. Coverage for cheerleaders does not include any activities that are not directly associated with the activities of an intercollegiate sport team, such as camps, clinics, national competitions, fund-raisers, alumni events and other events not conducted by the Accountholder.
14. Travel coverage for prospective athletes and their chaperones is only effective for activities conducted under the direct supervision of an official representative of the Accountholder.

CLAIM PROCEDURE

In the event of Injury, the student should:

1. Report to a Physician or Hospital.
2. Obtain a claim form from the College or from the website www.4studenthealth.com/wsc-ics. Please submit one claim form for each Injury. Mail the completed claim form, all medical bills and your Primary Carrier's explanation of benefits to the address below.

Relation Insurance Services
P.O. Box 25936
Overland Park, Kansas 66225
Fax: **(913) 327-7520**

3. File claim within 90 days of Injury.

Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the Company is liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

The Insured Person has the right to request an independent medical review if health care services have been denied, modified, or delayed based on the Company's determination of medical necessity.

For questions regarding benefits or claims:

Relation Insurance Services
P.O. Box 25936
Overland Park, Kansas 66225
(877) 246-6997

or email claims-related questions to:
claims@relationinsurance.com

Underwritten by:

Mutual of Omaha Insurance Company
3300 Mutual of Omaha Plaza, Omaha, NE 68175

Mutual of Omaha Insurance Company is rated A+ (Superior)
by A.M. Best Company 2019

Insurance ID Card

2020–2021

WASHINGTON STATE COLLEGES AND NORTHWEST ATHLETIC ASSOCIATION OF COMMUNITY COLLEGES INTERCOLLEGIATE SPORTS INJURY ONLY INSURANCE PLAN



Below is your ICS Injury Only Insurance Plan Identification Card. **Cut it out and carry it with you at all times!** This card can be used to verify your coverage.

 *cut out along dashed line*

For questions about benefits, eligibility, or claims, call Relation Insurance Services. All benefits are subject to payment of appropriate premium and verification of eligibility. Submit claims to claims address below.

NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure.

MEMBERS: Carry this card at all times.

Member & Provider Services:	Relation Insurance Services	(877) 246-6997
Plan Materials:	www.4studenthealth.com/wsc-ics	
Claims Mailing Address:	Relation Insurance Services P.O. Box 25936 Overland Park, Kansas 66225	Payer ID: 37301

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Intercollegiate Sports Injury Only Insurance Plan

2020–2021

Name:
Student ID #: Please reference the student's SSN as the member ID #.

Insurance Underwritten by Mutual of Omaha Insurance Company

Group: Washington State Colleges and
Northwest Athletic Association of Community Colleges

Group #: T5MP-P-050230

Deductible: \$500 per Injury

Coinsurance: 100% U&C, up to \$25,000 maximum benefit

Coverage is for injury only. Maximum benefit per Injury not to exceed \$25,000 for intercollegiate sports.

How to Use This Plan

**STEP
1**

If you need medical care for an injury, visit a doctor or hospital of your choosing. Show them your identification card. If you are asked to pay part or all of your medical charges up front, submit a claim for reimbursement of the portion of charges for which the company is responsible.

**STEP
2**

Download a claim form from www.4studenthealth.com/wsc-ics and fill it out completely. Send claim form with billing statements or receipts to:

Relation Insurance Services
P.O. Box 25936
Overland Park, Kansas 66225
Fax: **(913) 327-7520**

Revised July 31, 2020 11:54 AM



Relation Insurance Services