

2020–2021 Plan Summary



WASHINGTON STATE COLLEGES STUDENT ACCIDENT ONLY INSURANCE PLAN

www.4studenthealth.com

Locate your school name on the dropdown menu.

Underwritten by:
United States Fire Insurance Company

Policy Number:
US947908

Revised 10/15/2020 8:10 AM

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Notice

THIS IS ACCIDENT ONLY COVERAGE. BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS. THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans.

This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Please keep this Brochure as a brief summary of the school-sponsored student Accident Injury Only insurance plan for students attending a school of the Washington State Colleges. This is a brief description of coverage provided under the Blanket Accident Only Policy, and is subject to the terms, conditions, limitations and exclusions of the Policy. Please see the Policy and certificate on file with your school for complete details. The Policy will prevail in the event of any discrepancy between this brochure and the Policy. Coverage may vary or may not be available in all states. Plans are underwritten by United States Fire Insurance Company, Eatontown, New Jersey.

Important Contact Information and Resources



Plan Administration

Benefits & Claims

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

Underwritten by

United States Fire Insurance Company.

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General Information

The following is a brief description of the Injury medical expense benefits for students of the Washington State Colleges. Complete details of coverage are in the Policy issued to the Colleges. It may be inspected during business hours at the business office of the College.

Eligibility

All registered students taking (6) or more credit hours per quarter are eligible to enroll in this insurance plan. Students who meet the Eligibility requirements and have paid the required premium for Spring Quarter may continue coverage through the Summer Quarter by paying the required premium. The eligibility requirements need not be met again for the Summer period only.

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. 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 plan eligibility requirements have not been met, its only obligation is a refund of premium less any claims paid.

When Coverage Begins and Ends

The Policy is on file at the school and becomes effective at 12:01 a.m., September 1, 2020. Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later.

If enrolling late in the quarter, you are still required to pay the full premium due. 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 quarter. The Policy terminates at 12:01 a.m., August 31, 2021. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

The eligibility requirements listed above must be met each time a premium is paid to continue insurance coverage. It is the covered person's responsibility to make timely renewal payments to avoid a lapse in coverage. The policy is a Non-Renewable One Year Term Policy.

Excess Coverage

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.

Extension of Benefits after Termination

The coverage provided under the plan ceases on the Termination Date. However, if a Covered Person is under the care and treatment of a Doctor for an Injury and Hospital confined on the termination date from the 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 from the date of Injury.

The total payments made for such condition both before and after the termination date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Refund of Premium

Premium received by the Company is 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. There are no pro rata or reduced premium payments.

Except for medical withdrawal due to a covered Injury, any student withdrawing from school during the first 31 days of the period for which coverage is purchased will not be covered under the plan and a full refund of the premium less any claims paid will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid and no refund will be allowed.

If you report for active duty in the armed forces, we will refund a pro rata premium upon receipt of proof of service. This does not include Reserve or National Guard duty for training.

Filing a Claim

In the event of an Injury, the student should:

1. Report to a Doctor or Hospital.
2. Claims must be filed with your primary insurance carrier(s) prior to filing under this plan. File claim within 90 days of Injury.
3. Obtain a claim form from the College or from the website at www.4studenthealth.com and select your school. 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**

4. File claim within 90 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.

Keep copies of all the documents you submit. If you have questions about claims, contact Relation at **(877) 246-6997** or claims@relationinsurance.com.



Plan Benefits

Accident Medical Expense Benefits (Injury Only)

Amount Paid under Base Policy prior to Rider Coverage Payable	\$1,500 per Injury
Deductible	\$25 per Injury
Policy Coinsurance	100% of Usual, Reasonable & Customary (URC) Charges
Rider Coinsurance	80% of URC Charges
Maximum Rider Benefit Amount	\$25,000 per Injury
Maximum Combined Benefit Amount (Policy and Rider)	\$26,500 per Injury

The Company will pay 80% of URC Charges of additional incurred covered Medical Expenses in excess of \$1,500 up to an additional \$25,000 for each Injury. In no event shall the total combined benefits for a single Injury exceed \$26,500.

Schedule of Benefits

The company will pay the Covered Expenses incurred for each service as scheduled below in excess of the \$25 per Injury Medical Deductible, up to the Maximum Benefit. Benefits shall not exceed the Usual, Reasonable, and Customary Charges.

INPATIENT COVERED EXPENSES	POLICY BENEFIT	RIDER BENEFIT
Hospital Services		
Room & Board	100% of the Semi-Private Room Rate	80% of URC of the Semi-Private Room Rate
Intensive Care	100% of URC	80% of URC
Hospital Miscellaneous Includes the cost of pre-admission testing, operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies).	100% of URC	80% of URC
Physiotherapy	100% of URC	80% of URC
Surgery Services		
Surgeon	100% of URC	80% of URC
Assistant Surgeon	100% of URC	80% of URC
Anesthetist	100% of URC	80% of URC
Nurse	100% of URC	80% of URC
Doctor's Visits		
Limited to one visit per day (benefits for Doctor's Visits do not limited apply when related to surgery).	100% of URC	80% of URC
Pre-Admission Testing If done within 3 days before admission.	100% of URC	80% of URC
OUTPATIENT COVERED EXPENSES	POLICY BENEFIT	RIDER BENEFIT
Surgery Services		
Surgeon	100% of URC	80% of URC
Day Surgery Miscellaneous Includes the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs or medicines, and supplies.	100% of URC	80% of URC
Anesthetist	100% of URC	80% of URC
Miscellaneous Services	100% of URC	80% of URC

(CONTINUED)

Plan Benefits (continued)

OUTPATIENT COVERED EXPENSES (CONTINUED)	POLICY BENEFIT	RIDER BENEFIT
Doctor's Visits Limited to one visit per day (benefits for Doctor's Visits do not apply when related to surgery).	100% of URC	80% of URC
Physiotherapy	100% of URC	80% of URC
Medical Emergency	100% of URC	80% of URC
Diagnostic X-rays	100% of URC	80% of URC
Radiation Therapy	100% of URC	80% of URC
Laboratory	100% of URC	80% of URC
Tests & Procedures	100% of URC	80% of URC
Injections	100% of URC	80% of URC
Prescription Drugs	100% of URC	80% of URC
OTHER SERVICES	POLICY BENEFIT	RIDER BENEFIT
Ambulance	100% of URC	80% of URC
Braces & Appliances	100% of URC	80% of URC
Consultant	100% of URC	80% of URC
Dental (Injury to Natural Teeth Only)	100% of URC	80% of URC

Accidental Death & Dismemberment Benefit

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 Company will pay the applicable amount shown below in addition to payment under the Accident Medical Expense Benefits.

For Loss of:	Amount Payable
Life	\$10,000
Both Feet, Both Hands, or Sight in Both Eyes	\$10,000
One Hand and One Foot	\$10,000
One Hand or One Foot and Sight in One Eye	\$10,000
One Hand, One Foot or Sight in One Eye	\$5,000

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.

Exclusions & Limitations

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

1. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof or viral infection regardless of how contracted. This does not include infection that is the natural and foreseeable result of an accidental bodily injury or accidental food poisoning.
2. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution.
3. Services covered or provided by the student health fee.
4. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury.
5. 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 an injury covered by the policy.
6. 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.
7. Dental treatment, except as specifically provided for in the Schedule.
8. War or any act of war, declared or undeclared; or service in the armed forces of any country.
9. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense.
10. Intentionally self-inflicted injury, suicide or any attempt thereat.
11. Injury sustained while:
 - a) Participation in any school, professional or organized sports contest or competition, unless specifically list in the Schedule, or provided by rider; or
 - b) Traveling to or from such sport, contest or competition as a participant; or
 - c) During participation in any practice or conditioning program for such sport, contest or competition.
12. 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.
13. 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 to you for the services given in the absence of insurance.
14. Elective surgery and elective treatment, including but not limited to elective abortions, except as required to correct an injury for which benefits are otherwise payable under the policy.
15. Prescription drugs dispensed or purchased unless during a hospital stay, or if specifically covered under the policy when dispensed at the student health center.
16. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
17. Braces and appliances, except as specifically provided for in the Schedule.
18. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.

Definitions

Accident means an event which (a) causes Injury to one or more Covered Persons; and (b) occurs while coverage is in effect for the Covered Person.

- a) Causes Injury to one or more Covered Persons; and
- b) Occurs while coverage is in effect for the Covered Person.

Coinsurance means the percentage amount of covered expenses for which you are responsible for any medical service or supply. The coinsurance is shown in the Schedule. We will pay the remaining amount of covered expenses, subject to the maximum amount for specific services and the maximum benefit for all services.

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.

Deductible means the amount of covered expenses paid by you before benefits are payable under the policy. The deductible amount is shown in the Schedule.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. A doctor also includes a Dentist. A Denturist will also be covered as long as the services are performed within the lawful scope of employment and such contract would have provided benefits if such services had been performed by a licensed dentist. Doctor does not include: You; Your spouse, dependent, parent, brother, or sister; or any person who ordinarily resides with you.

Hospital means an institution:

- a) Operated pursuant to law;
- b) Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- c) Under the supervision of a staff of doctors;
- d) Providing 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
- e) With medical, diagnostic and treatment facilities, and with major surgical facilities;
- f) On its premises; or
- g) Available on a prearranged basis; and
- h) Charging for its services.

Hospital does not include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics; or
- Rehabilitation.

Hospital Stay means a medically necessary overnight confinement in a hospital when room and board and general nursing care are provided and a per diem charge is made by the hospital.

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.

Medical Emergency means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

- a) Placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- b) Serious impairment to bodily functions; or
- c) Serious dysfunction of any body organ or part.

Expenses incurred for medical emergency will be paid only for an injury fulfilling the above conditions.

These expenses will not be paid for minor injuries.

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 injury;
- b) Provided for the diagnosis, or the direct care and treatment of the injury;
- c) In accordance with the standards of good medical practice;
- d) Not primarily for your convenience or for that of your doctor; and,
- e) That are the most appropriate supply or level of service that can safely be provided.

Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a doctor.

Prescription means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.

Usual, Reasonable and Customary means:

- a) Charges and fees for medical services or supplies that are the lesser of:
 1. The usually 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.



Relation™
EDUCATION SOLUTIONS

Plan Administered By
Relation Insurance Services



Insurance ID Card

2020–2021

WASHINGTON STATE COLLEGES STUDENT ACCIDENT ONLY INSURANCE PLAN



Below is your Student Accident 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	
Claims Mailing Address:	Relation Insurance Services P.O. Box 25936 Overland Park, Kansas 66225	Payer ID: 37301

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Student Accident Only Insurance Plan 2020–2021

Name:

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

Insurance Underwritten by United States Fire Insurance Company

Group: Washington State Colleges
Group #: 15430006
Policy #: US947908
Deductible: \$25 per Injury
Coinurance: 100% URC per Injury, up to \$1,500
80% URC thereafter, up to \$25,000

Coverage is for injury only.

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. You may be asked to pay part or all of your medical charges up front, then 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-acc 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**

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Relation Insurance Services