



Relationships Matter.

# 2022–2023 PLAN SUMMARY



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

Underwritten by: Mutual of Omaha Insurance Company

Policy Number: T5MP-P-050230

Rev: Aug 02, 2022

## NOTICE

This Plan Summary 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 Plan Summary and the Policy will be governed by the Policy. Please keep this Plan Summary for future reference.

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 Colleges.

## ELIGIBILITY

Intercollegiate Student Athletes, Student Coaches, Student Managers, Student Trainers and Student Cheerleaders are eligible for this insurance plan. Also eligible are prospective athletes and up to two (2) 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.

## TERMS OF COVERAGE

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:

Classes 1, 2 & 3: \$25,000 per Injury for eligible insureds  
Class 4: \$10,000 per Injury for chaperones

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

### Accident Medical Deductible-Reducing:

\$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 the policy is in force. Treatment by a Legally Qualified Physician must begin within 90 days after the date of the injury. Charges must be incurred within 104 weeks of the date of the injury.

### 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 (PA).

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
<b>Hospital Room &amp; Board</b> Including daily room rate and general nursing care.	Semi-Private Room Rate
<b>Hospital Miscellaneous Expenses</b> 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*
<b>Intensive Care</b>	100% U&C Charges*
<b>Day Surgery Miscellaneous</b> 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*
<b>Surgeon's Fees</b> 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*
<b>Assistant Surgeon</b> Payable only when medically necessary.	100% U&C Charges*
<b>Anesthetist</b>	100% U&C Charges*
<b>Physician's Visits</b> Benefits are limited to one visit per day and do not apply when related to surgery.	100% U&C Charges*
<b>Consultant Physician Fees</b> When requested and approved by the attending Physician.	100% U&C Charges*
<b>Outpatient Physiotherapy</b>	100% U&C Charges*
<b>Registered Nurse's Services</b>	100% U&C Charges*
<b>Emergency Room</b>	100% U&C Charges*
<b>Ambulance</b>	100% Covered Charges
<b>X-Ray and Laboratory Tests</b>	100% U&C Charges*
<b>Braces and Appliances</b>	100% U&C Charges*
<b>Prescription Drugs</b>	100% U&C Charges*
<b>Dental Treatment</b> Made necessary by Injury to natural teeth.	100% U&C Charges*

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

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

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.

**Principal Sum:** \$10,000

FOR LOSS OF:	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 One Eye or One Foot and One Eye	100%
Loss of Speech and Hearing	100%
Loss of One Hand, One Foot or One Eye	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of the Same Hand	25%

**Loss of Eye or Eyes** means the total and irrecoverable loss of the entire sight thereof.

**Loss of Hand or Hands or Foot or Feet** means severance at or above the wrist or ankle joint, respectively.

**Loss of Speech and Hearing** means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss.

**Loss of Thumb and Index Finger of the Same Hand** means severance of two or more entire phalanges of both the thumb and the index finger.

## HEART OR 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.

**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 in a loss described in the Benefits Provision(s) and Insuring Provision(s) applicable to such Insured. The Plan of Insurance specifies the Benefit Provision(s) and Insuring Provision(s) applicable to the Insured. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.

**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 & LIMITATIONS

No coverage is provided for:

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 received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded);
4. injuries received while acting as a pilot or crew member;
5. injuries received while traveling as a passenger by air, except as specifically defined in this provision;
6. injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation;
7. injuries received while under the influence of any controlled substance, unless administered on the advice of a legally qualified physician;
8. injuries received while intoxicated as specifically defined in this provision;
9. the cost of eyeglasses, contact lenses or examinations for either;
10. the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; or
11. Injuries covered by workers' compensation or employer's liability laws.



## FILING A CLAIM

In the event of Injury, the student should:

1. Obtain a claim form from the College or from the website. 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  
PO Box 25936  
Overland Park, KS 66225  
Fax: **(913) 327-7520**

2. 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 the 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.

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

# INSURANCE ID CARD

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.

## How to Use This Plan



**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.



**2** Download a claim form from [www.4studenthealth.com](http://www.4studenthealth.com) (locate your school name on the dropdown menu), and fill it out completely. Send claim form with billing statements or receipts to:

Relation Insurance Services  
 PO Box 25936  
 Overland Park, KS 66225  
 Fax: **(913) 327-7520**

cut out along dashed line

fold here

<b>Intercollegiate Sports</b>		<b>2022–2023</b>
<b>Injury Only Insurance Plan</b>		
<b>Name:</b>	<input type="text"/>	
<b>Student ID #:</b>	Please reference the student's SSN as the member ID #.	
<i>Insurance Underwritten by Mutual of Omaha Insurance Company</i>		
<b>Group:</b>	Washington State Colleges & Northwest Athletic Association of Community Colleges	
<b>Group #:</b>	T5MP-P-050230	
<b>Deductible:</b>	\$500 per Injury	
<b>Coinsurance:</b>	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.		
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.		
<b>NOTICE:</b> Possession of this card does not guarantee coverage or payment for a service or procedure.		
<b>MEMBERS: Carry this card at all times.</b>		
Member & Provider Services:	Relation Insurance Services	<b>(877) 246-6997</b>
Plan Materials:	<a href="http://www.4studenthealth.com">www.4studenthealth.com</a> (locate your school name on the dropdown menu)	
Claims Mailing Address:	Relation Insurance Services PO Box 25936 Overland Park, KS 66225	Payer ID: 37301



 **Relation™**  
EDUCATION SOLUTIONS

Plan Administered By  
Relation Insurance Services