



2009-2010 Student Accident & Health Plan Summary

ELIGIBILITY:

Every half-time to full-time undergraduate and graduate student is provided the Basic Accident Benefit. Coverage is in effect for the 9-month academic year.

All half-time to full-time students are automatically enrolled in the Hard Waiver Accident & Sickness Plan expanding the Basic Accident Benefit as well as adding sickness benefits for 12 months. You can only waive out of the coverage by providing evidence of comparable coverage. You may waive out of the coverage at www.eiaa.org/willamette. The cost of the Hard Waiver Plan is \$475 for students 24 and under and \$720 for students who are 25 and older on August 15, 2009. This fee includes a fee for administration of the plan. The coverage period is 8/15/09 through 8/14/10. The deadline to waive out of the coverage is September 20, 2009. The deadline date is strictly enforced.

Important: This is not a major medical health plan, the benefits are very limited.

EXCESS COVERAGE PROVISION:

Benefits are available for covered expenses after all other plans providing medical expense benefits have considered the expenses.

HOW DOES THIS PLAN WORK?

THE BASIC ACCIDENT PLAN—All half-time and full-time undergraduate and graduate students are covered.

- There is no deductible under the Basic Accident Plan.
- The maximum benefit for accidents is \$2,500 payable at 100% of the usual, reasonable and customary.

HARD WAIVER ACCIDENT & SICKNESS PLAN—Students who do not submit a waiver online and pay for the coverage are eligible for the following benefits:

- After the Basic Accident Plan is exhausted, this plan will pay 80% up to the maximum limit of \$10,000 for accidents.
- Sickness Inpatient Benefits: If you are hospital confined for 18 hours or more this plan will pay 100% of the first \$500 and 80% thereafter the maximum limit of \$10,000. This applies to services rendered during the time you are hospital confined. There is a \$50 deductible per sickness.
- Outpatient Sickness Benefits: This plan will pay 80% up to the maximum limit of \$2,000 for outpatient sickness services. A covered student must be seen by the Student Health Services and referred for consideration of benefits. There is a \$50 deductible per sickness. There is a \$50 co-pay per Emergency Room visit, this is in addition to the \$50 deductible per sickness. This Emergency Room co-pay will be waived if patient is admitted and hospital confined for 18 hours or more.
- Outpatient Surgical Expense: If, while not confined to a hospital, your sickness requires surgery, this plan will pay a maximum limit of \$3,000 at 100% for services incurred during the time of your outpatient surgery.
- Prescription Expense: When your accident or sickness requires prescribed medicines, this plan provides an aggregate maximum benefit of \$500 per policy year. There is a \$15 co-pay for generic and \$25 co-pay for brand name. **You must use your Express Scripts card.**

WHAT IS COVERED UNDER THIS PLAN?

- The outpatient sickness benefits include coverage for emergency room visits, x-rays, lab work, office visits, therapeutic services & supplies and prescriptions for an accident or a sickness. However, they are very limited. Please review a full description of the plan before medical treatment is secured.
- Treatment for Mental Illness & Chemical & Substance Abuse are covered as any other sickness.

Reminder: A referral from the Student Health Services is required.

EXCLUSIONS & LIMITATIONS

NOTICE: This plan contains certain Exclusions and Limitations. Please secure a copy of the entire plan description on your institution's website in order to determine if services are covered under this plan. If you are unable to access the website, please contact NAHGA Claim Services at 1-800-952-4320.

WHAT TO DO IF YOU NEED TO FILE A CLAIM:

- 1) Report your **accident** or **sickness** to the Student Health Services. A REFERRAL must be secured from the Student Health Services for outpatient treatment, **except:** a) In case of an emergency; b) when the Student Health Services is closed or between semester breaks or during the summer.
- 2) File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must obtain pre-authorization for all services rendered or benefits will be reduced by 50%.
- 3) If the other insurance does not pay the entire bill, secure a claim form and instructions from Student Health Services.

Notice: This plan contains certain Exclusions and Limitations. Please obtain a copy of the plan document in order to determine if services would be covered under this Plan. The above outline of coverage is intended only as a quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the University.