

MEDICAL INSURANCE PLAN

2008-2009

FOR STUDENTS
AND THEIR DEPENDENTS



WASHINGTON STATE
 UNIVERSITY

World Class. Face to Face.

This Student Medical Insurance Plan is sponsored by Washington State University (“the Policyholder”). It is designed to help the Covered Person pay a large part of those expenses he or she may incur – Hospital, Medical and Surgical – which are not covered by Health and Wellness Services (HWS). Also see Medical Evacuation, Repatriation & Accidental Death Benefits included in the Schedule of Benefits. Coverage is available worldwide.

CONTENTS

Eligibility.....	2
Enrollment Procedure	3
Premium Rates.....	3
Coverage Dates	4
Health and Wellness Services Information	5
Beech Street PPO Network	5
Schedule of Benefits.....	6
Exclusions	10
Pre-Existing Condition Limitation	11
Excess Coverage	12
Definitions	13
How to File a Claim	17
Proof of Loss	17
Information, Branch Campuses.....	17
AIG Travel Assist	18
Flagship Emergency Care Hotline	19
I.D. Card	Back Cover

ELIGIBILITY

Those eligible to enroll in this Plan are:

1. WSU students who are admitted through the Graduate or Undergraduate Admission Office, who are paying tuition and fees for seven or more credit hours, and who remain in an academic program through the first two weeks of instruction in the semester are eligible to enroll in this Plan. Students may not enroll in the Plan if they are only enrolled in correspondence, independent study, noncredit courses or conferences and institutes.
2. International Students with nonimmigrant visas (except Canadians), regardless of credit hours, are required to enroll in the Plan because insurance policies offered by other countries might not adequately cover medical costs in the United States.

Waivers

International students may obtain a waiver of this requirement by bringing a copy of an equivalent policy in English and proof of its purchase to Health and Wellness Services, Washington Building, within the first 5 days of each semester.

3. The spouse of the Covered Student and the Covered Student's eligible dependent children who are under age 19 (*see definition of Dependent on page 13*). If continuously enrolled under this Plan, or a Plan previously issued to the University, prior to age 19, a developmentally disabled or physically handicapped dependent child, upon reaching age 19, may continue coverage.
4. A domestic partner* of the Covered Student, who qualifies under the eligibility requirements as defined by the University.
5. Coverage for a Dependent must be requested during the enrollment period (*see Enrollment Procedure section on page 3*). If both husband and wife are eligible as Students, each should enroll separately.

Newly acquired eligible Dependents must be enrolled and premium must be paid for them within 31 days after becoming eligible in order to become insured. Coverage begins on the day after premium is paid for them. If a newly acquired Dependent is not enrolled within 31 days after becoming eligible, such Dependent cannot be enrolled until the next enrollment period.

A child born to a Covered Student is automatically covered from the moment of birth until such child is 31 days old. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. However, the Covered Student must enroll the child within 31 days of such birth and pay the required additional premium in order to have coverage for the newborn child continue beyond such 31 day period.

*To request enrollment of a "domestic partner," the Student and the domestic partner must both be present at the Health and Wellness Services Office at the time of the request.

POLICY PERIOD

The "Policy Period" means the period beginning 12:01 a.m. August 24, 2008 and ending 12:01 a.m., August 23, 2009, or the period beginning 12:01 a.m. August 24, 2008 and ending at 12:01 a.m., January 11, 2009; or the period beginning 12:01 a.m. January 11, 2009 and ending at 12:01 a.m., August 23, 2009.

ENROLLMENT PROCEDURE

Eligible Students may enroll in the Plan during online course registration for Annual, Fall or Spring/Summer coverage. Students may also enroll for insurance at the Health and Wellness Services Office (Washington Building). Obtain additional enrollment information online at www.hws.wsu.edu or call (509) 335-8216.

THE PREMIUM MUST BE PAID BY THE DUE DATE (9/08/08 for Annual or Fall and 1/26/09 for Spring/Summer). CLAIMS CANNOT BE PAID UNTIL PREMIUM IS RECEIVED.

The enrollment deadline for Annual or Fall is 9/05/08. Unless the student has canceled the insurance for Annual or Fall by 9/19/08, he/she will be considered enrolled in the plan and required to pay the premium.

The enrollment deadline for Spring/Summer is 1/23/09. Unless the student has canceled the insurance for Spring/Summer by 2/06/09, he/she will be considered enrolled in the plan and required to pay the premium.

If the Student requests that insurance premium be paid by Financial Aid, the Student must authorize such payment by Financial Aid. It is his/her responsibility to confirm that Financial Aid will make the insurance premium payment by the due date.

PREMIUM RATES

	Fall Only*	Spring/ Summer	Annual
Student	\$ 526	\$ 789	\$1,315
Student & Children	\$1,203	\$1,805	\$3,008
Student & Spouse**	\$2,430	\$3,644	\$6,074
Student, Spouse** & Children	\$3,106	\$4,660	\$7,766

*Student must register for seven credit hours in Spring, 2009 to enroll in insurance for Spring/Summer

**Or domestic partner as qualified by the University

COVERAGE DATES

Eligible Students who request insurance for themselves (and eligible Dependents) during registration for classes, and who pay the required premium by the date due, will be insured during this period:

Annual or Fall – If insurance is requested by August 23, 2008, coverage begins 12:01 a.m. August 24, 2008 and ends:

For Annual premium – at 12:01 a.m., Aug. 23, 2009

For Fall premium only – at 12:01 a.m., Jan. 11, 2009

Spring/Summer – If insurance is requested by January 10, 2009, coverage begins 12:01 a.m. January 11, 2009 and ends at 12:01 a.m., August 23, 2009.

For those who request insurance at a later date, but during the enrollment period, coverage begins on the day following such request and payment of premium. (*See enrollment deadline on page 3.*)

For those who remain in an academic program for less than two weeks, coverage will be canceled as never effective and premium will be refunded. For those who remain in an academic program for more than two weeks, there is no premium refund after 9/19/08 for Annual or Fall and 2/06/09 for Spring/Summer, even if the Student leaves school or has other coverage (except for entry into the military, upon request, a pro rata refund will be made). This provision applies whether insurance was ordered for Annual, Fall only or Spring/Summer only coverage.

If the Covered Person is Hospital Confined on the effective date of coverage under the Policy, coverage is not effective until the individual is discharged from the Hospital.

TERMINATION OF COVERAGE

Coverage will terminate for a Covered Person (a) upon expiration of the Policy term, (b) upon the date of entry into an armed service on active duty (upon written notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Covered Student), or (c) the end of the month in which status as a Dependent ends. Except as noted above or specifically provided under the Extension of Benefits, Dependent coverage expires concurrently with that of the Covered Student.

EXTENSION OF BENEFITS

If a Covered Person is Hospital Confined on the date coverage terminates, the Company will extend that Covered Person's benefits. Benefits will be paid as if coverage had remained in effect. Extension of benefits will end at the earlier of the date continuous Hospital Confinement ends or the date the Lifetime Maximum Benefit is reached. This Extension of Benefits is applicable only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

WSU HEALTH AND WELLNESS SERVICES

HWS is an accredited health care clinic located in the Washington Building on the Pullman campus. The Doctors and other health care Providers and staff at HWS provide medical, minor surgical, urgent care and wellness programs for Students at the University who have paid the University health fee. This service does not provide care for Dependents of Students.

In addition to the primary care clinic and urgent care services, HWS has a women's clinic, 24-hour telephone nurse services, and a psychiatric consultant available. For more information on HWS, please visit: www.hws.wsu.edu.

Please call for an appointment at (509) 335-3575 during regular clinic hours, 9 a.m. to 5 p.m. Monday through Friday. Urgent care also is available most Saturdays from 10 a.m. to 2:30 p.m.

There is a charge for prescriptions filled at the HWS Pharmacy and for some supplies, procedures, X-ray, laboratory and immunizations. If such procedures and tests are ordered by a Doctor, the Covered Person may ask the health care organization to bill their medical insurance company.

The Medical Insurance Plan benefits described in this brochure are designed to assist you in paying for covered medical expenses described in the Schedule of Benefits. The primary purpose is to help with Eligible Expenses incurred for Inpatient Hospital and surgical care in Pullman (and anywhere in the world) and for Eligible Expenses for services not provided by HWS.

In addition to the Pullman campus, HWS offers the following locations to access care for health fee paying students:

Family Medicine Spokane, 5th and Browne Medical Center, 104 W. 5th Ave., Suite 200, Spokane – (509) 624-2313

Internal Medicine Spokane, 5th and Browne Medical Center 104 W. 5th Ave., Suite 200W – (509) 744-3750

Central Washington Family Medicine, 1806 W. Lincoln Ave., Yakima – (509) 452-4520

BEECH STREET PPO NETWORK

Covered Persons may choose to be treated within or outside of the Beech Street PPO Network. This network consists of hospitals, doctors and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Therefore, when a Covered Person uses a Beech Street Participating Provider, his or her fee may be reduced. A complete listing of providers is available on the Beech Street website link accessible at: <http://www.maksin.com/wsus.html>.

**WSU STUDENT MEDICAL INSURANCE PLAN
SCHEDULE OF BENEFITS**

LIFETIME AGGREGATE BENEFIT (ALL CONDITIONS)*

Students: \$200,000
Dependents: \$50,000

*Lifetime Aggregate Benefit per Motor Vehicle Accident is limited to \$10,000

DEDUCTIBLE PER POLICY YEAR:

Students:

- HWS \$ 50 (applies to HWS contractors in Spokane and Yakima)
- Other Providers \$250 (includes the Deductible incurred at HWS)

Dependents: \$250

PAYMENT SCHEDULE (The Covered Percentages below apply to all Eligible Expenses, except as otherwise indicated in the Schedule of Benefits. Applies to all providers, including HWS.)

Students:

- HWS * (Pullman Campus Only) 100% of Allowable Charges
 - Any Other Provider 80% of Reasonable and Customary Charges (R & C)
- Dependents:** 80% of Reasonable and Customary Charges (R & C)

*100% of Allowable Charges at HWS, Pullman Campus only, except as noted in the Schedule of Benefits below.

When Eligible Expenses incurred by a Covered Student or Covered Dependent exceed \$25,000 in a Policy Year, except as otherwise indicated in the Schedule of Benefits, the payment schedule will increase as shown below. Applies to all providers, including HWS.

Students:

- HWS * (Pullman Campus Only) 100% of Allowable Charges
- Any Other Provider 90% of Reasonable and Customary Charges (R & C)

*100% of Allowable Charges at HWS, Pullman Campus only, except as noted in the Schedule of Benefits below.

Dependents:

- 90% of Reasonable and Customary Charges (R & C)

WEAR SEAT BELTS/HELMETS (STUDENTS ONLY): When a Covered Student is injured in a covered accident while riding a bicycle or a motorcycle or in an automobile or truck and requires medical treatment thereafter, and it can be shown that the Covered Student was wearing a helmet (bicycle/motorcycle) or a seat belt (automobile/truck) then the deductible and coinsurance will be waived on the first \$500 of Eligible Expenses.

INPATIENT		STUDENT		DEPENDENT	
<p>Pre-Admission Testing Private Duty Nursing Surgery Assistant Surgeon Doctor's Visits: Does not apply when related to surgery or physiotherapy</p>		Per Payment Schedule	Per Payment Schedule	Per Payment Schedule	Per Payment Schedule
Anesthesia		80% of the amount allowed for surgery	80% of the amount allowed for surgery	Per Payment Schedule	Per Payment Schedule
Hospital Miscellaneous Expense: includes operating room, laboratory service and x-rays (including professional fees), drugs (excluding take home drugs) casts and related items, surgical supplies, cost of blood and its derivatives including handling and administrative costs.		80% of R & C Charges	80% of R & C Charges	Per Payment Schedule	Per Payment Schedule
Hospital Room & Board Expense: semi-private room or intensive care, coronary care or isolation units.		Per Payment Schedule up to \$1,500 per day	Per Payment Schedule up to \$1,500 per day	Per Payment Schedule	Per Payment Schedule
OUTPATIENT		STUDENT		DEPENDENT	
Allergy Medication (Prescription)		80% Generic / 60% Brand up to a \$300 Policy Year Maximum	80% Generic / 60% Brand up to a \$300 Policy Year Maximum	No Benefits	No Benefits
Anesthesia		80% of the amount allowed for surgery	80% of the amount allowed for surgery	Per Payment Schedule	Per Payment Schedule
Cougar Comprehensive Panel, Cougar Chemical Panel and Comprehensive Metabolic (Standard 80053)		Per Payment Schedule up to a \$50 Maximum, limited to one test per Policy Year (whether or not Medically Necessary)	Per Payment Schedule up to a \$50 Maximum, limited to one test per Policy Year (whether or not Medically Necessary)	No Benefits	No Benefits
Doctor's Visits: Does not apply when related to surgery or physiotherapy.		Per Payment Schedule	Per Payment Schedule	Per Payment Schedule	Per Payment Schedule
Emergency Room Expense		Per Payment Schedule up to a \$1,500 Maximum, unless Hospital Confined, for each Emergency	Per Payment Schedule up to a \$1,500 Maximum, unless Hospital Confined, for each Emergency	Per Payment Schedule	Per Payment Schedule
Hospital Miscellaneous Expense: includes operating room, laboratory service and x-rays (including professional fees), drugs (excluding take home drugs) casts and related items, surgical supplies, cost of blood and its derivatives including handling and administrative costs.		80% of R & C Charges	80% of R & C Charges	Per Payment Schedule	Per Payment Schedule
Mammogram		One per Policy Year for Covered Students age 40 and older, not subject to Deductible	One per Policy Year for Covered Students age 40 and older, not subject to Deductible	No Benefits	No Benefits

OUTPATIENT (CONTINUED)	STUDENT	DEPENDENT
Prescription Drugs: Each Prescription and each refill is limited to the supply needed for 30 days (90 days for Prescriptions ordered through HWS and birth control; 90 day supplies are not permitted after May of each Policy Year.) Prescriptions include charges for diabetes equipment and supplies.	80% Generic / 60% Brand	80% Generic / 50% Brand
Radiation and Chemotherapy	Per Payment Schedule	Per Payment Schedule
Special Nursing	Per Payment Schedule up to a \$400 Policy Year Maximum	Per Payment Schedule up to a \$400 Policy Year Maximum
Surgery	Per Payment Schedule	Per Payment Schedule
Well-Care for Children: includes outpatient charges for routine physical examinations and scheduled immunizations, incurred from birth through age 7, when ordered by the attending Doctor.	No Benefit	90% of R & C Charges up to a \$300 Policy Year Maximum per covered child. Not subject to Deductible.
X-ray and Lab Expense (including Cat Scans and MRIs)	Per Payment Schedule up to a \$4,000 Policy Year Maximum	Per Payment Schedule
OTHER	STUDENT	DEPENDENT
Accidental Death & Dismemberment	\$10,000 Maximum Benefit See Policy for details.	No Benefits
Alcoholism and Chemical Dependency Treatment (Inpatient and Outpatient combined)	Paid as any other Sickness up to a \$7,000 Maximum in any consecutive 12 month period. No Lifetime limit applies.	Paid as any other Sickness up to a \$7,000 Maximum in any consecutive 12 month period. No Lifetime limit applies.
Ambulance	75% of R & C Charges up to a \$5,000 Policy Year Maximum	75% of R & C Charges up to a \$4,000 Policy Year Maximum
Dental Care for Injury to sound natural teeth (Inpatient and Outpatient combined)	85% of R & C Charges up to a \$300 Maximum per Injury per Policy Year	85% of R & C Charges up to a \$300 Maximum per Injury per Policy Year
Durable Medical Equipment / Braces and Appliances: orthotics are limited to one set per Policy Year	Per Payment Schedule	Per Payment Schedule
Elective Abortion	Paid as any other Sickness	Paid as any other Sickness
Maternity Care: Inpatient benefits will not be less than: (a) 48 hours after a non-cesarean delivery; or (b) 96 hours after a cesarean section, for the mother and the newborn infant(s), unless an earlier discharge occurs.	Paid as any other Sickness	Paid as any other Sickness

OTHER (CONTINUED)	STUDENT	DEPENDENT
Medical Evacuation: Benefits are payable if the Covered Student, by reason of Injury or Sickness and following at least 5 consecutive days of Hospital Confinement, requires medical evacuation to his or her home country. The evacuation must be certified as Medically Necessary by the attending Doctor and approved by the Company.	\$10,000 Maximum	No Benefits
Mental or Nervous Disorders (Inpatient and Outpatient combined)	Paid as any other Sickness up to a \$3,000 per Policy Year Maximum	Paid as any other Sickness up to a \$3,000 per Policy Year Maximum
Physiotherapy, diathermy, heat treatment in any form, manipulation or massage and office visits in connection therewith (Inpatient and Outpatient combined)	80% of R & C Charges up to a \$2,000 Policy Year Maximum	80% of R & C Charges up to a \$1,500 Policy Year Maximum
Rabies series pre-exposure inoculations for Veterinary Students Only	Up to \$50 each (lifetime maximum of 3). This lifetime maximum of \$150 includes rabies titer test. Not subject to Deductible.	No Benefit
Repatriation: Benefits are payable if the Covered Student dies as the result of Injury or Sickness. All expenses are subject to prior approval by the Company.	\$7,500 Maximum	No Benefits
Vision Care: <ul style="list-style-type: none"> • Eye examinations (to determine the need for a new or changed prescription for corrective lenses) by an ophthalmologist (M.D.) or optometrist (O.D.) • Lenses and frames; including contact lenses. 	Limited to one in any 24 consecutive months. Up to a \$65 Maximum. Not subject to Deductible. Combined maximum, each 24 consecutive months, up to \$200	No Benefits
LIMITED BENEFITS FOR SPECIFIC SERVICES AT WSU HEALTH & WELLNESS SERVICES (HWS) Deductible is waived. The HWS Fee must be paid before services can be provided. Although not Medically Necessary for treatment of a Sickness, payment will be made for the following services when ordered by HWS, including HWS contractors at Spokane and Yakima, and will be paid as follows:	STUDENT	DEPENDENT (Dependent care is not provided AT HWS)
Hepatitis B series pre-exposure inoculations for those Covered Students whose studies expose them to the disease, e.g. working with blood, blood products or in pathology.	Up to \$31 each (lifetime maximum of 3)	No Benefit
Influenza Vaccination	One per Policy Year	No Benefit
Pap Smear: One each Policy Year	Up to \$27	No Benefit
STI Test: Maximum 2 tests per Policy Year.	Up to \$25 each test	No Benefit

EXCLUSIONS

The Policy does NOT cover nor provide benefits for Loss or Expenses incurred:

1. as a result of dental treatment except for treatment resulting from Injury to sound, natural teeth as provided elsewhere in the Policy.
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such except as specified under Vision Care Expense.
4. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
5. for Injury or Sickness resulting from war or act of war, declared or undeclared.
6. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
7. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
8. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from Injury, provided such Injury necessitated medical care within the 24 hours after the Injury occurred. It also shall not include breast reconstructive surgery after a mastectomy.
10. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
11. for any services rendered by a Covered Person's Immediate Family Member.
12. for a treatment, service or supply which is not Medically Necessary.
13. as a result of intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
14. for reconstruction or realignment of the jaw (except as the result of Injury), treatment for malocclusion or other abnormalities of the jaw, including services for temporomandibular joint dysfunction and associated myofascial pain, or related appliances.
15. for treatment of mental or nervous disorders except as specifically provided in the Policy.
16. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
17. for treatment of acute intoxication, inebriation or drunkenness as a result of ingestion of alcohol or abuse of drugs.

18. for orthotics that are used for purposes other than treatment of an Injury.
19. for surgery and/or treatment of: allergy (does not apply to emergency treatment of acute distress brought on by allergy, including asthma; or for Covered Students, does not apply to allergy medications), including allergy testing; biofeedback-type services; breast implants or breast reduction; circumcision; corns, calluses and bunions; deviated nasal septum, including submucuous resection and/or other surgical correction thereof unless due to Injury occurring while coverage is in force; learning disabilities; obesity; sexual reassignment surgery; sleep disorders, including testing thereof; preventive medicines serums or vaccines, except where required for the treatment of Injury; and weight reduction.
20. for routine physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
21. in connection with birth control, except prescription contraceptives, sterilization or sterilization reversal, including surgical procedures and devices.
22. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception.
23. for organ transplants or services or supplies relating to organ transplants.
24. for Injury resulting from: the practicing for, participating in intercollegiate sports sponsored by the Intercollegiate Athletic Department of the Policyholder.
25. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
26. by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.
27. for Elective Treatment or elective surgery, unless otherwise provided under the Policy.
28. as a result of committing or attempting to commit a felony or participation in a felony.

PRE-EXISTING CONDITION LIMITATION

There is no coverage for Pre-existing Conditions during the first 3 months following a Covered Person's effective date of coverage under the Policy.

This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior Creditable Coverage for 3 consecutive months. Prior Creditable Coverage of less than 3 months will be credited toward satisfying the Pre-existing Condition Limitation. The Covered Person must provide proof of Creditable Coverage.

A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under this Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days

the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

- (a) Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
- (b) The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
- (c) The Medicaid program pursuant to Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928;
- (d) Chapter 55 of Title 10, United States Code, the Civilian Health and Medical Program of the Uniformed Services;
- (e) a medical care program of the Indian Health Service or of a tribal organization;
- (f) a state health benefits risk pool;
- (g) a health plan offered under chapter 89 of Title 5, United States Code, the Federal Employees Health Benefits Program;
- (h) a public health plan as defined by federal regulations; or
- (i) a health benefit plan under section 5(e) of the Peace Corps Act.

EXCESS COVERAGE

Benefits payable for the Eligible Expenses under this provision will be limited to that part of the Eligible Expense, if any, which is in excess of the total benefits payable for the same Injury or Sickness, on a provision of service basis or on an expense incurred basis under any other valid and collectible group insurance. If the other valid and collectible group insurance provides benefits on an excess coverage basis, benefits will be paid first by the insurer or services plan whose policy or service contract has been in effect for the longer period of time at the date of such Injury or Sickness.

For purposes of the Policy a Covered Person's entitlement to other valid and collectible group insurance will be determined as if the Policy did not exist and will not depend on whether timely application for benefits from other valid and collectible group insurance is made by or on behalf of the Covered Person.

Benefits under the Policy will be reduced to the extent that benefits for Expenses are covered by any other valid and collectible group insurance whether or not a claim is made for such benefits.

DEFINITIONS

“Accident” means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

“Allowable Charges” means the charges incurred for covered medical treatment, services and supplies provided and billed by Pullman HWS and approved by the Company.

“Covered Person” means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

“Covered Student” means a student of the Policyholder who is insured under the Policy.

“Deductible/Deductible Amount” means the dollar amount of Eligible Expenses a Covered Person must pay during each Policy Year before benefits become payable.

“Dependent” means: (a) the Covered Student’s Spouse residing with the Covered Student; and (b) the Covered Student’s unmarried child under age 19. An unmarried child age 19 is a dependent if he is:

- (a) dependent upon the Covered Student for support; and
- (b) living in the household of the Covered Student.

The term “child” includes:

- (a) a Covered Student’s legally adopted child;
- (b) child who has been placed in the Covered Student’s home pending adoption procedures; and
- (c) a Covered Student’s step-child if such child resides with the Covered Student and depends on the Covered Student for full support.

“Dependent” also means:

(a) the Covered Student’s domestic partner provided they are living together and a written declaration of domestic partnership acceptable to the Company has been completed and/or any applicable requirements of the state, city and/or country in which they reside regarding domestic partnership have been met.

“Doctor” as used herein means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term “Doctor” does not include a Covered Person’s Immediate Family Member.

“Eligible Expense” as used herein means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while this Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

“Emergency Medical Condition” means a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain, that a prudent lay-person with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: (a) placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; (b) serious impairment to such person’s bodily functions; or (c) serious dysfunction of any bodily organ or part of such person.

Emergency Services means the following: (a) a medical screening examination, as required by federal law, that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department, to evaluate an Emergency Medical Condition; (b) such further medical examination and treatment that are required by federal law to stabilize an Emergency Medical Condition and are within the capabilities of the staff and facilities available at the Hospital, including any trauma and burn center of the Hospital.

“Experimental/Investigational” means a drug, device or medical care or treatment that meets the following:

- (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law;
- (c) the drug, device, medical care or treatment or the patient’s informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility’s Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;
- (d) reliable evidence shows that the drug, device, medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or
- (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis.

Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

“Hospital” means a facility which meets all of these tests:

- (a) it provides in-patient services for the care and treatment of injured and sick people; and
- (b) it provides room and board services and nursing services 24 hours a day; and
- (c) it has established facilities for diagnosis and major surgery; and
- (d) it is supervised by a Doctor; and
- (e) it is run as a Hospital under the laws of the jurisdiction which it is located; and
- (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for Mental or Nervous Disorders, except as specifically provided. The term “Hospital” includes: (a) a substance abuse treatment facility during any period in which it provides effective treatment of substance abuse to the Covered Person; (b) an ambulatory surgical center or ambulatory medical center; (c) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

“Hospital Confinement/Hospital Confined” means a stay of 18 or more hours in a row as a resident bed-patient in a Hospital.

“Immediate Family Member(s)” means a person who is related to the Covered Person in any of the following ways: Spouse, domestic partner, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

“Injury” means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person’s effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

“Medical Necessity/Medically Necessary” means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
 - (b) it is not the appropriate treatment for the Covered Person’s diagnosis or symptoms;
- or

- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.
- (d) it is Experimental/Investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- (h) it can be safely provided to the patient on a more cost-effective basis such as out-patient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

“Policy Year” means the period beginning 12:01 a.m. August 24, 2008 and ending 12:01 a.m., August 23, 2009.

“Pre-Existing Condition” means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 3 months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of Coverage under the Policy.

“Reasonable and Customary” means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Reasonable and Customary charges also means the 75th percentile of the MDR, Inc. payment system in effect on the Effective Date.

“Sickness” means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and Complications of Pregnancy.

All Sicknesses due to the same or a related cause are considered one Sickness.

HOW TO FILE A CLAIM

Obtain a Student Medical Insurance claim form from Health and Wellness Services Office, Washington Bldg., phone (509) 335-8216. Or access the following web site:
<http://www.maksin.com/wsus.html>

FOR INITIAL CLAIM, EACH CONDITION

1. Complete front and back of claim form.
2. Attach the Doctor's bill.
3. Send Claim form and all itemized bills to:

Maksin Management Corp
P.O. Box 2677
Camden, NJ 08101-2677
1-877-775-5430

TO SUBMIT SUBSEQUENT EXPENSES, SAME CONDITION

Once you have filed the initial claim:

1. Complete the front of the claim form.
2. Obtain itemized Doctor's bill(s).
3. Mark the claim form "Continuing Claim."
4. Send claim form and additional itemized bills to the above address.

PROOF OF LOSS

Written proof of loss must be furnished to the Company within 90 days after the date of such loss or as soon as reasonably possible thereafter, but in no event shall the time limit exceed one year after the time otherwise allowed.

INFORMATION, BRANCH CAMPUSES

Obtain claim forms and advice at these locations:

WSU Spokane: 130 Student Affairs Office
600 N. Riverpoint Blvd.
Spokane, WA 99210
(509) 358-7978

WSU Tri-Cities: West Building 269K
2710 University Dr.
Richland, WA 99354
(509) 372-7228

WSU Vancouver: Student Services Bldg.
14204 NE. Salmon Creek Ave.
Vancouver, WA 98686
(360) 546-9559

AIG TRAVEL ASSIST

PROCEDURES ON HOW TO ACCESS AIG TRAVEL ASSIST 24-HOUR ASSISTANCE CALL CENTER

How to Contact AIG Travel Assist:

- Inside the U.S. and Canada, dial 1-800-626-2427 toll-free.
- Outside the U.S. and Canada:
 - Request an international operator.
 - Ask the international operator to connect to an AT&T operator.
 - Request the AT&T operator to place a call to Houston, TX, USA at 713-267-2525.
- Our fax number is 01-713-974-3422.

When to Contact AIG Travel Assist:

- Call AIG Travel Assist when you require medical assistance or have a medical emergency.
- Call AIG Travel Assist for all non-medical situations (lost luggage, lost documents, legal help, etc.).
- Call AIG Travel Assist whenever there is a question.

AIG Travel Assist is available 24-hours-a-day/7-days-a-week/365-days-a-year.

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home. The AIG Travel Assist Medical Staff consists of full-time, onsite Registered Nurses and Emergency Doctors who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a doctor has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide to AIG Travel Assist when you call:

- Advise AIG Travel Assist who you are insured by.
- Provide your Policy number, AIH0047879 /CAS9710325.
- Advise AIG Travel Assist regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event AIG Travel Assist needs to call you back.

DESCRIPTION OF SERVICES

Information/General: These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. AIG Travel Assist can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. AIG Travel Assist also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political Warnings

Technical: These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. AIG Travel Assist can arrange

cash transfers and vehicle return in the event of Sickness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Legal Referral
- Embassy/Consulate Information
- Lost/Stolen Luggage and Personal Effects Assistance
- Lost Document Assistance/Cash Transfer Assistance
- En-route Travel Assistance
- Claims-related Assistance
- Telephone Interpretation

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve AIG Travel Assist's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include Doctor/dental/Hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

Medical Assistance:

- Medical Referral
- Out-patient Assistance
- In-patient Assistance

FLAGSHIP GLOBAL HEALTH

24-HOUR STUDENT EMERGENCY CARE HOTLINE

(Flagship Global Health is not affiliated with the AIG CompaniesSM)

For confidential health care advice and information,

24 hours a day, 365 days a year, call toll-free 866-315-8756.

Comprehensive Resources and Advice from Registered Nurses

- Direct access to an extensive Health Information Library, covering issues ranging from women's health to pediatrics. Detailed directories with topic codes and instructions for access to health related topics.
- Choose to talk directly with a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
- Integrated phone services to specially trained personnel, trained to provide referral services for mental health concerns.

Special Care for Real Emergencies

- Integrated Emergency Support Services are available whenever members are in an emergency room or unexpectedly hospitalized. In serious emergencies, the clinical team, including doctors and registered nurses, assist patients and their families so they can make informed decisions about their care and treatment.
- The clinical team provides emotional reassurance, explains medical terms, discusses hospital culture and common routines, recommends resources and facilitates communications between patient and family to help them through the emergency.

ADDITIONAL INFORMATION

The Master Policy is on file at the University. Questions about this Medical Insurance Plan may be directed to the Health and Wellness Services Office, Washington Bldg., Washington State University, Pullman, Washington 99164-2302, phone (509) 335-8216.

Student Medical Insurance Coverage is not required for access to Health and Wellness Services.

www.maksin.com/wsushtml

To confirm coverage dates of this Student or to inquire about claims handling, write or call:

Maksin Management Corp

P.O. Box 2677

Camden, NJ 08101-2677

Phone: 1-877-775-5430

wsu@maksin.com

Beech Street  **First Choice Health**
A V I A N T N E T W O R K FD-1080-10-12

UNDERWRITTEN BY:

**National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY
("the Company")**

This is only a brief description of the coverage available under Policy series S30494NUFIC. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the terms and conditions of the Policy will govern in all cases.

Administrator Policy No. AIH0047879
Underwriter Reference No. CAS9710325

NON-RENEWABLE ONE YEAR TERM INSURANCE

The Policy is non-renewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.



I.D. CARD

**WSU STUDENT INSURANCE PLAN
2008-2009**

**National Union Fire Insurance Company
of Pittsburgh, Pa.**

Administrator Policy #AIH0047879
Underwriter Reference #CAS9710325

Issued to WASHINGTON STATE UNIVERSITY

Name of Student

Student I.D. Number

See reverse side regarding coverage dates and claims information.