

please refer to the Plan Document for eligibility requirements, admissions, and exclusions. 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, the Policy will govern in all cases.

**WSU MEDICAL INSURANCE PLAN
SCHEDULE OF BENEFITS
Graduate Student Assistants**

MAXIMUM AGGREGATE BENEFIT PER POLICY YEAR (ALL CONDITIONS)*

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

*Maximum Aggregate Benefit per Policy Year 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	\$100 (includes the Deductible incurred at HWS)
• Prescriptions are payable only after \$100 of Deductible has been incurred in the Policy Year. (Applies to HWS and other Providers.)	
Dependents:	\$100

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)
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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
Pre-Admission Testing Private Duty Nursing Surgery Assistant Surgeon Doctor's Visits: Does not apply when related to surgery or physiotherapy	Per Payment Schedule	Per Payment Schedule
Anesthesia	80% of the amount allowed for surgery	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	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
OUTPATIENT	STUDENT	DEPENDENT
Allergy Medication (Prescription)	80% Generic / 60% Brand up to a \$300 Policy Year Maximum	No Benefits
Anesthesia	80% of the amount allowed for surgery	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)	No Benefits
Doctor's Visits: Does not apply when related to surgery or physiotherapy.	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
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	Per Payment Schedule
Mammogram	100% of R & C Charges One per Policy Year for Covered Students age 40 and older, not subject to Deductible	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
Wellness Benefit: includes routine Doctor's office visits, physical examinations and laboratory tests not otherwise covered in the Schedule of Benefits.	Per Payment Schedule up to a \$150 Policy Year maximum. Not subject to Deductible.	See Well-Care for Children.
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.	See Wellness 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 \$10,000 Policy Year Maximum	75% of R & C Charges up to a \$8,000 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.	\$250,000 Maximum (Medical Evacuation and Repatriation combined)	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.	\$250,000 Maximum (Medical Evacuation and Repatriation combined)	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