

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

**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 \$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><b>Pre-Admission Testing</b>  <b>Private Duty Nursing</b>  <b>Surgery</b>  <b>Assistant Surgeon</b>  <b>Doctor's Visits:</b> Does not apply when related to surgery or physiotherapy</p>	Per Payment Schedule	Per Payment Schedule
<p><b>Anesthesia</b></p>	80% of the amount allowed for surgery	Per Payment Schedule
<p><b>Hospital Miscellaneous Expense:</b> 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.</p>	80% of R & C Charges	Per Payment Schedule
<p><b>Hospital Room &amp; Board Expense:</b> semi-private room or intensive care, coronary care or isolation units.</p>	Per Payment Schedule up to \$1,500 per day	Per Payment Schedule
OUTPATIENT	STUDENT	DEPENDENT
<p><b>Allergy Medication (Prescription)</b></p>	80% Generic / 60% Brand up to a \$300 Policy Year Maximum	No Benefits
<p><b>Anesthesia</b></p>	80% of the amount allowed for surgery	Per Payment Schedule
<p><b>Cougar Comprehensive Panel, Cougar Chemical Panel and Comprehensive Metabolic (Standard 80053)</b></p>	Per Payment Schedule up to a \$50 Maximum, limited to one test per Policy Year (whether or not Medically Necessary)	No Benefits
<p><b>Doctor's Visits:</b> Does not apply when related to surgery or physiotherapy.</p>	Per Payment Schedule	Per Payment Schedule
<p><b>Emergency Room Expense</b></p>	Per Payment Schedule up to a \$1,500 Maximum, unless Hospital Confined, for each Emergency	Per Payment Schedule
<p><b>Hospital Miscellaneous Expense:</b> 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.</p>	80% of R & C Charges	Per Payment Schedule
<p><b>Mammogram</b></p>	100% of R & C Charges One per Policy Year for Covered Students age 40 and older, not subject to Deductible	No Benefits

<b>OUTPATIENT (CONTINUED)</b>	<b>STUDENT</b>	<b>DEPENDENT</b>
<b>Prescription Drugs:</b> 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
<b>Radiation and Chemotherapy</b>	Per Payment Schedule	Per Payment Schedule
<b>Special Nursing</b>	Per Payment Schedule up to a \$400 Policy Year Maximum	Per Payment Schedule up to a \$400 Policy Year Maximum
<b>Surgery</b>	Per Payment Schedule	Per Payment Schedule
<b>Wellness Benefits:</b> 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.
<b>Well-Care for Children:</b> 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.
<b>X-ray and Lab Expense</b> (including Cat Scans and MRIs)	Per Payment Schedule up to a \$4,000 Policy Year Maximum	Per Payment Schedule
<b>OTHER</b>	<b>STUDENT</b>	<b>DEPENDENT</b>
<b>Accidental Death &amp; Dismemberment</b>	\$10,000 Maximum Benefit See Policy for details.	No Benefits
<b>Alcoholism and Chemical Dependency Treatment</b> (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.
<b>Ambulance</b>	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
<b>Dental Care for Injury to sound natural teeth</b> (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
<b>Durable Medical Equipment / Braces and Appliances:</b> orthotics are limited to one set per Policy Year	Per Payment Schedule	Per Payment Schedule
<b>Elective Abortion</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Maternity Care:</b> 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
<b>Medical Evacuation:</b> 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
<b>Mental or Nervous Disorders</b> (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
<b>Physiotherapy, diathermy, heat treatment in any form, manipulation or massage and office visits in connection therewith</b> (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
<b>Rabies series pre-exposure inoculations for Veterinary Students Only</b>	Up to \$50 each (lifetime maximum of 3). This lifetime maximum of \$150 includes rabies titer test. Not subject to Deductible.	No Benefit
<b>Repatriation:</b> 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
<b>Vision Care:</b> <ul style="list-style-type: none"> <li>• Eye examinations (to determine the need for a new or changed prescription for corrective lenses) by an ophthalmologist (M.D.) or optometrist (O.D.)</li> <li>• Lenses and frames; including contact lenses.</li> </ul>	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
<b>LIMITED BENEFITS FOR SPECIFIC SERVICES AT WSU HEALTH &amp; WELLNESS SERVICES (HWS)</b> 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:	<b>STUDENT</b>	<b>DEPENDENT</b> (Dependent care is not provided at HWS)
<b>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.</b>	Up to \$31 each (lifetime maximum of 3)	No Benefit
<b>Influenza Vaccination</b>	One per Policy Year	No Benefit
<b>Pap Smear:</b> One each Policy Year	Up to \$27	No Benefit
<b>STI Test:</b> Maximum 2 tests per Policy Year.	Up to \$25 each test	No Benefit