



Washington State University

Study Abroad Insurance Program
2017-2018

Blanket Student Accident and Sickness Insurance

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. B0755G40133A. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Washington State University. The policy is underwritten by Inter Hannover. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.

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Your Accident and Sickness Insurance Plan Summary

Eligibility

Students, faculty or staff participating in, or traveling on behalf of, a study abroad program outside of the United States sponsored by the participating organization for a length of time not to exceed one year.

How to use your insurance while abroad

If you need medical care for a minor sickness or injury:

- If possible, **contact On Call 24 hours in advance of when you'd like an appointment**, On Call will set an appointment for you and arrange to pay your medical expenses.
- **You will be required to sign a Medical Release and Participant Authorization Form**, this will be emailed to you in PDF format, [an e-signature is an acceptable form of signature](#). If you are in a remote location and cannot receive the form we will try to send it to the medical facility OR we can accept your verbal consent and you will be asked to complete the form at a later date. Please note that even if On Call paid your expenses at time or service, your claim cannot be processed if On Call does not receive the signed form.
- For outpatient expenses, there is no network you need to stay within. If you choose not to contact On Call for arrangements, you can go to a facility of your choice and submit a claim for reimbursement consideration of your self-paid medical expenses.
- If you need to go to an ER for a non-critical emergency, please note that payment arrangements can take a few hours to arrange and you should wait for On Call to confirm you can proceed to the ER if possible.

If you have a critical emergency and need to go to a hospital:

- **Proceed to the closest facility and contact On Call as soon as possible (On Call is not a first responder)**
- On Call will monitor your care and make sure your medical expenses are managed
- Inpatient medical expenses must be pre-certified by On Call – be sure you notify them of your situation!

[International Assistance Services](#) include medical evacuation, travel assistance and security related evacuation services.

- **These services cannot be reimbursed if you or your family make your own arrangements, On Call MUST pay and arrange**
- If you are hospitalized in a facility inadequate to treat your condition, On Call will arrange and pay for your evacuation.
- In the event you are expected to be hospitalized for 7 or more days, On Call will pay and arrange for a family member or friend to come to your bedside
- If you need assistance for any health, travel or safety related problem, contact On Call regardless of how big or small the problem may seem.

When an Eligible Participant's Coverage Starts

Coverage for an Eligible Participant starts at 12:00:01 a.m. on the latest of the following:

1. The effective date shown on the Insurance Identification Card, if any; 2. The date the requirements in Section 1 - Eligible Classes are met; or 3. The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.

Thereafter, the insurance is effective 24 hours a day, outside of the United States. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

When an Eligible Participant's Coverage Ends

Coverage for an Eligible Participant will automatically terminate at 11:59:59 pm on the earliest of the following dates:

1. The date the Policy terminates; 2. The Participating Organization's or Institution's Termination Date; 3. The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements; 4. The date the Eligible Person returns to the United States; 5. The date the Eligible Participant requests cancellation of coverage (the request must be in writing); or 6. The premium due date for which the required premium has not been paid, subject to the Grace Period provision. 7. The end of any Period of Coverage.

Enrollment, Benefit Questions, Policy Changes

If you have questions or need to make changes to policy dates or cancel your policy, contact Customer Service.

On Call Student Program Customer Service

855-878-9590, toll-free from the U.S. or Canada or

StudentProgram@oncallinternational.com

Customer Service is available Monday – Friday, 8:30 – 5:00 PM EST. During non-business hours, if you have an urgent request, you may contact the Global Response Center, otherwise your email or voicemail will be returned the next business day.

Claims Submission

Claims are to be submitted with completed claim form and required documentation to:

On Call International

11 Manor Parkway

Salem, New Hampshire 03079

Or studentclaims@oncallinternational.com.

Visit <http://wsu.mysearchlightportal.com> to download claim forms and instructions on how to file. Note that only claims for Medical Expenses and Accidental Death and Dismemberment will be considered, On Call must pay and arrange for any International Assistance Services, expenses associated with these services are not reimbursable.

Coordination of Benefits

If you have health care coverage through more than one medical insurance plan at the same time, this plan will be primary when traveling outside the United States. On Call will attempt COB. This allows On Call and other plans to work together so the total amount of all benefits will never be more than 100 percent of the allowable expenses during any policy year.

SCHEDULE OF BENEFITS

Choice of Hospital and Physician: Nothing contained in this Plan restricts or interferes with the Eligible Participant's right to select the Hospital or Physician of the Eligible Participant's choice. Also, nothing in this Plan restricts the Eligible Participant's right to receive, at his/her expense, any treatment not covered in this Plan.

MEDICAL BENEFITS	Limits are per Covered Person
Period of Coverage Maximum Benefits	\$500,000
Maximum Benefit per Injury or Sickness	\$500,000
Physician Office Visits	Reasonable Expenses
Hospital and Other Services	Reasonable Expenses
Emergency Room and Outpatient Surgical Facilities Services	Reasonable Expenses
Benefits listed below are subject to the Period of Coverage Maximum and the Maximums per Injury and Sickness. Please see the Certificate of Coverage, Section 3, for detailed descriptions of the benefits listed below.	
Pregnancy	Reasonable Expenses
Mental, Emotional or Functional Nervous Disorders	Benefits are payable at the same rate as for Physical Illness, subject to the limitations stated in the Schedule of Benefits: <i>Mental illness shall be limited to those disorders identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association.</i>
Chemical Dependency	Coverage for Medically Necessary treatment and supporting services for a Covered Person in an approved chemical dependency treatment program. The benefit is limited to \$15,500. These limits do not apply to Medically Necessary detoxification provided in a Hospital unless the Covered person is currently enrolled in a chemical dependency treatment program.
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to \$10,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician's release for rehabilitation following a covered Hospital confinement or surgery per Period of Coverage
Therapeutic termination of pregnancy	Reasonable Expenses up to \$500 maximum per Period of Coverage
Elective termination of pregnancy	Reasonable Expenses up to \$300 maximum per Period of Coverage
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses up to \$500 maximum per Period of Coverage
Annual cervical cytology screening	Reasonable Expenses
Mammography screening when screening for occult breast cancer is	Reasonable Expenses

recommended by a Physician	
Prostate screening tests	Reasonable Expenses
Dental Anesthesia	Reasonable Expenses
Breast Reconstruction due to Mastectomy	Reasonable Expenses
Low Protein Modified Food Products	Reasonable Expenses
Dental Care for an Accidental Injury	Reasonable Expenses up to \$2,500 maximum per Period of Coverage maximum
Outpatient prescription drugs including oral contraceptives	Reasonable Expenses
Diabetic Supplies/Education	Reasonable Expenses
GLOBAL ASSISTANCE BENEFITS	Limits are per Covered Person
Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to \$200,000
Bedside Visit	Up to a maximum benefit of \$20,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in the place of the Hospital Confinement for one (1) person
Repatriation of Remains	Maximum Benefit up to \$50,000
Political and Natural Disaster Evacuation	Maximum Benefit up to \$100,000
Return to Home or Alternate Study Location following PND evacuation	Maximum Benefit up to \$5,000 includes food/lodging in Safe Haven up to \$150 per day for a maximum of three days
24 Hour Medical, Travel and Security Assistance	Unlimited access to assistance services including pre-trip advice, medical referrals, medical monitoring, location of lost luggage or travel documentation, legal consultation and referral and interpreter assistance
Bereavement Reunion	Maximum Benefit up to \$5,000
Return Home due to family member death or illness	Maximum Benefit up to \$5,000
Return Home due to Felonious Assault	Maximum Benefit up to \$5,000
Visit of Family / Friend due to Felonious Assault	Maximum Benefit up to \$5,000

Other Coverages	Limits are per Covered Person
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum-Eligible Participant: up to \$10,000 Partner: up to \$5,000 Child: up to \$1,000

GENERAL POLICY EXCLUSIONS

Unless specifically provided for elsewhere under the Plan, the Plan does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. No benefits will be paid under this plan for expenses incurred inside the United States.
2. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
3. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
4. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
5. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
6. For diagnostic investigation or medical treatment for infertility or fertility.
7. Expenses incurred in excess of Reasonable Expenses.
8. Organ or tissue transplant.
9. Expenses incurred from participating in an illegal occupation or committing or attempting to commit a felony.
10. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
11. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
12. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
13. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
14. Diagnosis and treatment of acne and sebaceous cyst.
15. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
16. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; participation in a riot or civil commotion.
17. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
18. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting, or bungee jumping.
19. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
20. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
21. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.

POLITICAL AND NATURAL DISASTER EVACUATION EXCLUSIONS

On Call will not be liable for any expenses resulting from:

1. Participant's or Client's failure to reasonably prove that there is any threat to the Insured Person's safety.
2. Participant taking part in any political activity or operations of any security or armed forces unless declared to and agreed by On Call.
3. Or attributable to an alleged violation of the laws of the Country of Residence by Participant or the Insured Person.
4. Participant's failure to maintain and possess duly authorized and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in the Participant's Country of Residence.
5. Accommodation or Evacuation Expenses incurred more than 30 days after the Covered Event.
6. Or attributable in whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
7. Participant's failure to honor any contractual obligation bond or specific performance condition in a license.
8. Participant at inception of this policy having prior knowledge of or had received information of any specific matter, fact or circumstance which would lead to an Covered Event that has not been declared to and accepted by On Call.
9. Any Losses incurred by Participant that have been increased by Participant's failure to follow the advice of On Call.
10. Any losses that have been increased by the Client's or Participant's failure to follow the advice of Our Crisis Management Company promptly.