Eastern Washington University
Student Health Insurance Plan
International

studentinsurance.wellsfargo.com

Underwritten by:
United States Fire Insurance Company
Policy # US059608
Brokered by:
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division
Your student health insurance coverage, offered by United States Fire Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: $100,000 for students on essential health benefits. If you have any questions or concerns about this notice, contact Wells Fargo Insurance Services USA, Inc. at (800) 853-5899. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.

ELIGIBILITY

All international students, visiting faculty, scholars or other persons possessing and maintaining a current passport and valid visa status (F-1, F-2, J-1, J2), engaged in educational activities at Eastern Washington University who are temporarily located outside their home country and have not been granted permanent residency status, are required to be insured under the Policy. Waiver may only be granted to people already insured under equivalent plans. Coverage is available for subscribers engaged in “Practical Training.” Contact Office of Global Initiatives for more information.

Note: A person who is an immigrant or permanent resident alien is not eligible for coverage under the international plan. Subscribers enrolled in the insurance plan must actively attend classes for at least the first 31 calendar days after the date for which coverage is purchased.

Eligible subscribers may also purchase dependent coverage by contacting your school administrator. Eligible Dependents are defined in the Definitions Section. Dependent eligibility expires concurrently with that of the insured subscriber.

ANY MEDICAL COSTS NOT COVERED BY THIS INSURANCE PLAN ARE THE FINANCIAL RESPONSIBILITY OF THE SUBSCRIBER.

Automatic Coverage for Newly-Acquired Dependents: A newborn child will automatically be covered for the first 60 days after birth. An adopted child or child placed with the Covered Person in anticipation of adoption will be automatically covered for 60 days from the date of placement. The automatic coverage of a newborn child or child placed for adoption will end on the 61st day after birth or placement. Coverage for such child will be the same as any other Dependent, including medically diagnosed congenital defects, birth abnormalities, premature birth care and nursery care.

You will have the right to continue such coverage for the child beyond the first 60 days. To continue coverage you must, within 60 days after the date of birth, adoption, or placement for adoption: a) Enroll such Dependent; and b) Pay the required additional premium for the continued coverage.

If the Covered Person does not use this right as stated here, all coverage as to that child will terminate at the end of the first 60 days after the child’s birth, adoption, or placement for adoption.

Coverage will always become effective at 12:01 a.m., Local Time on the date as determined in the “When Coverage Begins” section.

Eligible subscribers who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Student Health Insurance Plan within 30 days of loss of coverage. These subscribers must provide Wells Fargo Insurance Services with proof that they have lost insurance through another group (certificate and letter of ineligibility), within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Insurance Services within 30 days from loss of prior coverage.

IMPORTANT NOTICE - Premiums will not be pro-rated if the subscriber enrolls past the first date of coverage for which he or she is applying.

DEPENDENTS: Please contact your school administrator.

EXTENSION OF BENEFITS

If a covered person is under the care and treatment of a Doctor and hospital confined, benefits will continue to be paid for that condition for a period of up to 3 months following the end of the term of coverage, or until there has been paid the maximum benefit, whichever occurs first.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.
WHEN COVERAGE BEGINS

Insurance under the Policy will become effective at 12:01 a.m. on the later of:

- The Policy effective date;
- The beginning date of the term for which premium has been paid;
- The day after the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent; or
- The day after the date of postmark if the Enrollment Form is mailed.

IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying.

The below enrollments will be allowed a 30 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 30 days to the earlier of: the term start date or up to 30 days prior to the effective date as otherwise determined above (no policy shall ever start prior to the term start date):

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within 30 days of the prior policy termination date.

WHEN COVERAGE ENDS

Insurance of all Covered Persons terminates on the earlier of:

- The Policy termination date;
- The end of the period of coverage for which premium has been paid;
- The date the Covered Person ceases to be eligible for the insurance; or
- The date the Covered Person enters military service.

Coverage for any Dependent shall terminate as indicated above or on the time and date the Insured Student’s insurance terminates, whichever is earlier.

Refund of premium will be made only in the event the Covered Person enters military service. Otherwise, coverage will continue for the period for which premium was paid.

CONTINUOUS COVERAGE

If a Covered Person is continually covered under the policy offered through your Participating Institution they will be covered for any eligible Sickness diagnosed or Injury sustained while so covered. If a Covered Person is enrolled for coverage offered through your Participating Institution within 30 days of the end of any preceding company’s policy, you will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs.

PLAN COSTS

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Deadline</td>
<td>9/16/12</td>
<td>12/31/12</td>
<td>3/31/13</td>
<td>6/22/13</td>
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<tr>
<td>Student</td>
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<td>$332</td>
<td>$332</td>
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<td>$664</td>
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<tr>
<td>Spouse</td>
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<td>$696</td>
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<td>$484</td>
<td>$484</td>
<td>$484</td>
<td>$968</td>
<td>$484</td>
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</table>

The above rates include emergency travel assistance.
Accident means an event which (a) causes Injury to one or more Covered Persons; and (b) occurs while coverage is in effect for the Covered Person.

Coinsurance means the percentage amount of covered expenses for which you are responsible for any medical service or supply. The coinsurance is shown in the Schedule. We will pay the remaining amount of covered expenses, subject to the maximum amount for specific services and the maximum benefit for all services.

Complications of pregnancy means:
- Conditions whose diagnosis is distinct from but adversely affected or caused by pregnancy and which require a hospital stay (when pregnancy is not terminated). Such conditions include, but are not limited to, acute nephritis; nephrosis; cardiac decompensation; missed abortion; hyperemesis gravidarum; pre eclampsia; and similar conditions of comparable severity; or
- Non elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy during a period of gestation when a viable birth is not possible.

Complications of pregnancy do not include:
- False labor;
- Occasional spotting;
- Doctor-prescribed rest during pregnancy;
- Morning sickness; or
- Similar conditions associated with a difficult pregnancy that are not classified as a complication of pregnancy.

Covered Expenses means charges:
- Not in excess of usual, reasonable and customary charge;
- Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
- Made for medical services and supplies not excluded under the policy;
- Made for services and supplies which are medically necessary; and
- Made for medical services specifically included in the Schedule.

Covered Person means you and your eligible spouse and dependents covered under the policy. The proper premium payment must be made to be covered under the policy.

Deductible means the amount of covered expenses paid on behalf of a covered person before benefits are payable under the policy. The deductible amount is shown in the Schedule.

Dependent or Eligible Dependent means the Insured’s Spouse under age 70; or Child who:
- Is under 26 years of age; and
- Is not provided coverage as a named subscriber, insured, enrollee, or coverage person under any other group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. section 1395 et seq.; or
- A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured.

“Child” can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include:
- You;
- Your spouse, dependent, parent, brother, or sister; or
- A person who ordinarily resides with you.

Hospital means an institution:
- Operated pursuant to law;
- Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- Under the supervision of a staff of doctors;
- Providing 24 hour nursing service by or under the supervision of a registered nurse, (R.N.);
- With medical, diagnostic and treatment facilities, and with major surgical facilities;
  1. On its premises; or
  2. Available on a prearranged basis; and
- Charging for its services.

Hospital Stay means a medically necessary overnight confinement in a hospital when room and board and general nursing care are provided and a per diem charge is made by the hospital.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

Intensive Care means:
- A specifically designated facility of the hospital that provides the highest level of medical care; and
- Restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. It must be:
(i) Permanently equipped with special life-saving equipment for the care of the critically ill or injured; and
(ii) Under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

Intensive Care does not mean any of these step-down units:
- Progressive care;
- Sub-acute intensive care;
- Intermediate care units;
- Private monitored rooms;
- Observation units; or
- Other facilities not meeting the standards for intensive care.

Medical Emergency means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in: placing one’s health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- Placing one’s health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any body organ or part.

Expenses incurred for medical emergency will be paid only for an sickness or injury fulfilling the above conditions. These expenses will not be paid for minor sickness or minor injuries.
**DEFINITIONS (CONTINUED)**

**Medically Necessary** means those services or supplies provided or prescribed by a hospital or doctor:

a. Essential for the symptoms and diagnosis or treatment of the sickness or injury;

b. Provided for the diagnosis, or the direct care and treatment of the sickness or injury;

c. In accordance with the standards of good medical practice;

d. Not primarily for your convenience or that of your doctor; and

e. That are the most appropriate supply or level of service that can safely be provided.

**Natural Teeth** means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

**Negative X-ray** means an X-ray that shows the absence of a fracture, pathology, or disease.

**Nurse** means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

**Participating** institution means the college or university you attend during your term of coverage.

**Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a doctor.

**Policyholder** means the entity to which the policy is issued. The policyholder is shown on the first page of the policy.

**Positive X-ray** means an X-ray that shows the presence of a fracture, pathology, or disease.

**Pre-Existing Conditions** are not covered for a period of six months after the Effective Date of coverage. Pre-existing conditions means a condition for which medical advice, diagnosis, care or treatment, including use of prescription drugs, was recommended or received from a licensed health practitioner during the six months immediately preceding the effective date of coverage. Pregnancy is not a pre-existing condition. This pre-existing condition limitation does not apply to a newborn child or adopted child. Credit will be given for the time an insured is covered under Prior Creditable Coverage if the coverage was in force within 30 days prior to the effective date of this coverage.

**Prescription** means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.

**Prescription Drug** means:

a. A legend drug;

b. A compound medication when at least one ingredient is a prescription legend drug;

c. Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or

d. Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.

**Primary Insured** means you.

**Prior Creditable Coverage** means any individual or group policy, contract, or program that is underwritten or administered by an insurer, nonprofit hospital service plan, health care service plan, fraternal society, self-insured employer plan, or other type entity that provides or arranges medical, hospital and surgical coverage which does not supplement other private or governmental plans. This includes continuation or conversion coverage, but does not supplement other private or government plans. This includes continuation or conversion coverage, but does not include accident-only, credit, disability income, Medicare Supplement, long term care, dental, vision, worker’s compensation or similar law, or any other publicly sponsored health program. With respect to Covered Persons who are under 19 years of age, notwithstanding the Pre-existing Condition Limitations described in Section VIII of Your Policy, no health care service or treatment will be denied, limited, or excluded based on the fact that a medical condition was present before the effective date of Your Policy, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before that day. With respect to Covered Persons who are under 19 years of age, any provision previously attached to the Policy excluding coverage for a specific condition is removed and shall be considered null and void.

**Psychotherapy** means the treatment of a Mental and Nervous Disorder. Psychotherapy includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder.

**Sickness** means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.

**Spouse** means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured.

**Term of Coverage** means the period of coverage beginning with your Effective Date and ending upon completion of a trimester, semester or other measure of an academic session determined by the participating institution.

**Usual, Reasonable and Customary** means:

a. Charges and fees for medical services or supplies that are the lesser of:
   1. The usual charge by the provider for the service or supply given;
   2. The average charged for the service or supply in the area where service or supply is received; and

b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

**Preventive Care** includes the following services when performed by a network provider:

**Covered Preventive Services for Adults:**
- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
- **Alcohol Misuse** screening and counseling
- **Aspirin** use for men and women of certain ages
- **Blood Pressure** screening for all adults
- **Cholesterol** screening for adults of certain ages or at higher risk
- **Colorectal Cancer** screening for adults over 50
- **Depression** screening for adults
- **Type 2 Diabetes** screening for adults with high blood pressure
- **Diet counseling for adults at higher risk for chronic disease**
- **HIV screening for all adults at higher risk**
- **Immunization** vaccines for adults—doses, recommended ages, and recommended populations vary:
  - Hepatitis A
  - Hepatitis B
  - Herpes Zoster
  - Human Papillomavirus
  - Influenza
  - Measles, Mumps, Rubella
  - Meningococcal
  - Pneumococcal
  - Tetanus, Diphtheria, Pertussis
  - Varicella
Covered Preventive Services for Women, Including Pregnant Women:

**Note:** Services marked with an asterisk (*) must be covered with no cost-sharing in plan years starting on or after August 1, 2012.

- **Anemia** screening on a routine basis for pregnant women
- **Bacteriuria** urinary tract or other infection screening for pregnant women
- **BRCA** counseling about genetic testing for women at higher risk
- **Breast Cancer** Mammography screenings every 1 to 2 years for women over 40
- **Breast Cancer Chemoprevention** counseling for women at higher risk
- **Breastfeeding** comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women**
- **Cervical Cancer** screening for sexually active women
- **Chlamydia** Infection screening for younger women and other women at higher risk
- **Contraception:** Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs**
- **Domestic and interpersonal violence** screening and counseling for all women**
- **Folic Acid** supplements for women who may become pregnant
- **Gestational diabetes** screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes**
- **Gonorrhea** screening for all women at higher risk
- **Hepatitis B** screening for pregnant women at their first prenatal visit
- **Human Immunodeficiency Virus (HIV)** screening and counseling for sexually active women**
- **Human Papillomavirus (HPV) DNA Test:** high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older**
- **Osteoporosis** screening for women over age 60 depending on risk factors
- **Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk
- **Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users
- **Sexually Transmitted Infections (STI)** counseling for sexually active women**
- **Syphilis** screening for all pregnant women or other women at increased risk
- **Well-woman visits** to obtain recommended preventive services for women under 65**

Covered Preventive Services for Children:

- **Alcohol and Drug Use** assessments for adolescents
- **Autism** screening for children at 18 and 24 months
- **Behavioral assessments for children of all ages**
- **Blood Pressure** screening for children
- **Cervical Dysplasia** screening for sexually active females
- **Congenital Hypothyroidism** screening for newborns
- **Depression** screening for adolescents
- **Dyslipidemia** screening for children at higher risk of lipid disorders
- **Fluoride** Chemoprevention supplements for children without fluoride in their water source
- **Gonorrhea** preventive medication for the eyes of all newborns
- **Hearing** screening for all newborns
- **Height, Weight and Body Mass Index** measurements for children
- **Hemoglobin or Hemoglobinopathies** or sickle cell screening for newborns
- **HIV** screening for adolescents at higher risk
- **Immunization** vaccines for children from birth to age 18 — doses, recommended ages, and recommended populations vary:
  * Diphtheria, Tetanus, Pertussis
  * Haemophilus influenzae type b
  * Hepatitis A
  * Hepatitis B
  * Human Papillomavirus
  * Inactivated Poliovirus
  * Influenza
  * Meningococcal
  * Pneumococcal
  * Rotavirus
  * Varicella
- **Iron** supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Medical History for all children throughout development**
- **Obesity** screening and counseling
- **Oral Health risk assessment for young children**
- **Phenylketonuria (PKU)** screening for this genetic disorder in newborns
- **Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents at higher risk
- **Tuberculin testing for children at higher risk of tuberculosis**
- **Vision** screening for all children

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**DEFINITIONS (CONTINUED)**

- **Obesity** screening and counseling for all adults
- **Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk
- **Tobacco Use** screening for all adults and cessation interventions for tobacco users
- **Syphilis** screening for all adults at higher risk
- **Vision screening for all children**
- **Tuberculin testing for children at higher risk of tuberculosis**
- **Iron** supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Medical History for all children throughout development**
- **Obesity** screening and counseling
- **Oral Health risk assessment for young children**
- **Phenylketonuria (PKU)** screening for this genetic disorder in newborns
- **Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents at higher risk
- **Tuberculin testing for children at higher risk of tuberculosis**
- **Vision** screening for all children
We have made arrangements with a Preferred Provider Organization (PPO) who has agreed to provide medical care at discounted rates. First Health is the PPO network provider for the 2012-2013 school year. This network of hospitals, physicians, and other care providers has agreed to limit the amount they charge for certain services when the Covered Person uses a First Health Provider.

If non-PPO providers are used for medical treatment, the Student Health Insurance Plan will pay Usual, Reasonable & Customary charges, as listed in the Schedule of Benefits, leaving the subscriber with a higher out-of-pocket expense. Each covered subscriber will receive an identification card as a participant in the First Health network, and he/she must show that card to the Provider before services are rendered to receive services at discounted rates.

You can use any provider you wish. A list of First Health providers will be available to the university, or information can be accessed through First Health’s website at www.firsthealth.com. The First Health Provider List will be updated from time to time. To verify provider participation, call (888) 685-7774. While there will be many instances where First Health Providers can be used, a First Health Provider may not be available for all types of treatment nor in all geographic areas. If subscribers have coverage with another insurance company, they should follow that company’s requirements regarding choice of providers and the filing of claims. Claims should be filed first with that company. After they have paid their benefits, this Plan will pay any allowable amounts of the remaining bills.

### SCHEDULE OF MEDICAL BENEFITS

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Aggregate Maximum Lifetime Benefit (Per Injury or Sickness)</td>
<td>$100,000</td>
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</tr>
<tr>
<td>Dependent Aggregate Maximum Lifetime Benefit (Per Injury or Sickness)</td>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td>Coinsurance (Participating Provider First Health)</td>
<td>80% of Preferred Allowance up to $10,000. $10,000 up to $100,000 paid at 100% of the Preferred Allowance</td>
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<tr>
<td>Coinsurance (Non-Participating Provider First Health)</td>
<td>60% of Usual, Reasonable &amp; Customary Charges</td>
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<tr>
<td>Deductible (Per Insured Individual)</td>
<td>$200 per policy year</td>
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</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$2,000</td>
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**Inpatient Benefits (When Hospital Confined)**

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room &amp; Board, semi-private room rate</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
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<tr>
<td>Hospital In-patient Miscellaneous (including the cost of the operating room; laboratory tests; X-Ray examinations, anesthesia; drugs or medicines; therapeutic services, and supplies)</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Day Surgery Miscellaneous (including the cost of the operating room; laboratory tests, X-Ray examinations, anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; oxygen tent and supplies)</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
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<tr>
<td>Intensive Care Expense (including intensive care unit services and supplies)</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
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<tr>
<td>Surgeon (no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
</tbody>
</table>

**Doctor’s Visits** (benefits are limited to one visit per day. Benefits for Doctor’s Visits do not apply when related to surgery) | 80% of Preferred Allowance | 60% of Usual, Reasonable & Customary |

Continued on Next Page
## Inpatient Benefits (When Hospital Confined) (Continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Doctor Fees</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Physiotherapy (one visit per day)</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
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<tr>
<td>Registered Nurse’s Services</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
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<tr>
<td>Mental or Nervous Disorders/Substance Abuse</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
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## Outpatient Benefits (When Not Hospital Confined)

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<th>Non-Participating Provider</th>
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<tr>
<td>Emergency Room</td>
<td>80% of Preferred Allowance</td>
<td>80% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Ambulance</td>
<td>80% of Actual Expenses</td>
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<tr>
<td>Diagnostic X-ray &amp; Laboratory Services</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
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<tr>
<td>Mental or Nervous Disorders/Substance Abuse</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
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## Other Medical Benefits

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<th>Non-Participating Provider</th>
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</thead>
<tbody>
<tr>
<td>Preventive Services Benefits</td>
<td>100% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
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<tr>
<td>Durable Medical Equipment</td>
<td>80% of Actual Expenses</td>
<td></td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Chemotherapy/Radiation Therapy</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Complications of Pregnancy</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Dental Treatment</td>
<td>80% of Actual Expenses</td>
<td></td>
</tr>
<tr>
<td>Diabetes Treatment Benefit</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Mammography Expense</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Maternity</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
</tbody>
</table>

Continued on Next Page
<table>
<thead>
<tr>
<th>OTHER MEDICAL BENEFITS (CONTINUED)</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Screening Tests (including cytologic screening, cervical and prostate cancer screening)</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Cancer Clinical Trials Expense</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Osteoporosis Benefit</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Phenylketonuria Treatment</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Prescription Drugs (includes coverage for contraceptive drugs and devices at 100% with no cost sharing. Plan deductible does not apply to contraceptive drugs and devices.)</td>
<td>80% of Actual Expenses</td>
<td></td>
</tr>
<tr>
<td>Breast Reconstructive Surgery or Prosthesis</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual, Reasonable &amp; Customary</td>
</tr>
</tbody>
</table>
EXCLUSIONS

Unless otherwise provided, the Policy does not cover any loss caused by or contributed to by, nor is any premium charged for:

1. Any Pre-Existing Sickness, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, not including children under the age of 19, unless continuous coverage is applied.

2. Services and supplies furnished normally without charge by the participating institution’s infirmary, its employees, or doctors who work for the participating institution.

3. Services covered or provided by the student health fee.

4. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.

5. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.

6. Dental treatment, except as specifically provided for in the Schedule.

7. War or any act of war, declared or undeclared, or while in the armed forces of any country.

8. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;

9. Intentionally self-inflicted injury, suicide or any attempt thereat.

10. Injury of any covered person sustained while:
   a. Participating in any school, professional or organized sports contest or competition, unless specifically listed in the Schedule;
   b. Traveling to or from such sport, contest or competition as a participant; or
   c. During participation in any practice or conditioning program for such sport, contest or competition.

11. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.

12. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:
   a. The services are rendered on an medical emergency basis; and
   b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.

13. Injury caused by, contributed to or resulting from the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person’s doctor.

14. Elective surgery and elective treatment including elective abortions, except as required to correct an injury for which benefits are otherwise payable under the policy.

15. Any loss covered by state or federal worker’s compensation law, employers liability law, occupational disease law, or similar laws or act.
EMERGENCY ASSISTANCE SERVICES

Provided by On Call International

GLOBAL RESPONSE CENTER:
(877) 318-6901 (Toll-free within the U.S.)
(603) 328-1909 (Outside the U.S.)
One Delaware Drive
Salem, NH 03079
E-mail: mail@oncallinternational.com
www.oncallinternational.com

On Call International does not replace your medical insurance. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by On Call International. Claims for reimbursement will not be accepted.

PROGRAM GUIDELINES

U.S. students studying in a U.S. location are eligible for services when traveling more than 100 miles away from their permanent residence or campus location for up to one year. Medical transportation services and repatriation of deceased remains services are available at campus location.*

U.S. students studying abroad are eligible for services both at and away from their new campus location for up to one year.*

Foreign nationals students studying in the U.S. are eligible for On Call International’s services, both on or away from campus or while traveling in a country that is not their country of origin.**

*Member shall be eligible for services during the term of his/her defined Program as long as his/her program is still effective and the membership fee has been paid prior to departure.

KEY SERVICES

Medical Monitoring
On Call’s medical staff will communicate with the member’s attending physician and obtain a full understanding of the situation. Medical professionals will stay in regular communication with local medical personnel and relay necessary information to the Member and Family.

Emergency Medical Evacuation
If adequate medical facilities are not available locally, On Call will make arrangements to use whatever mode of transport, equipment and medical personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.

Medical Repatriation
If after seeking medical attention, it is medically advisable for the member to seek further care at home, On Call will transport the member home or to a medical facility closer to home with a medical or non-medical escort, as necessary.

Compassionate Visit
If a member is traveling alone and will be hospitalized for more than seven days, On Call will provide economy, round-trip, common carrier transportation to the place of hospitalization and arrange lodging for a designated family member or friend.

Care of Minor Children
If a member is traveling with dependent children and is hospitalized as a result of a medical emergency for more than seven days, On Call will arrange for the transportation of the unattended children to their home, with an attendant if necessary.

Return of Deceased Remains
On Call will assist with the logistics of returning a member’s remains home in the event of his or her death. This service includes arranging the preparation of the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

Medical, Dental and Pharmacy Referrals
On Call will provide referrals to medical, dental professionals and pharmacies in the given geographic locations of western style medical facilities and English speaking providers in an area served by On Call to the extent possible.

Hospital Admission Guarantee
On Call will guarantee hospital admission by validating a member’s health coverage or by advancing funds to the hospital. (Any advance of funds shall be charged to the member’s credit card at the time of service).

Prescription Assistance
If a member needs a replacement prescription while traveling, On Call will assist in filling that prescription. Any expenses associated with prescription replacement are the member’s responsibility.

Emergency Message Transmission
On Call will receive and transmit authorized emergency messages for members.

Legal Consultation and Referral
If a member is away from home and requires the services of an attorney, On Call shall arrange for an initial telephone consultation with an attorney without charge to the member. If necessary, the member will be referred to a local attorney.

Lost Luggage Assistance
On Call will assist the member with the tracking of luggage lost or delayed in transit.

Lost/Stolen Travel Document Assistance
On Call will provide assistance by arranging for the replacement of passports, visas, airline documents, birth certificates and other travel-related documents. Any expenses related to replacing lost travel documents are the member’s responsibility.

Interpreter & Legal Referrals
On Call will offer members reports via email, fax or postal mail including visa, passport and inoculation requirements, cultural information, weather conditions, embassy and consulate referrals, foreign exchange rates, and travel advisories for any destination.

As a member, you can call upon doctors, hospitals, pharmacies and other services whenever traveling 100 miles or more from your permanent address, campus location or abroad, 24 hours a day, 365 days a year. One phone call connects you to a state-of-the-art Global Response Center staffed around-the-clock with trained multilingual professionals to handle medical emergencies quickly and efficiently. As the U.S. member of the International Assistance Group, a 36-partner global network of independent assistance companies, including more than 53 alarm centers, On Call International has immediate response capabilities worldwide with a global network of pre-qualified medical providers, including air and ground ambulance services.

Continued on Next Page
EMERGENCY ASSISTANCE SERVICES (CONTINUED)

CONDITIONS & EXCLUSIONS
On Call International will not pay for services in the following instances:
* Services rendered without the coordination and approval of On Call
* Intentionally self-inflicted injuries, suicide or any attempted threat except when hospitalized as an inpatient.
* Expenses incurred if the original or ancillary purpose of the member’s trip is to obtain medical treatment.
* Participation in a declared or undeclared act of war, civil disturbance or insurrection or an accident occurring while the member is serving on full-time or active duty in the Armed Forces of any country. * Participation in an international authority flight in aircraft being used for experimental purpose, or in military aircraft (except the Military Aircraft Command of the United States or similar air transport Services Account of other) or while serving as a member of the crew of any aircraft.
* Use of any alcohol or drug unless prescribed by a physician or except if hospitalized as an inpatient. * Any services provided to an injured person where the member is entitled to receive reimbursement for such expenses under any group insurance program maintained by the member’s insurance company or employer.
* Routine or non-disabling medical problems, such as simple fractures, or sickness, which can be treated by local doctors and do not prevent the injured person from continuing the trip or returning home.
* Any treatment or expense related to childbirth, miscarriage or pregnancy except for any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four weeks of pregnancy.
* A member on an organ transplant list prior to enrollment will not be entitled to a transport for that transplant.

On Call cannot be held responsible for failure to provide services or for delays caused by conditions beyond its control including, but not limited to, flight or weather conditions, strikes, unforeseen changes to airport regulations or restrictions, failure to comply with On Call’s recommendations, or where rendering of service is prohibited by local laws or regulatory agencies.

Member may be required to release On Call or any healthcare provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, On Call’s actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a Member. On Call is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney.

On Call, at its sole discretion, will assist Members on a fee-for-service basis for interventions falling under the Limitations and Uncovered Services. On Call reserves the right, at its sole discretion, to request additional financial guarantees or pre-payment or indemnification from the Member prior to rendering such service on a fee-for-service basis.

Emergency Assistance Services
Provided by: On Call International
(877) 318-6901 (Toll-free within the U.S.)
(603) 328-1909 (Outside the U.S.)
www.oncallinternational.com

CLAIM PROCEDURE
In the event of Injury or Sickness, the Covered Person should:
1. If away from school, consult a Doctor and follow his/her advice.
2. Notify the Claims Administrator within 30 days after the date of the Injury or commencement of the Sickness, or as soon as reasonably possible.
3. Complete the claim form in full, and sign it. To obtain a claim form, call A-G Administrators, Inc. at (800) 634-8628.
4. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to A-G Administrators, Inc. at the address below.
5. Itemized medical bills must be submitted. Subsequent medical bills should be mailed promptly to A-G Administrators, Inc. No additional claim forms are needed as long as the Covered Person’s name and identification number are included on the bill.
6. Direct all questions regarding eligibility under this Plan and/or to obtain a claim form to Wells Fargo Insurance Services USA, Inc. For questions regarding benefits, status of a submitted claim or payment of a claim, contact A-G Administrators, Inc. at the address below.

Mail all claims to the Claims Administrator:
A-G Administrators, Inc.
P.O. Box 979
Valley Forge, PA 19482
(800) 634-8628
CLAIM FORMS MUST BE SUBMITTED WITHIN 90 DAYS FROM DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS.
**BENEFITS FOR CHILDHOOD IMMUNIZATIONS**

Benefits will be provided for the Usual, Reasonable, and Customary Charges incurred for those childhood immunizations, including the immunizing agents, which as determined by the Department of Health, conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. Such benefits are exclusive of any deductible or dollar limitation requirements of this policy.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

Under the Hardwaiver Mandatory Student Health and Additional Accident Insurance Plan, for Accidental Death or Dismemberment occurring within 90 days from the date of accidental bodily injury, the Company will pay, in addition to the medical expense benefits provided herein, one of the following (the largest applicable amount):

- **Accidental Death:** $10,000
- **Accidental Dismemberment:**
  - Both Hands, Feet or Eyes: $10,000
  - One Hand and One Foot: $10,000
  - Hand or One Foot and One Eye: $10,000
  - Either Hand or Foot: $5,000
  - Sight of One Eye: $5,000

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. Loss shall mean in regard to hand or hands or foot or feet, actual severance through or above the wrist or wrists or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

**NON-DUPLICATION OF BENEFITS**

The Policy will not duplicate benefits that are covered by any other valid and collectible medical, health or accident insurance or prepayment plan. The Company’s liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total benefits payable by other valid and collectible insurance on an expense incurred or provision of service basis.

**CVS Caremark PRESCRIPTION DRUG PLAN**

This plan includes a prescription drug benefit through CVS Caremark for prescription drug services throughout the United States. A listing of contracted pharmacies and services is available at CVS Caremark’s website www.caremark.com, or call customer service at (800) 777-1023.

**Filling Prescriptions**

CVS Caremark offers two options for filling your prescriptions:

- **Option One** is to have your prescription filled at a participating pharmacy. To find a pharmacy near you, please refer to the CVS Caremark online pharmacy locator, www.caremark.com. To have your prescription filled at a participating pharmacy, simply present your ID card (the same ID card you use for medical care) to the pharmacist. You can receive up to a 30-day supply of most medications. You will be responsible for the co-payment and any co-insurance percentage that applies to eligible prescriptions.

- **Option Two** is to have your medication delivered to your home using our convenient mail service program, CVS Caremark Direct. This is a great option if you have a maintenance medication or a medication that you are taking for an extended period of time.

If you need a prescription before you have received your ID card, call Wells Fargo Insurance Services USA, Inc. (800) 853-5899. We will verify eligibility and provide you with an ID number to take to the pharmacy. Otherwise, you may pay for the prescription and submit the receipt (which must include date, prescription, dosage, quantity, and amount paid) with a claim form to CVS Caremark for reimbursement. A claim form is included with your ID card package, and may be downloaded from www.caremark.com. Your reimbursement will be at the discounted participating pharmacy rate, less your co-pay. You will be responsible for any difference between the discounted pharmacy rate and the actual purchase price of the prescription.

**Internet Capabilities**

The CVS Caremark website is dedicated to providing you information about your prescription plan, mail service and answer many frequently asked questions about pharmacy benefits. The site provides the following:

- Pharmacy Locator
- E-mail CVS Caremark Customer Service
- Formulary Counselor
- Online Health Library

Formulary Counselor allows members to see customized descriptions of medications, which includes important drug information, classification and formulary status. It also provides patient specific plan and co-pay information, alternative treatments, and other data designed to help the member better understand his/her treatment and how it fits into his/her health plan.

www.caremark.com
University Contacts: Health, Wellness & Prevention Services
URC,#201
Cheney, WA 99004
509-359-4279
www.ewu.edu/goodchoices

Preferred Provider Organization: First Health
To Find a Doctor or Provider
(800) 226-5116
www.myfirsthealth.com
click on “First Health Network”

Prescription Benefits: CVS Caremark
(800) 777-1023
www.caremark.com

Emergency Travel Assist: On Call International
One Delaware Drive
Salem, NH 03079
(877) 318-6901 (Toll-free within the U.S.)
(603) 328-1909 (Outside the U.S.)

Brokered By: Fidelity Associates Insurance
General questions about coverage, claims, and provider network
501 South Bernard Street
Spokane, WA 99220-3144
(800) 223-7954
AND
Wells Fargo Insurance Services USA, Inc.
(800) 853-5899

Plan Administrator: Wells Fargo Insurance Services USA, Inc.
Student Insurance Division
Eligibility, Enrollment and ID card questions
WA License No. ACORDC*103NL
10940 White Rock Road, 2nd Floor
Rancho Cordova, CA 95670
(800) 853-5899
Fax: (877) 612-7966
studentinsurance.wellsfargo.com

Underwritten By: United States Fire Insurance Company