



Student Health Insurance Plan

August 15, 2006 – August 14, 2007

Plan Benefit Summary

Annual Maximum Benefit	\$500,000
Policy Year Deductible (The deductible is waived if services are rendered at the Washington University Student Health Services)	<ul style="list-style-type: none"> Open Access network: \$350 deductible per insured Non-Open Access providers: \$500 deductible per insured
Student Health Service	80% for covered expenses No deductible
Hospital Confinement	<ul style="list-style-type: none"> Open Access network: 80% after the deductible Non-Open Access: 50% after the deductible
Doctor Visit	
Ground/Air Professional Ambulance Services	The plan pays covered charges at 80% for emergencies after the deductible
Emergency Room Visit	The plan pays covered charges at 80% for emergencies after the deductible
Mental Illness	<ul style="list-style-type: none"> Open Access network: 80% after the deductible Non-Open Access: 50% after the deductible
Chemical Dependency (including alcoholism)	30 inpatient days per policy year with a lifetime maximum of 120 days. Coverage for psychiatric/psychological services performed in a licensed facility or by a doctor while not so confined is limited to 20 visits per policy year with a lifetime maximum of 80 visits (2 outpatient days are equal to 1 inpatient visit).
Annual Routine pap smears for women age 18 and over or more frequently based on a Doctor's recommendation	<ul style="list-style-type: none"> Open Access network: 80% after the deductible Non-Open Access: 50% after the deductible
Total Out-of-Pocket Expense Maximum	\$10,000

IMPORTANT REFERRAL NOTICE

An Insured Student or Insured Spouse/Domestic Partner must first seek treatment from the Washington University **STUDENT HEALTH SERVICES (SHS)** to determine if a referral can be issued before receiving any medical care outside the SHS in order for benefits to be payable for that care.

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EXCEPTIONS AND EXCLUSIONS

The Policy will not cover charges or expenses:

1. for medical care, treatment, supplies, or services not listed in the Covered Expense section.
2. with respect to International students and their Eligible Dependents: for medical care, treatment, supplies, or services for the Insured Individual in his/her home country or country of regular domicile.
3. for elective or preventive surgery or medical care, services, supplies, or treatment including, but in no way limited to, tubal ligation; vasectomy; abortion (except spontaneous and non-elective abortion); circumcision (except as covered under the Coverage for a Newborn Child provision); learning disabilities (except as covered under Early Intervention Services); immunizations (except for covered childhood immunizations); obesity; allergy tests, serum and injections; vitamins; and antitoxins.
4. for breast reduction/mammoplasty.
5. for gynecomastia (male breasts).
6. for routine physical or health examinations.
7. for any care in connection with the teeth, gums, jaw, or structures directly supporting the teeth; myofacial pain; or temporomandibular joint dysfunction, except the Policy will cover injury to natural teeth resulting from an Injury up to a maximum benefit of \$100 per tooth per Accident or for extraction of impacted wisdom teeth.
8. in excess of the Reasonable and Customary charge.
9. for cosmetic, plastic, reconstructive, or restorative surgery unless such Covered Expenses are incurred for repair of a disfigurement caused from:
 - a. an Injury;
 - b. a birth defect of an insured Eligible Dependent born while the mother was insured under the Policy; or
 - c. a mastectomy (refer to the Post-Mastectomy Coverage provision).
10. for medical treatment, services, supplies, or prescription drugs provided on an inpatient basis which are not Medically Necessary, as defined in the Policy.
11. for prescription drugs provided on an outpatient basis.
12. for eye refractions and surgical correction of eye refraction which can be corrected by eyeglasses or lenses (radial keratotomy, keratectomy, keratoplasty).
13. for hearing aids, eye glasses, or contact lenses and the fitting or servicing thereof, except expenses for same resulting from a covered Injury or covered eye surgery.
14. for Injury or Bodily Infirmary if covered to any extent under: any occupational benefit plan; Worker's Compensation or similar law; medical payments under individual automobile insurance (except for no-fault auto insurance).
15. for birth control, including surgical procedures and devices.
16. for Injury arising out of practice for or participation in professional sports.
17. for medical care, treatment, supplies or services arising out of practice for or participation in interscholastic or intercollegiate sports.
18. for medical care, treatment, services, and supplies for which no charge is made or no payment would be required if the Insured Individual did not have this insurance; or to the extent the Insured Individual received any discount, credit, or reduction due to an agreement with provider.
19. for injury or Bodily Infirmary resulting from taking part in the commission of an assault or felony.
20. for diagnosis, treatment, and all other care related to infertility.
21. for Transcutaneous Electrical Nerve Stimulation (TENS) units.
22. for Injury arising out of aeronautics such as hang gliding, skydiving, parachuting, or air travel, except while riding as a passenger on a regularly scheduled commercial airline.
23. for Injury or Bodily Infirmary from a Mental Illness or Chemical Dependency (including alcoholism), except as listed in the Covered Expense section.
24. for Injury or Bodily Infirmary resulting from a motor vehicle accident if an Insured Individual was operating the vehicle without a valid driver's license.
25. for Injury or Bodily Infirmary resulting from an act of war (declared or undeclared), insurrection, participation in the military service of any country, or participation in a riot or civil disorder. Participation in a riot means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
26. for medical care, treatment, services, or supplies normally given without charge by the Policyholder's Student Health Services (SHS) and provided by employees or Doctors employed by, under contract with, or retained by the Policyholder.
27. for Custodial Care, as defined in the Policy.
28. for private duty nursing.
29. for sex transformations and hormones related to such or for any treatment of gender identity disorders.
30. for treatment and all other care related to organ transplants, unless otherwise provided in the Policy.
31. for treatment and all other care related to correction of a deviated septum or sinus surgery, except for acute purulent sinusitis.

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EXCEPTIONS AND EXCLUSIONS

32. *for expenses related to (a) care of flat feet, (b) supportive devices for the foot, (c) care of corns, bunions or calluses; (d) care to toenails; and (e) care of fallen arches, weak feet or chronic foot strain; except that (c) and (d) are not excluded when Medically Necessary because the Insured Individual is diabetic or suffers from circulatory problems.*
33. *for cardiovascular screenings, unless there is a medical condition indicating risk of the cardiovascular disease.*
34. *for blood or blood plasma, except charges by a Hospital for processing or administration of blood.*
35. *for treatment of Insured Students who specialize in the mental health care field, and who receive treatment as part of their training in that field.*
36. *for medical care, treatment, services, or supplies for which benefits are excluded, excepted, or limited elsewhere in the Policy.*

REFERRAL REQUIREMENTS:

An Insured Student or Insured Spouse/Domestic Partner must first seek treatment from the Washington University **STUDENT HEALTH SERVICES (SHS)** to determine if a referral can be issued before receiving any medical care outside the SHS in order for benefits to be payable for that care.

A SHS referral is not necessary under the following conditions only:

1. Treatment of an Emergency Medical Condition. The Insured Student or insured spouse/Domestic Partner must return to the SHS for necessary follow-up care and referrals the next business day.
2. When the SHS is closed.
3. Medical care received when the Insured Student or insured spouse/Domestic Partner is more than 50 miles from campus. Upon return to the St. Louis area, the Insured Student or insured spouse/Domestic Partner must return to the SHS for necessary follow-up care.
4. OB/GYN and maternity care.
5. For care of an Insured Dependent Child.

Please note that referrals are granted at the discretion of the SHS staff, and are issued on a per condition, per policy year basis. You must return to the SHS once your referral has expired to be re-evaluated for an additional referral. For a referral please contact:

Student Health Services
Campus Box 1201
One Brooking Drive
St. Louis, MO 63130

Telephone: **(314) 935-6677**
Fax: (314) 935-8515

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PRE-TREATMENT AUTHORIZATION PENALTY: \$200

All inpatient admissions, including length of stay, must be certified by calling the Lewer Agency. If the insured does not secure Pre-Treatment Authorization for non-emergency inpatient admissions or provide notification for emergency admissions, your covered medical expenses will be subject to a \$200 per admission deductible.

Certain health care services and supplies, including but not limited to the following, require Pre-Treatment Authorization by the Utilization Management Organization (UMO) in order to determine the medical necessity of care:

1. Air ambulance and inter-facility transport, when used for non-emergency medical evacuation
2. Durable medical equipment over \$500 aggregate
3. Genetic testing
4. Home health care and in-home services (including IV therapy)
5. Hospital admissions and inpatient confinements
6. Partial hospitalization programs for treatment of mental illness, chemical dependency and alcoholism
7. Outpatient high technology radiology (i.e. CAT, MRA, MRI, and PET scans)
8. Outpatient surgery, except for surgery performed in a doctor's office
9. Renal dialysis and select procedures for ESRD
10. Skilled nursing and sub-acute facility admissions and confinements
11. Transplant related services, including initial consultation and evaluation
12. Outpatient procedures and surgeries, including: all unlisted codes, any service that is potentially cosmetic, any service that is potentially investigational/experimental, breast related procedures, high risk maternal procedures, infertility/family planning/surgical contraception, maxillo-facial orthopedics and mandibular surgical procedures, oncology related procedures, obesity-related surgery and select high volume or high risk procedures

For pre-certification call the Lewer Agency at **1- 888-821-7712**.

IMPORTANT INFORMATION

What should I do if I need to see a doctor?

You need to first visit the Washington University Student Health Center. They will refer you to a doctor or hospital.

How do I find a doctor?

There are many doctors and hospitals available. Go to www.mygreatwest.com and click "Find a Provider". Then select the "Find a Great-West HealthCare provider" link. You must select "Open Access" when selecting a plan for your provider search.

What happens if my claim is rejected? Call the Lewer Agency at 1- 888-821-7712.

Occasionally, a claim can be rejected if the doctor provides the wrong number or other information is missing. We will research the claim and let you know the status.

Carry your insurance ID card with you at all times. Group no. is 80009

Call the Kansas City office for any questions regarding your plan. **1- 888-821-7712**.

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2006-2007 STUDENT MEDICAL INSURANCE PLAN

This additional information is for students who will be members of the Student Health Plan beginning August, 2006.

- Washington University in St. Louis has partnered with Great-West Healthcare, the plan underwriter and manager for the health care provider network, and The Lewer Agency, Inc., the plan administrator for enrollment and claims processing, to provide the Student Health Insurance Plan for the 2006-2007 academic year.
- All Undergraduate students and full-time Graduate students (as defined by your program), are automatically billed for and covered by the Student Health Insurance Plan once they have completed registration for each semester. Medical students and part-time students (including summer school and/or University College Students) are not covered and not eligible to purchase the Plan. No waivers are allowed.
- The student health insurance coverage complements the state-of-the-art health care facility and services available at the Habif Health and Wellness Center located in the Dardick House on the South Forty while students are in St. Louis. It also provides coverage while students are traveling throughout the US or abroad. Student Health Services is a dynamic health care environment dedicated to providing medical, mental health, and health promotion services.
- The Fall coverage period begins August 15, 2006 and ends January 12, 2007. The Spring coverage period begins January 12, 2007 and ends August 14, 2007.
- Eligible students have the option of purchasing the Student Health Insurance Plan for their dependents (spouse/domestic partners, and/or dependent children up to the age of 19), provided that their dependents reside within the territorial limits of the United States. Adopted children will be eligible for coverage on the same basis as other dependents (up to age 19 years). See the enrollment section – wustl.lewer.com – for instruction on how to enroll. Dependents may be enrolled after August 15, 2006. The deadline for enrolling dependents is September 15, 2006.
- In addition, there is an optional prescription drug insurance program as well as vision and dental discount programs. These programs have a deadline for enrollment of September 15, 2006. All dependent, prescription drug insurance, and discount card enrollment is done via the web – wustl.lewer.com – and will be available in August 1, 2006.

FREQUENTLY ASKED QUESTIONS AND REQUESTED INFORMATION:

Who is eligible?

All Undergraduate students and full-time Graduate students (as defined by your program), excluding medical students, part-time and summer school students at Washington University, Danforth Campus, are participants in the student health insurance program as a part of the student health fee.

How do students enroll?

Students are automatically enrolled in the health plan when they register for classes. Registration must be completed before the student is enrolled in the plan.

A student **MUST** be enrolled in the plan in order to sign up for optional prescription drug and/or dependent coverage or for the vision and dental discount programs.

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What are the coverage dates?

The plan begins August 15, 2006 . It remains in effect until August 14, 2007 for all students who continue to be enrolled at the University as full-time students.

Students who enroll in the spring semester and maintain status as full-time, degree-seeking students, have coverage dates of January 12, 2007 until August 14, 2007.

Any student who leaves the University within the first 30 days of the semester is dropped from the insurance plan and no benefits will be paid out. Students who leave the University after the first 30 days of the semester will be dropped from the plan at the end of the month in which they leave the university.

Continuation of coverage:

The student health plan is only for students who remain enrolled and eligible. Students who leave the University do not have continuation of coverage through this plan.

Students seeking other coverage should look for health care insurance through their current carrier or search for companies who provide short term health insurance. Information on the availability of alternative coverage can be found at wustl.lewer.com.

Dependent coverage:

A student who is eligible for the student health insurance plan may enroll their spouse, partner, or children. The deadline for enrollment is September 15, 2006. For students entering the University in January, the deadline is February 12, 2007. In order for students to maintain dependent coverage, the student MUST re-enroll their spouse partner and/or children at the beginning of each semester. Enrollment is done via the website – wustl.lewer.com – and applicable premiums and fees are paid directly to the insurance company.

A student CANNOT enroll their dependents until they have registered and become part of the plan. Dependent enrollment is not open until the semester begins. **The student is responsible to re-enroll his/her dependent(s) and/or spouse partner in any optional coverage he/she has selected at the beginning of every semester.**

OPTIONAL COVERAGE PLANS

Prescription Drug Coverage:

The student health insurance plan does NOT include prescription drug coverage. However, there is an option to purchase prescription drug coverage at reasonable rates. YOU MUST enroll in this plan separately, via the website – wustl.lewer.com – and pay all premiums by credit card, directly to the insurance company. This is only available to students who are registered and enrolled in the student health insurance plan and their eligible dependents.

The deadline for enrolling in this optional prescription drug coverage is September 15, 2006. Students entering the University in January will have until February 12 to enroll.

Students are only eligible one time per year to enroll in this plan and must do so prior to the deadline.

Vision and Dental Discount Plan:

The student health insurance plan does not include coverage for routine eye and dental care. However, a discount program is available on an optional basis.

This coverage will require web enrollment website and direct payment by credit/debit card.

ENROLLMENT IN THE PRESCRIPTION DRUG, VISION AND DENTAL DISCOUNT PLANS ARE THE RESPONSIBILITY OF THE STUDENT. YOU ARE NOT AUTOMATICALLY ENROLLED IN THESE PROGRAMS.

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