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## Section 1: Getting Started

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### Your UW Student Health Insurance Plans: SHIP and SHIP Plus

If you're a UW student and you're not covered by your parents' or other medical insurance, it's a good idea to enroll in a Student Health Insurance Plan—even if you're pretty healthy right now.

According to the National Department of Health and Human Services, the average cost of an emergency room visit is close to **\$2,000**, and a hospitalization of even a couple of days can cost thousands more. A lot of prescription drugs are also very expensive to pay for without insurance (just go to a pharmacy website like Walgreens.com and look up the costs if you're curious). And if you don't have insurance, doctors and hospitals may require you to pay them before they will treat you, unless your injury or illness is life-threatening. Luckily, you have options, with two health insurance plans tailored to students:

- SHIP, the basic, less expensive plan, and
- SHIP Plus, a higher premium option that covers more of your health care costs.

Both are accident and sickness insurance plans that cover things like doctors' visits, hospitalization and prescriptions,

but the SHIP Plus plan offers higher coverage—and you pay a higher quarterly fee for it.

**Graduate students with a TA/SA/RA appointment have a *separate insurance plan* available.**

If you have **eligible dependents**—a registered domestic partner, spouse, or children, you may cover them too for an additional fee. Some restrictions apply to dependent coverage, though, so

read the details before you enroll. (see the **Family Members You May Cover** and **Important Information: Deadlines for Adding a New Child to Your Coverage** sections)

#### International Students Must Enroll

Please note, if you are an **international student**, you must enroll in SHIP or SHIP Plus. Limited waivers are available from the International Student Services office and must be requested no later than the **5th calendar day of the quarter**. Please contact the **International Student Services Office** with questions.

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### About This Booklet

This online booklet will help you understand important details of the UW Student Health Insurance Plans, SHIP and SHIP Plus. It's intended to be easy to use and to describe things in clear language, so you can find the answers you're looking for easily.

If you can't find answers to your student health insurance questions here, contact the **Student Insurance Office** by email at [stdins@uw.edu](mailto:stdins@uw.edu), by phone at **(206) 543-6202**, or in person at 459 **Schmitz Hall**. You can also email **Welfare & Pension Administration Service, Inc. (WPAS)** at [studentinsurance@wpas-inc.com](mailto:studentinsurance@wpas-inc.com) or call them at **(206) 374-9439** or toll-free **(866) 535-8503**.

This document provides a description of your plan in clear language. However, the master policy (**SHIP** or **SHIP Plus**)

contains all of the technical, legally-worded provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be contained in this document. Although every attempt has been made to ensure the accuracy and completeness of the information within this online booklet, if there are any discrepancies, the master policy is the actual contract and will govern and control payment of benefits. If you can't find the answers to your student health insurance questions here, please review your master policy (**SHIP** or **SHIP Plus**).

**Implementation of Federal healthcare reform may require changes to the benefits or other provisions of this plan.**

**What's New for 2010-2011**

Here are some changes that take effect in the 2010-2011 policy year (Autumn quarter 2010 through Summer quarter 2011):

**Moderate Cost Decreases**

There is a modest decrease in premiums. For example, the SHIP quarterly cost for a single student who signs up for the quarterly plan in the Autumn quarter of 2010 will be \$470. It was \$478 last year.

**Preventive Immunizations Benefit Change**

The Preventive Immunizations benefit for SHIP and SHIP Plus has been expanded (see *Preventive Care Highlights*)

**Women's Health Care Benefit Change**

The Women's Health Care benefit for SHIP and SHIP Plus now covers an annual exam (including a Pap test and all related preventive laboratory tests).

**Vision Eye Exam Benefit Change**

The vision eye exam benefit maximum for SHIP and SHIP Plus has been increased to \$150 per policy year from \$75.

**Chemical Dependency Benefits Change**

Chemical dependency benefits for SHIP and SHIP Plus will no longer have a separate dollar maximum, but now will

only be subject to the maximum benefit per condition. (Previously, the maximum for a 24-month period was \$14,500.)

**SHIP Mental Health and Chemical Dependency Benefits Change**

Network mental health benefits provided on an outpatient basis will no longer have a separate visit maximum, but are subject to the maximum benefit per condition. (Previously, the maximum was 20 visits.)

Non-network mental health benefits provided on an outpatient basis will no longer have a separate visit maximum, but are subject to the maximum benefit per condition. (Previously, the maximum was 10 visits for students, and 20 visits for dependents.)

**SHIP Plus Dental Benefits Change**

The maximum benefit per policy year for dental (preventive and restorative services) has been increased to \$750 from \$500.

**SHIP or SHIP Plus? The Plans at a Glance**

This chart shows highlights of some of the key features of SHIP and the new SHIP Plus plan, to help you think about which plan might be right for you. Before you enroll, however, you should read the additional benefit information included in other parts of this booklet.

Option	SHIP Plan Policy no. SHIP UW (03-2010) Form No. SHIP UW C (03-2010)	SHIP Plus Policy no. SHIP UW (03-2010) Form No. SHIP UW CPLUS (03-2010)
<b>Quarterly cost ("premium")</b> (other than Summer Qtr)		
Student only	\$470*	\$544*
Student + spouse or domestic partner	\$1,156*	\$1,340*
Student + child(ren)	\$1,050*	\$1,217*
Student + spouse/domestic partner + child(ren)	\$1,736*	\$2,014*

Option	SHIP Plan Policy no. SHIP UW (03-2010) Form No. SHIP UW C (03-2010)	SHIP Plus Policy no. SHIP UW (03-2010) Form No. SHIP UW CPLUS (03-2010)
	* Includes \$10 fee per quarter for a student choosing not to pay annually at Autumn Qtr.	* Includes \$10 fee per quarter for a student choosing not to pay annually at Autumn Qtr.
Option	SHIP Plan	SHIP Plus
<b>Maximum Benefit</b> The highest amount the plan will pay for any individual sickness or injury	\$200,000 per condition aggregate maximum	\$200,000 per condition aggregate maximum
<b>Deductible</b> An amount you have to pay for covered medical expenses before the plan pays any benefits. Does not apply to office visits or procedures at Hall Health for currently registered students (lab work referred to and/or billed by a lab outside of Hall Health is subject to the deductible)	\$75 per quarter up to a \$300 maximum deductible per policy year	\$75 per quarter up to a \$300 maximum deductible per policy year
<b>Coverage (“coinsurance”)</b> Percentages you and the plan pay for many covered medical expenses. The plans cover more when you see “network” doctors and other providers. Network pays at preferred allowance. Non-network pays at the usual and customary charge	<b>Network:</b> <ul style="list-style-type: none"> <li>Plan pays 80%**</li> <li>You pay the other 20%**</li> </ul> <b>Non-network:</b> <ul style="list-style-type: none"> <li>Plan pays 60%*</li> <li>You pay the other 40%*</li> </ul>	<b>Network:</b> <ul style="list-style-type: none"> <li>Plan pays 90%**</li> <li>You pay the other 10%**</li> </ul> <b>Non-network:</b> <ul style="list-style-type: none"> <li>Plan pays 60%*</li> <li>You pay the other 40%*</li> </ul>
<b>Prescription drugs, Rubenstein Pharmacy</b> Your costs are always lowest for generic drugs, and brand-name drugs on the “formulary” (preferred drug list) cost you less than brand-name drugs that are not on the formulary (up to a 35-day supply per month) Dependents need to pay the entire cost of the prescription to the pharmacy and then submit a receipt and claim form to WPAS for reimbursement. This is not necessary for the student participants.	<b>You pay the higher of:</b> <ul style="list-style-type: none"> <li>Generic: 20% or \$15 copay</li> <li>Brand formulary: 30% or \$25 copay</li> <li>Non-formulary: 40% or \$30 copay</li> </ul> Maximum copay/coinsurance of up to \$200/prescription	<b>You pay:</b> <ul style="list-style-type: none"> <li>Generic: \$10 copay</li> <li>Brand formulary: \$25 copay</li> <li>Non-formulary: \$35 copay</li> </ul>
<b>Prescription drugs, UMC/UWP pharmacies</b> (up to a 35-day supply per month) You pay the entire cost of the prescription to the pharmacy and then submit a receipt and claim form to WPAS for reimbursement.	<b>You pay the higher of:</b> <ul style="list-style-type: none"> <li>Generic: 30% or \$15 copay</li> <li>Brand formulary: 40% or \$25 copay</li> <li>Non-formulary: 50% or \$30 copay</li> </ul> Maximum copay/coinsurance of up to \$200/prescription	<b>You pay:</b> <ul style="list-style-type: none"> <li>Generic: 20%</li> <li>Brand formulary: 20%</li> <li>Non-formulary: 40%</li> </ul> Maximum copay/coinsurance of up to \$200/prescription
<b>Prescription drugs, Non-network</b> (up to a 35-day supply per month) You pay the entire cost of the prescription to the pharmacy and then submit a receipt and claim form to WPAS for reimbursement.	<ul style="list-style-type: none"> <li>Generic: 50%*</li> <li>Brand formulary: 50%*</li> <li>Non-formulary: 50%*</li> </ul> Maximum copay/coinsurance of up to \$200/prescription	<ul style="list-style-type: none"> <li>Generic: 50%*</li> <li>Brand formulary: 50%*</li> <li>Non-formulary: 50%*</li> </ul> Maximum copay/coinsurance of up to \$200/prescription

Option	SHIP Plan Policy no. SHIP UW (03-2010) Form No. SHIP UW C (03-2010)	SHIP Plus Policy no. SHIP UW (03-2010) Form No. SHIP UW CPLUS (03-2010)
<p><b>Mental Health</b></p> <p>Your benefits have different limits depending on whether you receive services on an inpatient basis (in the hospital) or on an outpatient basis (visits). Benefits are also higher when you see network mental health providers.</p> <p>(There are no fees at the Counseling Center. Deductible is waived at Hall Health for student participants.)</p>	<p><b>Inpatient:</b></p> <ul style="list-style-type: none"> <li>No day limit (subject to the maximum benefit per condition)</li> <li>Network, the plan pays 80%** after you pay a \$300 copay per admission; you pay the other 20%**</li> <li>Non-network, the plan pays 60%* after you pay a \$400 copay per admission; you pay the other 40%*</li> </ul> <p><b>Outpatient:</b></p> <ul style="list-style-type: none"> <li>No visit limit (subject to the maximum benefit per condition)</li> <li>Network, the plan pays 80%**</li> <li>Non-network, the plan pays 60%</li> </ul>	<p><b>Inpatient:</b></p> <ul style="list-style-type: none"> <li>No day limit (subject to the maximum benefit per condition)</li> <li>Network, the plan pays 90%**; you pay the other 10%**</li> <li>Non-network, the plan pays 60%* after you pay a \$400 copay per admission; you pay the other 40%*</li> </ul> <p><b>Outpatient:</b></p> <ul style="list-style-type: none"> <li>No visit limit (subject to the maximum benefit per condition)</li> <li>Network, the plan pays 90%**</li> <li>Non-network, the plan pays 60%*</li> </ul>
<p><b>Alcoholism/Chemical Dependency</b></p>	<p>Benefits will be paid at 100% of preferred allowance for network providers, and 100% of <i>usual and customary</i> charges for the treatment of alcoholism/chemical dependency. Provided by non-network providers.</p>	<p>Benefits will be paid at 100% of preferred allowance for network providers, and 100% of <i>usual and customary</i> charges for the treatment of alcoholism/chemical dependency provided by non-network providers.</p>
Option	SHIP Plan	SHIP Plus
<p><b>Dental</b></p>	<p>Plan pays 100% of usual and customary charges to a \$300 maximum benefit per policy year for preventive services only, subject to \$25 deductible for individuals or \$75 deductible for family</p>	<p>Plan pays 100% of usual and customary charges to a \$750 maximum benefit per policy year for preventive and restorative services (things like fillings), subject to \$25 deductible for individuals or \$75 deductible for family</p>
<p><b>Vision</b></p>	<ul style="list-style-type: none"> <li>Eye exam: the plan pays 100% up to a \$150 maximum per policy year</li> <li>Hardware: the plan pays 100% up to a \$200 maximum per policy year</li> <li>You pay any amounts above the maximums</li> </ul>	<ul style="list-style-type: none"> <li>Eye exam: the plan pays 100% up to a \$150 maximum per policy year</li> <li>Hardware: the plan pays 100% up to a \$200 maximum per policy year</li> <li>You pay any amounts above the maximums</li> </ul>

\*Non-network benefits (non-network providers and non-preferred pharmacies) are limited to *usual and customary* charges. In addition to your percentage of the coinsurance, you are responsible for all amounts that exceed the *usual and customary* charges.

\*\*Of the Preferred Allowance.

These are just the highlights. This chart is intended to help you decide whether SHIP or SHIP Plus is right for you, not as a comprehensive list of benefits and exclusions. For details, read the rest of this online booklet.

### SHIP or SHIP Plus: Which Plan Is Right for You?

Here are some things to consider to help you make your choice:

SHIP has...	SHIP Plus has...
<ul style="list-style-type: none"> <li>• Lower quarterly premiums – \$470 per quarter for student-only coverage</li> <li>• Higher out-of-pocket costs when you seek medical care (insurance generally pays 80%, you pay 20% when using a network provider)</li> </ul>	<ul style="list-style-type: none"> <li>• Higher quarterly premiums – \$544 per quarter for student-only coverage (only \$74 a quarter or \$25 a month more)</li> <li>• Lower out-of-pocket costs when you seek medical care (insurance generally pays 90%, you pay 10% when using a network provider)</li> </ul>

Before you enroll, do the math and compare costs. Even though you pay more for quarterly premiums under SHIP Plus, you might end up paying less out of your pocket

overall because your portion of **covered medical expenses** is lower. The difference in quarterly premiums for a single student is only \$74 (\$25 per month). You might more than make up for that difference in plan benefits if you use more health care services, even just prescriptions. On the other hand, if you're OK taking the risk that you would have to pay more under SHIP if you are hospitalized or have a serious illness, and you can budget for those costs, SHIP might be the right plan for you.

A lot depends on your individual and family situation, and how you tend to use health care. Just be careful to make an informed decision before you enroll. **You can only switch plans, from SHIP to SHIP Plus or from SHIP Plus to SHIP, once each year, when you first enroll.** If you want to make a change, you have to wait for the next policy year. Also, if you cover family members, all of you have to be on the same plan: you can't have one family member on SHIP Plus and the rest on SHIP.

### Who's Eligible

The SHIP and SHIP Plus insurance plans are designed for you if you are a University of Washington student at the Seattle campus. International students are required to enroll in one of the plans.

Graduate students with a TA/SA/RA appointment have a separate insurance plan: **GAIP**. They may not be covered under both GAIP and SHIP/SHIP Plus.

Students studying outside the US may enroll in these plans, but are also offered **a plan** tailored to their needs abroad.

You are eligible to enroll in either SHIP or SHIP Plus if:

- You've been formally admitted as a matriculating student by the Graduate or Undergraduate Admissions Office, or the professional schools of Law, Medicine, Dentistry or Pharmacy
- You are registered as a matriculating student for classes through MyUW or the Office of the Registrar

**All family members must be enrolled in the same plan, either SHIP or SHIP Plus. For example, you can't enroll one child in SHIP Plus if you and the rest of your family are enrolled in SHIP.**

- You remain enrolled in classes through the third Friday of instruction during the quarter in which you enroll for coverage (the same as the tuition due date).

### Who's Not Eligible

Some students are not eligible to enroll in SHIP or SHIP Plus:

- Students enrolled in programs administered by UW Educational Outreach including, but not limited to: the Graduate Nonmatriculated Program, Distance Learning, English as a Second Language, Noncredit classes, conferences and institutes, or the Access program
- Individuals enrolled in self-sustaining programs, unless their programs assess the Services & Activities (S&A) Fee
- UW and other state employees attending classes under the Employee Tuition Exemption Program.

## Family Members You May Cover

If you are eligible and enroll for coverage, you may also enroll your eligible dependents in the same plan:

- Your unmarried children under age 25
- Your spouse or registered domestic partner (see below).

For a domestic partner to be eligible for coverage, you and your domestic partner must meet the **definition of an eligible domestic partner** and be registered with the Washington State registry or jurisdiction where domestic partner registration is offered.

You will be asked to submit a copy of the Washington State registration certificate or certificate from other jurisdiction where domestic partner registration is offered. If you are unable to provide this documentation, your domestic partner will be deemed ineligible and their claims will be denied.

**Note:** *If you are a student, but covered under SHIP or SHIP Plus as an eligible dependent, benefits will be paid at the dependent levels.*

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## How to Enroll

You are prompted to enroll for SHIP or SHIP Plus when you register for classes, on the Personal Services section of **MyUW**. Enrollment begins with the pre-registration period and ends on the third Friday of each quarter (the same as the tuition due date).

You may also enroll in person at Student Fiscal Services in 129 Schmitz Hall, (206) 543-4694.

Once you enroll, you must also pay the premium by the third Friday of each quarter (the same as the tuition due date). However, you are not enrolled in the plan by just sending in the premium.

### Your Enrollment Decisions

1. Choose **SHIP** or **SHIP Plus**, or decline coverage (note: International Students must enroll in SHIP or SHIP Plus).
2. If you decide to enroll, choose **who** you want to cover: just you, or you and your eligible family members.

## Important Information: Deadlines for Adding a New Child to Your Coverage

A child born to or adopted by you, your enrolled spouse or domestic partner, while you are enrolled in SHIP or SHIP Plus will receive the same benefits as you for the first three weeks after birth. If you want continuing coverage for your child after this, you must enroll your child in the timeframes listed below:

- You must enroll a newborn child and pay any additional premium to the Student Insurance office **within 60 days** of birth
- For adoptions, notify the Student Insurance Office of adoptions in writing, and pay any additional premium **within 60 days** of adoption
- You must enroll dependent children acquired through marriage or domestic partner registration within 30 days of marriage or registration.

### IMPORTANT!

**You may not change plans (from SHIP to SHIP Plus or vice versa) during the middle of a policy year. You have to wait until the beginning of the next policy year.**

3. Choose to sign up **for a whole academic year** (also called the "**policy year**") or **for one quarter**.

- **Whole year (annual) option**—you may enroll for a full policy year of coverage beginning with pre-registration through the third Friday of the **Autumn** quarter (the same as the tuition due date). The "annual" option is also

offered at the beginning of each subsequent quarter for the rest of the plan year. For example, if you sign up for annual coverage beginning in Winter quarter, you'll be enrolling for the remaining three quarters of that academic year: winter, spring and summer. If you choose the annual option but want to drop it in a later quarter because you become covered by GAIP, a \$25 fee applies for cancellation.

- **Quarterly option**—you may enroll on a quarterly basis. You must be registered for school during the quarter in

which you enroll. To be covered during a quarter when you will not be registered, sign up and pay for the annual option at the beginning of a quarter when you are registered. If you enroll on a quarterly basis, benefits are paid during that quarter term only. You must renew the plan for coverage to continue in the next quarter and will not be allowed to change between SHIP and SHIP Plus until the beginning of the next policy year.

If you enrolled for annual coverage, you may remain covered during Summer quarter even if you are not registered for classes. If you enrolled for quarterly coverage and were covered during Spring quarter, you may sign up for Summer quarter coverage even if you are not taking classes, but you will pay a higher premium.

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## **Making Changes**

Once you enroll, you cannot change between SHIP and SHIP Plus for the remainder of the academic year.

### **If You Withdraw From Classes**

If you withdraw from all your classes before the third Friday of the quarter (the tuition due date), your insurance will be cancelled. If you withdraw after the tuition due date, your insurance coverage will not be affected.

You do not have to be enrolled in Summer quarter in order to be covered, as long as you signed up for annual coverage (or Spring and Summer coverage).

### **Cancellation**

Unless you cancel by the third Friday of the quarter (the same as the tuition due date), you may not cancel coverage unless you, your spouse, or your domestic partner enters the military service on full-time active duty.

Annual enrollment in the plan cannot be cancelled in subsequent quarters except if you become eligible for the

GAIP plan or enter full-time military duty. Otherwise, it can only be cancelled up to the third Friday of the quarter (the same as the tuition due date) in which it is initially purchased.

### **Changing from SHIP to SHIP Plus**

You can only change from SHIP to SHIP Plus (or vice versa) once per year—when you first enroll for coverage during that policy year. For example, if you sign up for SHIP during Autumn quarter 2010, you can't change to SHIP Plus until the beginning of the next policy year, Autumn quarter 2011.

### **Adding a New Child**

A child born to or adopted by you, or your spouse or domestic partner, while you are enrolled in SHIP or SHIP Plus will receive the same benefits as you for the first three weeks after birth or adoption only. If you want continuing coverage for your child after this, you must enroll your child in the timeframes (30 days or 60 days, depending on the situation) listed in the section called Important Information: Deadlines for Adding a New Child to Your Coverage.

**Premiums**

Premiums for 2010/2011								
	SHIP				SHIP Plus			
	Student Only	Student and Child(ren)	Student & Spouse or Domestic Partner	Student, Spouse or Domestic Partner and Child(ren)	Student Only	Student and Child(ren)	Student & Spouse or Domestic Partner	Student, Spouse or Domestic Partner and Child(ren)
Single Qtr (other than Summer Qtr)	\$470*	\$1,050*	\$1,156*	\$1,736*	\$544*	\$1,217*	\$1,340*	\$2,014*
Annual at Autumn Qtr (4 quarters)	\$1,840	\$4,160	\$4,584	\$6,904	\$2,136	\$4,828	\$5,320	\$8,016
Annual at Winter Qtr (3 quarters)	\$1,410*	\$3,150*	\$3,468*	\$5,208*	\$1,632*	\$3,651*	\$4,020*	\$6,042*
Annual at Spring Qtr (2 quarters)	\$940*	\$2,100*	\$2,312*	\$3,472*	\$1,088*	\$2,434*	\$2,680*	\$4,028*
Summer Qtr Only** (1 quarter)	\$505*	\$1,128*	\$1,242*	\$1,865*	\$574*	\$1,308*	\$1,440*	\$2,164*

\* Includes \$10 fee per quarter for a student choosing not to pay annually at Autumn Qtr.

\*\*In order to enroll for Summer quarter only, you must be: 1) registered for classes in Summer quarter or 2) enrolled in the SHIP or SHIP Plus plan for Spring quarter but not registered for Summer quarter (in this case, you may purchase single quarter coverage at the higher Summer quarter rates only). You may also receive Summer quarter coverage if you signed up for annual coverage—you don't have to be enrolled in Summer quarter.

The cost of your coverage—your premium—is due by the tuition due date, which is usually the third Friday of the quarter. If you enroll during pre-registration, the premium will be included on your billing statement for tuition, sent after the quarter begins. If you enroll after the quarter begins, you may not receive an adjusted tuition bill. Non-payment of the premium by the tuition due date will not cancel your policy and you'll still be required to pay your premium. You may receive additional billing statements. Eventually a \$120 late fee will be placed on your records if the premium is not paid.

The premium rates for coverage for all but the annual premium at Autumn quarter include the cost of administrative services provided by the University (\$10 per quarter).

## When Coverage Begins and Ends

SHIP and SHIP Plus insurance coverages are one-year policies that begin on September 15, 2010 and end on September 25, 2011. The benefits described in the brochure are applicable during this term only.

2010-2011 Dates of Coverage	
Autumn Quarter	September 15, 2010–January 2, 2011
Winter Quarter	January 3, 2011–March 27, 2011
Spring Quarter	March 28, 2011–June 19, 2011
Summer Quarter	June 20, 2011–September 25, 2011

### When Coverage Begins

If you purchase quarterly coverage, you are covered for the dates in the quarters in which you purchase coverage, as shown in the chart.

If you purchase annual coverage, you will be covered from the date listed above for the quarter in which you purchase the annual coverage and continuing until September 25, 2011.

### If You're In the Hospital When Coverage Would Otherwise Begin

If you or your covered family member is in the hospital or other facility at the time coverage would otherwise begin,

coverage will not begin until after discharge, except for newborn and adoptive children as described in the *Who's Eligible* section.

### When Coverage Ends

The benefits under SHIP or SHIP Plus expire at the end of the policy year or quarter for which you purchased it, whichever is earlier.

There is no extension of coverage beyond the date for which you purchased coverage, unless you continue to qualify as a student, in which case you would need to re-enroll in a timely manner. See the *Who's Eligible* and *How to Enroll* sections.

### If You're In the Hospital When Coverage Would Otherwise End (Extension of Benefits After Termination)

The coverage provided under this policy ends on the termination date (the end of the quarter or policy year for which you bought coverage). However, if you or your covered family member is in the hospital on the termination date due to a covered injury for which benefits were paid before the termination date, *covered medical expenses* for that injury will continue to be paid as long as the condition continues, for up to a maximum of one year (365 days) after the termination date, subject to the maximum benefit.

## Important Plan Limitations

Like all insurance plans, SHIP and SHIP Plus place limits on benefits to prevent abuse and help contain costs for all participants.

There are two types of limitations:

- The pre-existing condition limitation
- Specific benefit limitations and exclusions, or services that are not covered at all. See the *What's Covered* section for specific benefits, limits and exclusions.

### Pre-existing Condition Limitation

A *pre-existing condition* is a medical condition that existed prior to the beginning of your coverage. It is defined as:

- The existence of symptoms within the 3 months immediately prior to your effective date under the policy, or
- Any condition that is diagnosed, treated or recommended for treatment within the three months

immediately prior to your effective date under the policy.

Pre-existing conditions will not be covered for the first three months of coverage under SHIP or SHIP Plus, unless you were insured under another similar health plan for at least three months immediately before becoming insured under SHIP or SHIP Plus.

Credit will be given for the period of time you were covered under the immediately preceding health plan if it was less than three months.

The pre-existing condition limitation may not apply in full or in part if you had “creditable coverage” (coverage under another, similar health plan) in the 62 days prior to your effective date of coverage in SHIP or SHIP Plus.

Any lapse in coverage means you will have to satisfy the pre-existing condition waiting period again. For example, if you do not enroll in SHIP or SHIP Plus for a quarter, then re-enroll the following quarter, the pre-existing condition waiting period will have to be satisfied again.

If a claim was paid that was related to a pre-existing condition, payment will not constitute a waiver of this exclusion for that claim or for any subsequent claim if it is later determined that the condition was pre-existing.

### **How Waiting Periods Can Be Shortened Or Waived**

This plan’s waiting periods for pre-existing conditions may be reduced by periods of creditable coverage accrued under other health care plans prior to the Effective Date for this Policy. Most medical health care coverage is considered creditable (see list below).

Credit will be given for prior creditable coverage that occurred without a break in coverage of more than 3 months. Any coverage before a break in coverage which exceeds 3 months won’t be credited toward the waiting periods. Eligibility waiting periods won’t be considered creditable coverage or a break in coverage.

Your prior employer or health insurance carrier will provide a certificate of health coverage that includes information about the prior health coverage. If you haven’t received a certificate, or have misplaced it, you have the right to request one from a prior employer or health carrier within 24 months of the date your coverage under that plan terminated. If you can’t get a certificate, please call WPAS

Customer Service, because other kinds of proof of prior coverage are also acceptable.

Creditable coverage shall mean coverage under one or more of the following types of health care coverage:

- Group health coverage (including self-funded plans and COBRA)
- Individual health coverage
- Part A or B of Medicare
- Medicaid
- Military health coverage
- Indian Health Service or tribal coverage
- State high risk pool
- Federal or any public health care plan, including state children’s health care plans
- Peace Corps Plan
- Government health coverage provided for citizens or residents of a foreign country
- Any other health insurance coverage

Creditable coverage doesn’t include coverage under a limited policy such as an accident only coverage; disability income insurance; workers’ compensation; limited scope dental or vision plans; liability insurance; automobile medical insurance; specified disease coverage; Medicare supplemental policy; or long-term care policy.

### **Exceptions**

The pre-existing condition exclusion does not apply to any of the following:

- Abortion
- Pregnancy, including complications, if the condition is covered under SHIP or SHIP Plus
- A covered newborn child who, as of the last day of the 60-day period beginning with the date of birth, is covered under any immediately preceding health plan
- A covered adopted child under the age of 18, who, as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, is covered under any immediately preceding health plan. (This does not apply to coverage the adopted child may have had before the adoption or placement, however.)

Genetic information will not be treated as a pre-existing condition in the absence of a diagnosis of the condition related to such information. (Genetic testing is not covered under SHIP or SHIP Plus.)

## Section 2: Your Student Health Insurance

### Your Medical Benefits

University of Washington offers two health plans:

- SHIP, the basic, less expensive plan, and
- SHIP Plus, a higher premium option that also covers more of your health care costs.

Both are accident and sickness plans that cover the basics:

- Doctors' visits
- Immunizations for Hepatitis A and Hepatitis B, Meningococcal, MMR, Tdap, Varicella, HPV, Flu and H1N1 (see *Preventive Care Highlights*)

- Prescriptions

And both plans provide coverage for illness and injuries:

- Emergency room visits
- Hospitalization

While using this section to learn more about your benefits, be sure to pay attention to whether benefits being described are for SHIP or SHIP Plus, so that you know which benefit level to expect when you use the services.

### Medical Plan Highlights

Here are some highlights of your medical plan benefits. For details about *preventive care*, *mental health* and *prescriptions*, see those sections. There's also a lot more detail about particular services in the *What's Covered* section.

Benefits	SHIP Plan Policy no. SHIP UW (03-2010) Form No. SHIP UW C (03-2010)		SHIP Plus Policy no. SHIP UW (03-2010) Form No. SHIP UW CPLUS (03-2010)	
	Network Provider	Non-Network Provider	Network Provider	Non-Network Provider
Maximum benefit per condition	\$200,000 per policy year			
Deductible (per participant)	\$75 per quarter; \$300 per policy year maximum The deductible is waived for currently registered students for services received at Hall Health		\$75 per quarter; \$300 per policy year maximum The deductible is waived for currently registered students for services received at Hall Health	
Coinsurance	Plan pays 80%** You pay the other 20%**	Plan pays 60%* You pay the other 40%*	Plan pays 90%** You pay the other 10%**	Plan pays 60%* You pay the other 40%*
Out-of-pocket maximum (per participant per policy year)	\$2,500	\$5,000	\$1,750	\$5,000
<b>Inpatient Expenses</b>				
Inpatient Hospital/Surgical (All covered medical expenses associated with inpatient hospitalization and surgery)	You pay a \$300 copay per admission, then the plan pays 80%**	You pay a \$400 copay per admission, then the plan pays 60%*	No copay; the plan pays 90%**	You pay a \$400 copay per admission, then the plan pays 60%*

Outpatient Expenses				
<b>Outpatient/Surgical</b> (Services like office visits, physical therapy)	The plan pays 80%**	The plan pays 60%*	The plan pays 90%**	The plan pays 60%*
Emergency Services				
<b>Emergency Room</b> (Copay is waived if admitted)	You pay a \$25 copay, then the plan pays 80%**	You pay a \$25 copay, then the plan pays 80%** for a medical emergency	You pay a \$25 copay, then the plan pays 90%**	You pay a \$25 copay, then the plan pays 90%** for a medical emergency
Ambulance	Not Available	60%*	Not Available	60%*
<i>Preventive Care, Mental Health and Prescriptions—see the applicable sections</i>				

\*Non-network benefits (non-network providers and non-preferred pharmacies) are limited to **usual and customary** charges. In addition to your percentage of the coinsurance, you are responsible for all amounts that exceed the usual and customary charges.

\*\*Of the Preferred Allowance.

## Save Money By Using Network Providers

Both SHIP and SHIP Plus are Preferred Provider Organizations (PPO).

A PPO negotiates better rates for services with a network of providers—doctors, labs, hospitals, etc. Generally, when

you use “network” providers, the plans pay a greater percentage of the total costs. You are free to see any licensed provider, but you’ll pay more when you see providers outside the network.

## Network Providers

Hall Health provides outpatient health and medical care for all currently enrolled students and their dependents. Hall Health services are provided by highly trained and experienced professional staff. Hall Health is committed to providing you with the best outpatient health care service available.

### Preferred Providers:

- **Hall Health**
- **UW Physicians**
- **University Physicians Network**
- **University of Washington Medical Center**

- **Harborview Hospital**
- **Children’s Hospital**
- **Seattle Cancer Care Alliance**

### If You Are Traveling

If you are traveling outside Western Washington and need care, you are covered. Before seeking care, contact **Beech Street** for a participating provider in your location. If you use Beech Street, the services provided will be paid at the network level.

In some cases, you may need to submit your bill or invoice with a claim form after service.

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## Understanding Your Health Insurance Plan

### Coinsurance

Coinsurance is the percentage you and the plan pay for many covered services, like visits to your doctor when you're sick. For example, in the SHIP Plus plan, the plan pays 90% of the preferred allowance for network provider charges, and you pay the other 10%. Since both you and the plan each pay a portion of the cost, this is called "coinsurance." Please note that you'll pay a lower coinsurance percentage and the plan will pay more when you use network doctors, hospitals, labs and other providers.

### Out-of-Pocket Maximum

An important feature of both plans is an "out-of-pocket maximum."

If the amount of money you have to pay out of your own pocket (your 10%, 20% or 40% "coinsurance") reaches the annual out-of-pocket maximum limit, you don't have to pay any more coinsurance for most **covered medical expenses** for the rest of the policy year. The plan takes over in this case and pays the rest of your eligible medical expenses for that policy year at 100%.

Only coinsurance counts toward the out-of-pocket maximum. The deductible or copayments do not count toward the out-of-pocket maximum, nor do any penalties or balances remaining after maximums have been met, like amounts above **usual and customary** charges. Also, covered medical expenses for outpatient rehabilitation and neurodevelopmental therapy do not count towards the out-of-pocket maximum.

### Deductible

A **deductible** is the amount of covered medical expenses you have to pay before the plan pays any benefits. It's a common feature of many types of insurance.

The deductible is calculated on a quarterly basis, per **policy year**. Only one deductible will be charged per quarter, per participant, regardless of whether services are received from UWMC, Harborview, Hall Health, or any other physicians or hospitals.

See the **Definitions** section for additional terms to know.

## Preventive Care Highlights

This chart provides an overview of the plans' preventive care benefits. See the *What's Covered* section for more information.

Benefits	SHIP		SHIP Plus	
	Network Provider	Non-Network Provider	Network Provider	Non-Network Provider
<b>Immunizations</b> (Hepatitis A and Hepatitis B, Meningococcal, MMR (Measles, Mumps, Rubella), Tdap (Tetanus, diphtheria and Pertussis), Varicella (Chickenpox), HPV (Human Papillomavirus), Flu and H1N1)	Plan pays 80%** You pay the other 20%**	Plan pays 60%* You pay the other 40%*	Plan pays 90%** You pay the other 10%**	Plan pays 60%* You pay the other 40%*
<b>Men's health care</b> (Prostate screening)	Plan pays 80%** You pay the other 20%**	Plan pays 60%* You pay the other 40%*	Plan pays 90%** You pay the other 10%**	Plan pays 60%* You pay the other 40%*
<b>Routine physicals</b>	Not covered		Not covered	
<b>STD and cholesterol testing</b>	2 tests per policy year: 2 cholesterol OR 2 STD battery of tests, or 1 cholesterol and 1 STD battery of tests		2 STD battery of tests and 1 cholesterol test per policy year	
<b>Well-baby care</b> (for your covered children up to age 5)	Plan pays 80%** You pay the other 20%** Maximum: \$5,000 per <i>policy year</i> (in- and non-network, combined)	Plan pays 60%* You pay the other 40%* Maximum: \$5,000 per policy year (in- and non-network, combined)	Plan pays 90%** You pay the other 10%** Maximum: \$5,000 per policy year (in- and non-network, combined)	Plan pays 60%* You pay the other 40%* Maximum: \$5,000 per policy year (in- and non-network, combined)
<b>Women's health care</b> (Reproductive health care, maternity, gynecological care, annual exam including Pap test and all related preventive laboratory tests)	Plan pays 80%** You pay the other 20%**	Plan pays 60%* You pay the other 40%*	Plan pays 90%** You pay the other 10%**	Plan pays 60%* You pay the other 40%*

\*Non-network benefits are limited to **usual and customary** amounts. In addition to your percentage of the coinsurance, you are responsible for all amounts that exceed the usual and customary charges.

\*\*Of the Preferred Allowance.

In general, the plans cover you when you're sick or injured and need health care, but it does not cover routine adult physical exams (except as specifically described in *What's Covered*), sports exams, etc. Several preventive and screening services are covered, however, as shown on the chart.

## Mental Health Highlights

This chart provides an overview of the plans' mental health benefits. See the *What's Covered* section for more information.

Benefits	SHIP		SHIP Plus	
	Network Provider	Non-Network Provider	Network Provider	Non-Network Provider
<b>Inpatient Mental Health Conditions</b>	\$300 copay per admission; 80%** of Preferred Allowance; no day limit up to the maximum benefit of \$200,000 per condition	\$400 copay per admission; 60%*, no day limit up to the maximum benefit of \$200,000 per condition	90%** of Preferred Allowance; no day limit up to the maximum benefit of \$200,000 per condition	\$400 copay per admission; 60%*, no day limit up to the maximum benefit of \$200,000 per condition
<b>Outpatient Mental Health Conditions</b> There are no fees at the Counseling Center. Deductible is waived at Hall Health and the Counseling Center for student participants.	80%** of Preferred Allowance; no day limit up to the maximum benefit of \$200,000 per condition	60%*, no visit limit up to the maximum benefit of \$200,000 per condition	90%** of Preferred Allowance; no visit limit up to the maximum benefit of \$200,000 per condition	60%*, no visit limit up to the maximum benefit of \$200,000 per condition

\*Non-network benefits are limited to **usual and customary** amounts. In addition to your percentage of the coinsurance, you are responsible for all amounts that exceed the usual and customary charges.

\*\*Of the Preferred Allowance.

### How to Find a Mental Health Provider

Help is available right on campus:

For the **Counseling Center**: The staff includes Psychologists and Licensed Mental Health Counselors as well as pre-doctoral interns who are in the final year of their graduate training in Clinical or Counseling Psychology.

**THERE IS NO CHARGE FOR SERVICES FOR ENROLLED UW STUDENTS.** The Center provides confidential short-term counseling; we will facilitate referrals for students needing extended or specialized care.

**Crisis Clinic**  
**If you are experiencing a psychological crisis after counseling center hours, call:**  
**(206) 461-3222 or (866) 427-4747**

For **Hall Health**: The staff includes a Psychiatrist, Psychologist, Advanced Psychiatric Nurse

Practitioner, Social Worker, Mental Health Counselors, and Crisis Intervention Specialists. Many staff members are bi- or multilingual and speak Spanish, Dutch, Filipino, Japanese, and Malayalam.

To find a preferred provider off-campus, visit the **UW Medicine website** and click on Find a Provider. Answer the questions to find a list of providers.

**Important:** Marital and family counseling is not covered under SHIP or SHIP Plus.

## Prescription Drug Highlights

This chart provides an overview of the plans' prescription drug benefits. See the *What's Covered* section for details.

Prescription Drug Highlights	SHIP	SHIP Plus
<b>Rubenstein Pharmacy</b> (up to a 35-day supply per month)	You pay the higher of: <ul style="list-style-type: none"> <li>• Generic: 20% or \$15 copay</li> <li>• Brand formulary: 30% or \$25 copay</li> <li>• Non-formulary: 40% or \$30 copay</li> </ul> Maximum copay/coinsurance of up to \$200/prescription Dependents pay the entire cost of the prescription to the pharmacy and then submit an itemized prescription receipt and <b>claim form</b> to WPAS for reimbursement.	You pay: <ul style="list-style-type: none"> <li>• Generic: \$10 copay</li> <li>• Brand formulary: \$25 copay</li> <li>• Non-formulary: \$35 copay</li> </ul> Dependents pay the entire cost of the prescription to the pharmacy and then submit an itemized prescription receipt and <b>claim form</b> to WPAS for reimbursement.
<b>Preferred UMC/UWP pharmacies</b> (up to a 35-day supply per month)	You pay the entire cost of the prescription to the pharmacy and then submit a receipt and claim form to WPAS for reimbursement.  After the quarterly deductible has been met, you pay the higher of: <ul style="list-style-type: none"> <li>• Generic: 30% or \$15 copay</li> <li>• Brand formulary: 40% or \$25 copay</li> <li>• Non-formulary: 50% or \$30 copay</li> </ul> Maximum copay/coinsurance of up to \$200/prescription	You pay the entire cost of the prescription to the pharmacy and then submit a receipt and claim form to WPAS for reimbursement.  After the quarterly deductible has been met, you pay: <ul style="list-style-type: none"> <li>• Generic: 20%</li> <li>• Brand formulary: 20%</li> <li>• Non-formulary: 40%</li> </ul> Maximum coinsurance of up to \$200/prescription
<b>Other (non-preferred) pharmacies*</b> (up to a 35-day supply per month)	You pay the entire cost of the prescription to the pharmacy and then submit an itemized prescription receipt and claim form to WPAS for reimbursement.  After the quarterly deductible has been met, the plan will pay 50%* up to a \$200 out-of-pocket maximum per prescription.	You pay the entire cost of the prescription to the pharmacy and then submit an itemized prescription receipt and claim form to WPAS for reimbursement.  After the quarterly deductible has been met, the plan will pay 50%* up to a \$200 out-of-pocket maximum per prescription.

\*Non-network pharmacies are limited to usual and customary charges. In addition to your percentage of the coinsurance, you are responsible for all amounts that exceed the usual and customary charges.

Your costs are always lowest for generic drugs and brand-name drugs on the "formulary." You pay the most for drugs not on the formulary.

**Note:** Drugs that are not covered include: drugs used for cosmetic purposes, investigational or experimental drugs, diet drugs, fertility drugs, anabolic steroids used for body building, or growth hormones. See *What's Not Covered* for details.

Birth control pills are covered.

### How to Find a Pharmacy

Rubenstein Pharmacy is a full service pharmacy available to you right on campus in Hall Health. To find a preferred pharmacy off-campus, visit the [UW medicine website](#), and click on *Patient Care*, then click on *Pharmacy*.

## What's Covered

Here is a more detailed list of specific services covered under SHIP and SHIP Plus.

### Abortion

- For SHIP: The plan covers these charges at 80% for network providers and 80% of **usual and customary** charges for non-network providers.
- For SHIP Plus: The plan covers these charges at 90% for network providers and 90% of usual and customary charges for non-network providers.

### Alcoholism/Chemical Dependency

Benefits will be paid at 100% of preferred allowance for network providers, and 100% of **usual and customary** charges for the treatment of alcoholism/chemical dependency. Benefits will include medically necessary treatment and supporting services provided by a state approved treatment program in an approved treatment facility. Medically necessary detoxification must also be covered as a **medical emergency** as long as you are not yet enrolled in a chemical dependency treatment program. Detoxification benefits are in addition to the alcoholism/chemical dependency benefits and are paid as any other sickness.

Benefits are subject to all deductibles, copayment, coinsurance, limitations, or any other provisions of the policy.

### Braces, Appliances and Durable Medical Equipment

If, by reason of injury or sickness, you require the use of durable medical equipment or braces and appliances, the plans will pay you the covered percentage of **covered medical expenses** incurred, subject to the deductible shown in the medical plan highlights; if all of the following are true:

- Ordered by a physician;
- Is designed for repeated use;
- Is mainly and customarily used for medical purposes;
- Is not generally of use to a person in the absence of a disease or injury;
- Is usable only by the patient;

- Is not primarily for the comfort or hygiene of the patient; and
- Not for prevention purposes or exercise.

The plans pay the covered percentage of your **covered medical expenses** for the rental of braces, appliances and durable medical equipment at 60% of usual and customary charges for non-network providers up to an amount equivalent to purchase price. (There are no network providers for this service.) Replacement of braces, appliances or durable medical equipment or for batteries is not covered. (Examples of covered items: wheelchair, breathing machine, brace, crutch, splints, and casts. Examples of non-covered items include but are not limited to: air conditioners, humidifiers, spas or whirlpool baths, orthopedic shoes, adjustable beds, orthopedic chairs, communication devices, heating pads, bed wetting devices, deluxe items or personal hygiene items.)

### Diabetes Treatment

The plans cover charges for the following appropriate and medically necessary equipment and supplies for the care and treatment of diabetes, if recommended or prescribed by a physician. Coverage includes, but is not limited to: insulin, syringes, injection aids, blood glucose monitors, test strips for blood glucose monitors, visual reading and urine test strips, insulin pumps and accessories to the pumps, insulin infusion devices, prescription oral agents for controlling blood sugar levels, foot care appliances for prevention of complications associated with diabetes and glucagon emergency kits. The plans also cover charges for covered medical expenses incurred for outpatient diabetes self-management training and education the same as for any other sickness, including medical nutrition therapy, as ordered by a physician and provided by an approved provider with expertise in diabetes.

The plans treat charges for equipment the same way covered medical expenses are treated for any other sickness. Charges for supplies are treated the same as covered medical expenses for prescriptions if acquired at a pharmacy as shown in the pharmacy highlights. Benefits are subject to all deductible, coinsurance, limitations and any provisions of the policy.

## Emergency Medical Evacuation and Repatriation of Remains

Benefits will be provided for you and your **eligible dependents** and insured International Students on non-immigrant visas and their eligible insured dependents, as required by the U.S. Information Agency.

### Emergency Medical Evacuation

The plans will pay 100% of the actual expense up to a lifetime maximum of \$10,000 to transport you to your home country or country of regular domicile. Emergency medical evacuation means after being treated at a local hospital, your medical condition warrants transportation to your home country to obtain further medical treatment to recover. Covered expenses are expenses up to the maximum for transportation, medical services and medical supplies necessarily incurred in connection with your emergency medical evacuation. All transportation arrangements made for your evacuation must be:

- By the most direct and economical conveyance
- Approved in advance by the plans.

### Repatriation of Remains

In the event of your death, the plans will pay the actual charges for preparing and transporting your remains to your home country up to a maximum of \$7,500. This will be done in accord with all legal requirements in effect at the time your remains are to be returned to your home.

### Home Health Care and Hospice Care

Benefits will be provided on the same basis as any other sickness or injury for home health care and hospice care for you if you were homebound and would otherwise require hospitalization. Benefits will consist of services rendered by home health and hospice agencies licensed by the department of social and health services when recommended by a physician.

Home health care coverage will provide benefits at 60% of usual and customary charges for non-network providers for a maximum of 130 health care visits per calendar year. Home health care services provided outside the Western Washington area will be paid at network provider levels if a Beech Street provider is used. However, a visit of any duration by an employee of a home health agency for the purpose of providing services under the plan of treatment constitutes one visit.

Hospice care coverage will provide benefits for terminally ill patients for a period of care of not more than six months. Limited extensions will be granted if you are facing imminent death as certified in writing by the attending physician.

Benefits are subject to all deductible, coinsurance, limitations and any provisions of the policy.

### Infusion Therapy

The plans will cover charges for services and supplies provided for infusion therapy when furnished by an approved infusion therapy provider. The plans cover charges at 60% of usual and customary for non-network providers up to a maximum of \$25,000 per policy year under this infusion therapy benefit. Infusion therapy services provided outside the Western Washington area will be paid at network provider levels if a Beech Street provider is used. Benefits are payable only when services are provided in conjunction with home health care or hospice care. Drugs and supplies used in conjunction with infusion therapy will be provided only under this infusion therapy benefit. No other benefits for infusion therapy will be provided under these plans. The plans cover these charges the same way covered medical expenses are treated for any other sickness.

### Inpatient Expenses

- For SHIP: After the quarterly deductible has been met and a \$300 copay per admission for network hospitals or a \$400 copay for non-network hospitals, these charges are covered at 80% for network providers and 60% of usual and customary for non-network providers.
- For SHIP Plus: After the quarterly deductible has been met and a \$400 copay per admission for non-network hospitals, these charges are covered at 90% for network providers and 60% of usual and customary for non-network providers.

Benefits include:

- Hospital room and board
- Consultant physician fees
- Miscellaneous hospital expense
- In-hospital doctor visit and medical expense

- *Pre-admission test*
- Surgery
- Anesthetist
- Assistant surgeon
- Multiple surgical procedure expense

### **Mammography**

The plans cover charges for screening and diagnostic mammography services when recommended by your physician or advanced registered nurse practitioner or physician assistant. These charges are covered the same way covered medical expenses are treated for any other sickness. Benefits are subject to all deductibles, coinsurance, benefit maximums, limitations and all other provisions of the policy.

### **Maternity**

The plans will pay benefits for your covered medical expenses for maternity care, including hospital, surgical and medical care. The plans will cover the first two ultrasounds per pregnancy. Additional ultrasounds will be covered if **medically necessary**. The plans cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending physician in consultation with the mother, makes an alternative decision on the length of inpatient stay. The decisions must be based on accepted medical practice. For a mother and newborn child who remain in the hospital for the minimum length of time stated above, the plans will pay for post-delivery care as ordered by the attending physician in consultation with the mother. For a mother and newborn child at time of discharge, the attending physician in consultation with the mother will make a determination of the type and location of follow-up care based on accepted medical practice, including in-person care, services of a midwife and home health care.

The plans also cover routine nursery care furnished to a baby after its birth and routine well-baby examination by a physician furnished to the baby before the participant mother is discharged from the hospital. In addition, the newborn child will have the same coverage as the participant for the first three weeks after birth.

These charges are treated the same way covered medical expenses for any other injury or sickness are treated.

### **Men's Health Care Services**

The plans will pay the covered percentage of the **covered medical expenses** for men's health care services when ordered by a directly accessed men's health care practitioner. "Men's health care services" includes, but is not limited to prostate cancer screening, general examinations and preventive care as medically appropriate, and medically appropriate follow-up visits for those services. One annual men's preventive examination is covered per policy year. The plans cover these charges the same as for any other sickness. No benefits will be paid for any other routine examinations, routine testing, preventive testing or treatment and screening exams.

### **Mental Health**

Benefits will be paid as specified in the mental health highlights section for mental health services.

Mental health services means medically necessary inpatient and outpatient services provided to treat mental disorders covered by the diagnostic categories listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, with the exception of the following categories, codes and services:

- Substance related disorders;
- Life transition problems, currently referred to as "v" codes, and diagnostic codes 302 through 302.9 as found in the Diagnostic and Statistical Manual of Mental Disorders (DSM), 4th edition, published by the American Psychiatric Association; and
- Skilled nursing facility services, home health care, residential treatment, and custodial care.

Prescription drugs to treat mental disorders will be treated the same as other prescription drugs under the policy.

Benefits are subject to all deductibles, copayment, coinsurance, limitations, or any other provisions of the policy.

The following limitations apply:

Treatment must be provided by a properly licensed physician, psychologist, psychiatrist, certified social worker

and counselor and credentialed nurse practitioner or other provider as required by state law.

### **Inpatient Mental Health**

- For SHIP: After the quarterly deductible has been met and a \$300 copay per admission for network facilities or a \$400 copay for non-network facilities, these charges are covered at 80% for network providers and 60% of **usual and customary** for non-network providers up to the maximum benefit of \$200,000 per condition.
- For SHIP Plus: After the quarterly deductible has been met and a \$400 copay per admission for non-network facilities, these charges are covered at 90% for network providers and 60% of **usual and customary** for non-network providers up to the maximum benefit of \$200,000 per condition.

### **Outpatient Mental Health**

- For SHIP: After the quarterly deductible has been met, the plans will pay 80% for network providers and 60% of usual and customary charges for non-network providers. Outpatient mental health services provided outside the Western Washington area will be paid at network provider levels if a **Beech Street** provider is used. There is no visit limit up to the maximum benefit of \$200,000 per condition.
- For SHIP Plus: After the quarterly deductible has been met, the plans will pay 90% for network providers and 60% of usual and customary charges for non-network providers. Outpatient mental health services provided outside the Western Washington area will be paid at network provider levels if a Beech Street provider is used. There is no visit limit up to the maximum benefit of \$200,000 per condition.

**Notes:** Only students are seen at the Counseling Center, and there is no charge for services.

Additionally, the deductible does not apply for services received by registered student participants at Hall Health.

Students covered as dependents under these plans will be subject to the quarterly deductible if they receive services at Hall Health.

### **Midwifery**

The plans cover charges for midwifery as specified in the maternity benefit.

- For SHIP: The plan covers these charges at 80% for network providers, and 80% of usual and customary charges for non-network providers.
- For SHIP Plus: The plan covers these charges at 90% for network providers, and 90% of usual and customary charges for non-network providers.

### **Neurodevelopmental Therapy Services**

The plans cover charges for medically necessary neurodevelopmental therapy treatment to restore and improve function for children age 6 and under. This benefit includes maintenance services where significant deterioration of the child's condition would result without the service. Benefits will be provided as follows:

- Physical therapy, speech therapy and occupational therapy will be covered on an outpatient basis, and
- Inpatient Hospital and skilled nursing facility benefits will be covered for a neurodevelopmental therapy admission when care cannot be safely provided on an outpatient basis.

The child's physician must submit, for advance approval and periodic review, a written treatment plan, that specifically describes the services to be provided. No benefits will be provided for custodial care, maintenance (except as specified), non-medical self-help, recreational, educational or vocational therapy, gym, or swim therapy. The plans cover these charges at 80% for network providers and 60% of usual and customary charges for non-network providers, up to a maximum of \$1,000 per policy year.

### **Outpatient Expenses**

Benefits include:

- Doctor's office visit (while not confined in a hospital)
- Rehabilitation Therapy - Means medically necessary treatments provided to either 1) restore and improve a bodily or cognitive function that was previously normal but was lost as a result of an injury, illness or surgery; or 2) treat disorders caused by physical congenital anomalies. Services must be furnished

and billed by a hospital, rehabilitation facility, physician, physical, occupational, or speech therapist, chiropractor, or massage therapist. Services must be referred by the attending physician. After 12 visits a medical review will be performed to ensure additional sessions are medically necessary.

- Diagnostic X-ray and laboratory tests (when X-rays or laboratory tests are performed at Hall Health but referred to and/or billed from non-Hall Health providers, the applicable coinsurance and deductible will apply)
- Hospital outpatient department and other services
- Anesthetist
- Assistant surgeon
- Consultant physician fees
- Surgery
- Multiple surgical procedure expense
- Radiation therapy
- Chemotherapy
- Blood-borne pathogen protocol
- **For SHIP:** After the quarterly deductible has been met, these charges are covered at 80% for network providers and 60% of usual and customary for non-network providers.
- **For SHIP Plus:** After the quarterly deductible has been met, these charges are covered at 90% for network providers and 60% of usual and customary for non-network providers.

### Phenylketonuria Treatment

Benefits shall be provided on the same basis as any other sickness for the mineral and vitamin-enriched formulas necessary for the treatment of phenylketonuria. Benefits are subject to all deductible, coinsurance, limitations and any provisions of the policy.

### Pre-Admission Testing

The plans will pay benefits for covered medical expenses made by a hospital for use of its outpatient facilities for tests ordered by a physician. The tests must be performed as a

planned preliminary to your admission as an inpatient for surgery in that same hospital.

However:

- The test must be necessary for, and consistent with, the diagnosis and treatment of the condition for which surgery is to be performed
- Reservations for a hospital bed and for an operating room must be made prior to the date the tests are done
- The surgery actually takes place within seven days of pre-surgical tests, and
- You are physically present at the hospital for the tests.

The plans cover these charges the same as covered medical expenses for any other sickness.

### Prescription Drugs

Prescription drugs are covered as described in the prescription drugs highlights. They are only covered when prescribed by a physician. Prescriptions are filled or refilled up to a 35-day supply for each medication, once per month.

The following limitations apply:

The plans only cover drugs that are approved for the treatment of the participant's injury or sickness by the Food and Drug Administration. A drug is covered if prescribed for a treatment of a covered injury or sickness for which it has not been approved by the Food and Drug Administration if the drug is recognized as being medically appropriate for the specific treatment for which the drug has been prescribed in one of the following established reference compendia:

- American Medical Association Drug Evaluations
- American Hospital Formulary Service Drug Information
- United States Pharmacopoeia Drug Information, or
- It is recommended by a clinical study or review article in two major peer-reviewed professional journals that present data supporting the use or uses to be generally safe and effective.

However, covered medical expenses do not include experimental or investigational drugs or any drug that the Food and Drug Administration has determined to be contraindicated for the specific treatment for which the drug has been prescribed.

### Prescriptions at Rubenstein Pharmacy

- Prescriptions that are subject to the quarterly deductible and coinsurance include those filled or refilled:
  - More than once per month
  - During a quarter not registered
  - For those covered on the plans as a dependent.

### Prescriptions at UW System Pharmacies

- You must pay the entire cost of the prescription to the pharmacy and then submit an itemized prescription receipt and claim form to WPAS for reimbursement. The address of where to send the form is located on the WPAS claim form.

### Prescriptions at Other Locations

- The participant must pay the entire cost of the prescription to the pharmacy and then submit an itemized prescription receipt and claim form to WPAS for reimbursement. The address of where to send the form is located on the WPAS claims form.
- After the quarterly deductible has been met, the plans will pay 50% of the usual and customary expense up to a \$200 out-of-pocket maximum per prescription.

### Prenatal Testing

The plans cover charges for prenatal diagnosis of congenital disorders of a fetus by means of screening and diagnostic procedures during pregnancy when such services are determined to be medically necessary as determined by Washington State Board of Health Standards. The plans cover these charges the same as covered medical expenses for any other sickness.

### Prostate Cancer Screening

Benefits will be paid the same as any other sickness for prostate cancer screening when recommended by a physician. Benefits are subject to all deductibles, copayment, coinsurance, benefit maximums, limitations, or any other provisions of the policy.

### Reconstructive Breast Surgery

Benefits will be paid for reconstructive breast surgery (including prosthesis) resulting from a mastectomy that resulted from disease, illness, or injury; regardless of when the mastectomy or the condition that made the mastectomy necessary was covered by this policy. Benefits will be paid for all stages of one reconstructive breast reduction on the non-diseased breast to make it equal in size to the diseased breast after definitive reconstructive surgery on the diseased breast has been performed. Benefits for reconstructive breast surgery are covered the same as hospital and surgical benefits otherwise provided by this policy. Benefits will be limited by any maximum benefit amounts, any deductible, copayment, coinsurance, limitations or other provisions of the policy.

### Skilled Nursing Facility

If you require continuing treatment in a skilled nursing facility or a rehabilitation center following hospitalization, the plans will pay the covered percentage of your covered medical expenses for treatment in a skilled nursing facility or rehabilitation center. The plans cover room and board, routine nursing care and other services and supplies during the confinement including physical therapy, speech therapy and occupational therapy. The services must be medically necessary as a continuation of treatment for the condition for which you were previously hospitalized. You must be admitted to the skilled nursing facility or rehabilitation center within 24 hours following a medically necessary hospital stay.

- For SHIP: After the quarterly deductible has been met and a \$300 copay per admission for network facilities or a \$400 copay for non-network hospitals, these charges are covered at 80% for network providers and 60% of **usual and customary** for non-network providers up to a combined maximum of 90 days per policy year for network and non-network services.
- For SHIP Plus: After the quarterly deductible has been met and a \$400 copay per admission for non-network facilities, these charges are covered at 90% for network providers and 60% of **usual and customary** for non-network providers up to a combined maximum of 90 days per policy year for network and non-network services.

### **STD and Cholesterol Testing**

The plans cover routine cholesterol testing and routine testing for sexually transmitted diseases. Covered medical expenses may include cholesterol tests and battery of tests for sexually transmitted diseases including chlamydia, gonorrhea, herpes and HIV/AIDS. See the preventive care highlights for details.

### **Sterilization**

The plans cover charges for sterilization procedures. But, the plans do not cover charges for the reversal of a sterilization procedure. The plans cover these charges the same way covered medical expenses are treated for any other sickness.

### **Transgender Medical Treatment**

The plans cover charges for transgender medical treatment including all medically necessary office visits, laboratory tests, prescription drugs, hormone treatments, and transitional surgeries. The plans cover these charges the same as covered medical expenses for any other sickness.

### **Transplants**

The plans cover charges the same as for any other sickness for medically necessary services and supplies after meeting the pre-existing condition requirements relating to the following eligible organ transplants:

- Heart
- Heart/lung combined
- Kidney
- Kidney/pancreas
- Lungs—single/bilateral
- Liver
- Cornea
- Bone marrow or other form of stem cell rescue.

The plans do not cover any donor expenses.

### **Well-Baby Care**

The plans cover charges for well-baby care furnished to an insured dependent up to and including age five. The plans limit the amount paid to \$5,000 each policy year. The plans cover these charges the same as covered medical expenses for any other sickness.

### **Wellness Health Examinations**

Routine physical examinations are not covered except the plans will pay the covered percentage of the covered medical expenses incurred for preventive care only as follows:

- Immunizations for Hepatitis A and Hepatitis B, Meningococcal, MMR, Tdap, Varicella, HPV, Flu and H1N1 for all participants;
- One annual women's exam, including a pap test and all related preventive laboratory tests;
- One annual male preventive exam per policy year.

The plans cover these charges the same as covered medical expenses for any other sickness. No benefits will be paid for routine physical examinations, routine testing, preventive testing or treatment and screening exams.

### **Women's Health Care Services**

The plans will pay the covered percentage of the covered medical expenses for women's health care services when ordered by a directly accessed women's health care practitioner. "Women's health care services" includes, but is not limited to maternity care, reproductive health services, gynecological care, general examinations and preventive care as medically appropriate, and medically appropriate follow-up visits for those services. General examinations, preventive care and medically appropriate follow-up care are limited to maternity, reproductive health services, gynecological care or other health services that are particular to women such as breast examinations. One annual women's exam, including a pap test and all related preventive laboratory tests, is covered per policy year. The plans cover these charges the same as for any other sickness. No benefits will be paid for any other routine physical examinations, routine testing, preventive testing or treatment and screening exams.

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## What's Not Covered—Exclusions and Limitations

Here is a list of services the plans do not cover. No Benefits will be paid for services or supplies for treatment for or related to, contributed to, or resulting from the following:

- Acupuncture—services, supplies and/or treatment
- Braces, appliances and durable medical equipment, except as specifically provided in the policy
- Bungee jumping or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline
- Cosmetic procedures, except cosmetic surgery required to correct an injury for which benefits are otherwise payable under this policy or for newborn or adopted children
- Custodial care: care provided in rest homes, health resorts, homes for the aged, halfway houses or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care
- Dental treatment except as specifically provided in the dental benefits section
- Elective surgery or elective treatment
- Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing, apart from the disease process
- Immunizations services and supplies related to immunizations not specifically listed in the benefit section.
- Preventive medicines, except where required for treatment of a covered injury
- Injury or sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation
- Injury sustained while participating in any intercollegiate sport, contest or competition; traveling to or from such sport, contest or competition as a participant; or while participating in any practice or conditioning program for such sport, contest or competition
- Learning disabilities (excluding ADD/ADHD) and behavioral problems including services and supplies
- Marital and family counseling
- Naturopathic services
- Orthotics (except as specifically provided)
- Over-the-counter drugs and take-home medications
- Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting
- Prescription drugs, services or supplies as follows:
  - Products used for cosmetic purposes
  - Drugs labeled "Caution—limited by federal law to investigational use" or experimental drugs
  - Drugs used to treat or cure baldness; anabolic steroids used for body building
  - Anorectics—drugs used for the purpose of weight control
  - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene or Viagra
  - Growth hormones, or
  - Refills in excess of the number specified or dispensed after one year of the date of the prescription
- Prosthetic appliances and orthotic devices, except as specifically provided in the policy
- Reproductive/infertility services including but not limited to: family planning; fertility tests; infertility for male/female including any services or supplies

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rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; premarital examinations; impotence, organic or otherwise; reversal of sterilization procedures

- Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study
- Routine physical examinations. The policy covers limited services related to men’s prostate screenings, STD and cholesterol testing, well-baby care and an annual women’s exam. All other routine physical examinations performed in the absence of injury or illness and any related test or laboratory services are not covered.
- Sexual dysfunction—services, surgery or related expenses or supplies

- Services and/or Supplies that are not medically necessary
- Services provided normally without charge by the health service of the policyholder or services covered or provided by the student health fee
- Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery
- Treatment in a governmental hospital unless there is a legal obligation for the participant to pay for such treatment
- War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered)
- Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, surgery or treatment for obesity, surgery for removal of excess skin or fat.

## Your Dental Benefit Dental Highlights

This chart provides an overview of the SHIP and SHIP Plus dental benefits. You may see any licensed **dentist**. **There are no network providers**. Benefits are paid at 100% of usual and customary charges after dental **deductible** is met up to the policy year maximum benefit.

Benefits	SHIP	SHIP Plus
<b>Annual maximum benefit</b>	\$300 per policy year for preventive services	\$750 per policy year for preventive and restorative services
<b>Deductible</b>	<ul style="list-style-type: none"> <li>• \$25 per policy year per participant</li> <li>• \$75 per policy year per family</li> </ul>	<ul style="list-style-type: none"> <li>• \$25 per policy year per participant</li> <li>• \$75 per policy year per family</li> </ul>
<b>Eligible Services (these are things that are eligible to be covered under your \$300 or \$750 annual maximum benefit)</b>		
<b>Dental X-rays</b>	Yes Once every three-year period for complete series (4 bitewing X-rays and up to 10 periapical X-rays) or panoramic film X-rays. Supplementary bitewing X-rays are covered once every 6-month period.	Yes Once every three-year period for complete series (4 bitewing X-rays and up to 10 periapical X-rays) or panoramic film X-rays. Supplementary bitewing X-rays are covered once every 6-month period.
<b>Oral routine examinations</b>	Yes Two exams per <b>policy year</b>	Yes Two exams per policy year

Benefits	SHIP	SHIP Plus
<b>Oral hygiene instruction</b>	Yes Three sessions per lifetime	Yes Three sessions per lifetime
<b>Fissure Sealants for permanent maxillary (upper) or mandibular (lower) molars with incipient or no caries (decay) on an intact occlusal surface</b> (children to age 13 only)	Yes Once every three-year period per tooth	Yes Once every three-year period per tooth
<b>Prophylaxis (cleaning, scaling and polishing)</b>	Yes Two treatments per policy year	Yes Two treatments per policy year
<b>Space maintainers when used to maintain space for eruption of permanent teeth</b> (children under age 12 only)	Yes	Yes
<b>Topical application of fluoride</b> (children to age 18 only)	Yes Two treatments per policy year	Yes Two treatments per policy year
<b>Restorative services</b> (including extractions, fillings, root canals, crowns, and periodontal (gum) treatment)	Not covered	Yes
<b>Orthodontia</b>	Not covered	Not covered

### Injury to Teeth

These plans will pay, after a \$100 deductible per injury, 70% of usual and customary expenses incurred, up to a \$3,000 dental maximum per injury, arising as a direct result of an accidental bodily injury to sound, natural teeth. The accidental bodily injury must occur while you are eligible

(see *pre-existing condition* for details). An accidental bodily injury does not include teeth broken or damaged during the act of chewing or biting on foreign objects. Coverage includes necessary procedures for dental diagnosis and treatment rendered within 12 months of the date of the accident.

## What's Not Covered—Dental Exclusions

No benefits will be paid for the following:

- All other services not specifically included in the dental benefits section as covered dental benefits
- Behavior management
- Caries susceptibility tests
- Charges by any person other than a licensed dentist or licensed denturist, except for a licensed hygienist
- Charges for any services in excess of the percentages and maximums listed
- Charges incurred to comply with Occupational Safety and Health Administration (OSHA) requirements
- Charges that would not have been made or that the participant would have had no obligation to pay in the absence of these plans
- Cleaning of a prosthetic appliance
- Consultations
- Diagnostic services and X-rays related to temporomandibular joints (jaw joints)
- Local anesthesia, sterilization, and supplies billed as separate charges (these services and items are included in allowance for procedure)
- Materials not approved by the American Dental Association
- Oral hygiene instruction (except as listed above), dietary instruction and home fluoride kits
- Plaque control program
- Prescription drugs, medications, or supplies not related to covered dental care.
- Replacement of a space maintainer previously paid for by the plan
- Services for temporomandibular joint disorder (TMJ)
- Services to the extent that they are not recommended and approved by the licensed dentist attending the participant, charges above the usual and customary expenses as determined by the plan; charges for failure to keep scheduled appointments, or for filling out claim forms
- Study and diagnostic models
- Study models.

## Your Vision Benefit

### Vision Highlights

The SHIP and SHIP Plus plans both include a vision benefit. **There are no network providers.** You can see any licensed vision services provider. You are responsible for any charges above the maximums. These services are not subject to the quarterly **deductible**.

SHIP and SHIP Plus Plans	
Service	Benefit
Eye exam	100% up to a maximum of \$150 per <i>policy year</i>
Prescription hardware (includes frames, lenses, contacts)	100% up to a maximum of \$200 per policy year

## Section 3: More Information

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### Claims

#### When You Need to File a Claim

Network providers will generally file claims on your behalf. If they do not, follow the steps below to file your claim.

You may need to file a claim when you receive services from a non-network provider that does not bill the plan directly, or if you receive services when outside the western Washington area. You'll need an itemized bill from the provider.

#### How to File a Claim

1. Print a claim form from this site or you can pick one up at **Hall Health** or the **SHIP office**.
2. Complete the claim form using the information on the itemized bill from the provider.
3. Send the claim form and the itemized bill to Welfare & Pension Administration Services, Inc. (**WPAS**). (Keep copies of the itemized bills for your records.)
4. You should receive reimbursement for the covered percentage of the services you received.

Claims must be submitted within 120 days. Failure to give sufficient proof of your claim (for instance, itemized receipts with claim details) within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, proof must be given as soon as reasonably possible and in no event later than one year.

#### If Your Claim is Denied

Before pursuing the following steps, be sure that your claim was not denied due to lack of documentation. If you receive a questionnaire from the plan asking about additional coverage, dependent eligibility, or pre-existing conditions, be sure to complete it and return it right away. Failure to answer these questionnaires may result in the denial of claims.

#### Request a Review

If the plan notifies you in writing that a claim has been denied, you may request a review of the claim by writing to the plan within 90 days. You may request to review documents at WPAS. The plan will review the appeal and

notify the participant in writing of the decision within 30 days in most cases.

There are 3 exceptions to the 30 day time limit:

- **A decision to change, reduce or end an ongoing service**

We'll mail you a response within 14 calendar days of the date We receive your appeal, unless We notify you that We need an extension. The extension will be no more than an additional 30 calendar days.

- **Denial of an experimental or investigational service**

We'll mail you a response within 20 calendar days from the date We receive your appeal. The 20-day period may be extended for up to 10 more calendar days with your informed written consent.

- **Urgent Appeals** (please see below)

**Urgent Appeals** We deem your appeal urgent when your physician or other provider advises us that a delay will harm your health. Responses on urgent appeals will be given within 72 hours after the appeal is received.

**Appeals Of Ongoing Care** While you're appealing a decision to change, reduce or end coverage because the service or level of service is no longer medically necessary or appropriate, the denial is suspend. Our coverage for services received during the appeal period doesn't and shouldn't be construed to reverse the denial. **If the initial decision is upheld, you must repay us all amounts paid for such services.**

#### Appeal to Arbitration

If you are dissatisfied with the final decision of the plan, you have the right to submit the matter to arbitration in accordance with the American Arbitration Association. You must submit a request for arbitration to the UW/WPAS claims office, in writing, within 60 days of receipt of the final decision. The costs associated with the Appeal to Arbitration are your responsibility.

#### Subrogation and Recovery Rights

The plan shall be subrogated to all rights of recovery which any participant has against any person, firm or corporation

to the extent of payments for benefits made by the plan to or for benefits of a participant. The participant (you) shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the plan. The plan shall recover only that portion paid by the plan which is in excess of the amount necessary to fully compensate the participant (you) for all expenses incurred as a result of your loss. The participant (you) shall be permitted to recoup his/her general damages which is not limited to medical expenses, from the tortfeasor before subrogation provided that in so doing, the participant (you) does not prejudice the rights of the plan.

### Right of Recovery

Payments made by the plan which exceed the **covered medical expenses** (after allowance for deductible and coinsurance clauses, if any) payable hereunder shall be recoverable by the plan from or among any persons, firms or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered injury or sickness as their liability may appear.

### Excess Provision

No benefit under this policy is payable for any expense incurred for injury or sickness which is paid or payable by other valid and collectible insurance. This excess provision will not be applied to the first \$500 of medical expenses incurred. Covered medical expenses exclude amounts not covered by the primary carrier due to penalties imposed on the participant for failing to comply with policy provisions or requirements.

Other valid and collectible insurance includes:

- Group, individual, or blanket insurance contracts and subscriber contracts, and

- Group and individual coverage through closed panel plans.

Other valid and collectible insurance does not include:

- Hospital indemnity coverage benefits or other fixed indemnity coverage
- Accident-only coverage
- Specified disease or specified accident coverage
- Limited benefit health coverage
- School accident and similar coverages that cover students for accidents only, including athletic injuries, either on a twenty-four hour basis or on a “to and from school” basis
- Benefits provided in long term care insurance policies for non-medical services, for example, personal care, adult day care, homemaker services, assistance with activities of daily living, respite care, and custodial care or for contracts that pay a fixed daily benefit without regard to expenses incurred or the receipt of services
- Medicare supplement policies
- A state plan under Medicaid
- A governmental plan, which, by law, provides benefits that are in excess of those of any private insurance plan or other nongovernmental plan
- Automobile insurance policies required by statute to provide medical benefits; or
- Benefits provided as part of a direct agreement with a patient-provider primary care practice as defined by state law (section 3, chapter 267, Laws of 2007).

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## Plan and Policy Information

The benefits are underwritten by LifeWise Assurance Company and administered by Welfare & Pension Administration Service, Inc. (**WPAS**). A copy of the master policy is available upon request at the **Student Insurance Office**.

**Note:** These plans are blanket disability policies. Coverage provided is “excess” only and does not contain a “coordination of benefits” provision.

### Policy Numbers

- SHIP Plan—SHIP UW C (03-2010)
- SHIP Plus Plan—SHIP UW CPLUS (03-2010)

## Definitions

**Alcoholism/chemical dependency**—a sickness characterized by a physiological or psychological dependency, or both, on a controlled substance and/or alcoholic beverages. It is further characterized by a frequent or intense pattern of pathological use to the extent the user exhibits a loss of self-control over the amount and circumstances of use; develops symptoms of tolerance or physiological and/or psychological withdrawal if use of the controlled substance or alcoholic beverage is reduced or discontinued; and the user's health is substantially impaired or endangered or his or her societal or economic function is substantially disrupted.

**Children**—your children; step-children; children for whom responsibility was assumed through domestic partner registration; foster children; adopted children from the date of placement in your home and who depend on the participant for their support; children which you have been granted legal custody, and children which you have legal obligation to provide coverage due to a court order.

The attainment of the limiting age of 25 will not operate to terminate the coverage of such child while the child is and continues to be both:

- Incapable of self-sustaining employment by reason of developmental disability or physical handicap; and,
- Chiefly dependent upon you for support and maintenance.

**Coinsurance**—see *Understanding Your Health Insurance Plan*.

**Copayment**—the specified dollar amount you must pay for specified charges. The copayment is separate from and not a part of the deductible or coinsurance.

**Covered charge or covered medical expense**—are reasonable charges that are:

- Not in excess of *usual and customary* charges
- Not in excess of the maximum benefit amount payable per service as specified
- Made for services and supplies not excluded under the policy
- Made for services and supplies that are a medical necessity

- Made for services included in the policy, and
- In excess of the amount stated as a deductible, if any.

**Covered medical expenses** will be considered “incurred” only:

- When the covered services are provided; and
- When a charge is made to you for such services.

**Covered percentage**—the part of a covered charge that is payable by the plans after the deductible or copayment has been met.

**Deductible**—an amount to be subtracted from the amount or amounts otherwise payable as covered medical expenses before payment of any benefit is made. The deductible will apply per quarter as specified in the policy.

**Dentist**—any dental or medical practitioner, who is properly licensed or certified under the laws of the state and is acting within the scope of his or her license, to:

- Render dental services
- Perform dental surgery, or
- Administer anesthetics for dental surgery.

Dentist also includes a licensed denturist who is acting within the scope of his or her license.

**Doctor**—see **Physician**.

**Domestic partner**—the partner of the student participant who:

- **For registered same-sex and transgender partners:**
  - Has a close personal relationship with the participant in lieu of a lawful marriage
  - Is not married to anyone
  - Is considered the participant's “sole domestic partner”
  - Is, along with the participant, responsible for each other's common welfare
  - Is not related by blood to the participant as close as would bar marriage

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- Is barred from a lawful marriage with the student participant. (This includes a partner of the same sex, or if one or both partners are transgender.)

• **For registered opposite sex partners not eligible unless they are 62 years of age or older, and:**

- Has a close personal relationship with the participant in lieu of a lawful marriage

- Is not married to anyone

- Is considered the participant's "sole domestic partner"

- Is, along with the participant, responsible for each other's common welfare

- Is not related by blood to the participant as close as would bar marriage.

**Elective surgery or elective treatment**—those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that:

- Are deemed by the Company to be research or experimental; or
- Are not recognized and generally accepted medical practices in the United States.

**Experimental Services or Supplies**— Experimental or investigational services include a treatment, procedure, equipment, drug, drug usage, medical device or supply that meets one or more of the following criteria as determined by us:

- A drug or device that can't be lawfully marketed without the approval of the U.S. Food and Drug Administration, and hasn't been granted such approval on the date the service is provided
- The service is subject to oversight by an Institutional Review Board
- No reliable evidence demonstrates that the service is effective, in clinical diagnosis, evaluation, management or treatment of the condition
- The service is the subject of ongoing clinical trials to determine its maximum tolerated dose, toxicity, safety or efficacy. However, services that meet the standards set in the definition of "Oncology Clinical

Trials" below in this section will not be deemed experimental or investigational.

- Evaluation of reliable evidence indicates that additional research is necessary before the service can be classified as equally or more effective than conventional therapies
- Reliable evidence includes but is not limited to reports and articles published in authoritative peer reviewed medical and scientific literature as determined by LifeWise Assurance Company.

**Formulary/nonformulary**—a formulary prescription is included on the approved list of drugs most commonly utilized by Rubenstein Pharmacy and the UWMC. A nonformulary prescription is not included on this list, and would need to be special-ordered.

**Hospital**—a licensed or properly accredited general hospital which:

- Is open at all times
- Is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients
- Is under the supervision of a staff of one or more legally qualified physicians available at all times
- Continuously provides on the premises 24-hour nursing service by Registered Nurses
- Provides organized facilities for diagnosis and major surgery on the premises, and
- Is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental disorders.

**Injury**—a bodily injury that is:

- Directly and independently caused by specific accidental contact with another body or object
- Unrelated to any pathological, functional, or structural disorder
- A source of loss
- Treated by a physician within one year after the date of accident; and
- Sustained while you are covered under this policy.

All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss that results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered medical expenses incurred as a result of an injury that occurred prior to this policy's effective date will be considered a sickness under this policy.

**International student**—a student classified as a non-immigrant. For example, students holding visa types: "F" (Student), "J" (Exchange Visitor), "B" (Tourist), or "A" (Diplomat).

**Loss**—a medical expense covered by SHIP and SHIP Plus as a result of injury or sickness as defined in these plans.

**Medical emergency**—The emergent and acute onset of a symptom or symptoms, including severe pain, that would lead a prudent layperson acting reasonably to believe that a health condition exists that requires immediate medical attention, if failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's health in serious jeopardy. (A "prudent layperson" is someone who has an average knowledge of health and medicine.)

Examples of a medical emergency are severe pain, suspected heart attacks and fractures. Examples of a non-medical emergency are minor cuts and scrapes.

**Medically necessary**—those services or supplies provided or prescribed by a hospital or physician that are:

- Essential for the symptoms and diagnosis or treatment of the sickness or injury
- Provided for the diagnosis or the direct care and treatment of the sickness or injury
- In accordance with the standards of good medical practice
- Not primarily for the convenience of the participant or the participant's physician, and
- The most appropriate supply or level of service that can safely be provided to you.

The medical necessity of being hospital confined means that:

- You require acute care as a bed patient, and

- You cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies that are a medical necessity. No benefits will be paid for expenses that are determined not to be a medical necessity, including any or all days of hospital confinement.

**Network providers**—physicians, hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

**Non-network providers**—physicians, hospitals and other health care providers who have not agreed to any pre-arranged fee schedules.

**Participants**—an insured student and his or her covered dependent(s) eligible for and enrolled in SHIP or SHIP Plus.

**Per condition aggregate maximum**—the total amount of benefits payable for each injury or sickness under the plans.

**Physician**—a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the person's immediate family. The term "member of the immediate family" means any person related to you within the third degree by the laws of consanguinity or affinity.

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

**Policy year**—the 12-month period beginning and ending on the effective dates of the policy.

**Pre-existing condition**—

- The existence of symptoms within the 3 months immediately prior to your effective date under the policy, or
- Any condition that is diagnosed, treated or recommended for treatment within the three months immediately prior to your effective date under the policy.

**Preferred allowance**—the amount a network provider will accept as payment in full for covered medical expenses.

**Sickness**—a sickness, illness or disease that causes loss, and originates while the insured person is covered under this policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one

sickness. **Covered medical expenses** incurred as a result of an injury that occurred prior to this policy's effective date will be considered a sickness under this policy.

**Student participant**—a student of the Seattle campus of the University of Washington who is eligible and insured for coverage under SHIP or SHIP Plus.

**The plan, us, our**—means LifeWise Assurance Company.

**Usual and customary charge/usual and customary expense**—a reasonable charge that is:

- Usual and customary when compared with the charges made for similar services and supplies; and

- Made to persons having similar medical conditions in the locality where service is rendered.

No payment will be made under this policy for any expenses incurred that, in the judgment of the plan, are in excess of usual and customary charges.

**Western Washington**—means King, Snohomish, Pierce and Kitsap counties.

**You, your or yours**—means the insured student participant.

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## Section 4: Directory

Organization	Contact Information
<b>Plan Contacts</b>	
<b>Student Health Insurance Plan Office</b> <a href="http://depts.washington.edu/ovpsl/insurance.html">http://depts.washington.edu/ovpsl/insurance.html</a>	Room 459, Schmitz Hall UW Campus (206) 543-6202
<b>Welfare &amp; Pension Administration Service</b> <a href="http://www.wpas-inc.com/">http://www.wpas-inc.com/</a>	UW Claims Office, c/o WPAS, Inc. P.O. Box 34600, Seattle, WA 98124-1600 (206) 374-9439, (866) 535-8503
<b>Preferred Providers</b>	
<b>Hall Health Primary Care Center</b> <a href="http://depts.washington.edu/hhpccweb/index.php?ClinicID=">http://depts.washington.edu/hhpccweb/index.php?ClinicID=</a>	Stevens Way UW Campus (206) 685-1011
<b>UW Physicians</b> <a href="http://uwmedicine.washington.edu/Patient-Care/Our-Services/UWP/Pages/default.aspx">http://uwmedicine.washington.edu/Patient-Care/Our-Services/UWP/Pages/default.aspx</a>	Located all over the Puget Sound area (206) 543-6420
<b>UW Medical Center</b> <a href="http://uwmedicine.washington.edu/Patient-Care/Locations/uwmc/Pages/default.aspx">http://uwmedicine.washington.edu/Patient-Care/Locations/uwmc/Pages/default.aspx</a>	1959 NE Pacific Seattle, WA (206) 598-3300
<b>Harborview Hospital</b> <a href="http://uwmedicine.washington.edu/Patient-Care/Locations/HMC/Pages/default.aspx">http://uwmedicine.washington.edu/Patient-Care/Locations/HMC/Pages/default.aspx</a>	325 Ninth Avenue Seattle, WA (206) 744-3000
<b>Children's Hospital</b> <a href="http://www.seattlechildrens.org/">http://www.seattlechildrens.org/</a>	4800 Sand Point Way NE Seattle, WA 98105 (206) 987-2000
<b>Seattle Cancer Care Alliance</b> <a href="http://www.seattlecca.org/">http://www.seattlecca.org/</a>	825 Eastlake Avenue East Seattle, WA 98109 (206) 288-7222
<b>Other Providers</b>	
<b>Beech Street</b> <a href="http://www.beechstreet.com/">http://www.beechstreet.com/</a>	25500 Commercentre Drive Lake Forest, CA 92630 (949) 672-1000
<b>Additional Plans for UW Students</b>	
<b>GAIP</b> <a href="http://www.washington.edu/admin/hr/benefits/insure/gaip/index.html">http://www.washington.edu/admin/hr/benefits/insure/gaip/index.html</a>	Mailing Address: 3903 Brooklyn Ave NE, Seattle, WA 98105-6694 Campus Mail Box: 355660 (206) 543-2800
<b>Students studying abroad—Study Abroad program</b> <a href="http://www.ipe.washington.edu/domestic/insurance.html">http://www.ipe.washington.edu/domestic/insurance.html</a>	International Programs & Exchanges University of Washington 1410 NE Campus Parkway 459 Schmitz Hall Box 355815 Seattle, WA 98195-5815 (206) 221-4404

## Useful Links

Here are quick links to forms, information, providers:

Plan Contacts	Links
<i>Student Health Insurance Plan Office</i>	<a href="http://depts.washington.edu/ovpsl/insurance.html">http://depts.washington.edu/ovpsl/insurance.html</a>
<i>Welfare &amp; Pension Administration Service</i>	<a href="http://www.wpas-inc.com/">http://www.wpas-inc.com/</a>
<b>Forms and Additional Info</b>	
<i>Insurance Card</i>	<a href="http://depts.washington.edu/ovpsl/insurance.html">http://depts.washington.edu/ovpsl/insurance.html</a> (click on 2010-2011 Insurance card)
<i>Medical/Dental Claim Form</i>	<a href="http://depts.washington.edu/ovpsl/insurance.html">http://depts.washington.edu/ovpsl/insurance.html</a> (click on Medical/Dental/Vision Claim 2010-2011)
<i>Prescription Claim Form</i>	<a href="http://depts.washington.edu/ovpsl/insurance.html">http://depts.washington.edu/ovpsl/insurance.html</a> (click on Prescription Drug Claim 2010-2011)
<i>Financial Aid</i>	<a href="http://www.washington.edu/students/osfa/currentug/forms.html">http://www.washington.edu/students/osfa/currentug/forms.html</a>
<i>Master Policies</i>	<a href="#"><u>SHIP</u></a> <a href="#"><u>SHIP Plus</u></a>
<b>Preferred Providers</b>	
<i>Hall Health Primary Care Center</i>	<a href="http://depts.washington.edu/hhpccweb/index.php?ClinicID=">http://depts.washington.edu/hhpccweb/index.php?ClinicID=</a>
<i>UW Physicians</i>	<a href="http://uwmedicine.washington.edu/Patient-Care/Our-Services/UWP/Pages/default.aspx">http://uwmedicine.washington.edu/Patient-Care/Our-Services/UWP/Pages/default.aspx</a>
<i>UW Medical Center</i>	<a href="http://uwmedicine.washington.edu/Patient-Care/Locations/uwmc/Pages/default.aspx">http://uwmedicine.washington.edu/Patient-Care/Locations/uwmc/Pages/default.aspx</a>
<i>Harborview Hospital</i>	<a href="http://uwmedicine.washington.edu/Patient-Care/Locations/HMC/Pages/default.aspx">http://uwmedicine.washington.edu/Patient-Care/Locations/HMC/Pages/default.aspx</a>
<i>Children's Hospital</i>	<a href="http://www.seattlechildrens.org/">http://www.seattlechildrens.org/</a>
<i>Seattle Cancer Care Alliance</i>	<a href="http://www.seattlecca.org/">http://www.seattlecca.org/</a>
<b>Other Providers</b>	
<i>Beech Street</i>	<a href="http://www.beechstreet.com/">http://www.beechstreet.com/</a>
<b>Additional Plans for UW Students</b>	
<i>GAIP</i>	<a href="http://www.washington.edu/admin/hr/benefits/insure/gaip/index.html">http://www.washington.edu/admin/hr/benefits/insure/gaip/index.html</a>
<i>Students studying abroad—Study Abroad program</i>	<a href="http://www.ipe.washington.edu/domestic/insurance.html">http://www.ipe.washington.edu/domestic/insurance.html</a>