



**Academic HealthPlans, Inc.**

# **2023–2024**

## **PLAN SUMMARY**



### **WASHINGTON STATE COLLEGES**

STUDENT ACCIDENT ONLY INSURANCE PLAN

[www.mycare26.com/specialty-programs](http://www.mycare26.com/specialty-programs)

Locate voluntary programs and select  
Washington State Colleges.

**Underwritten by: Mutual of Omaha Insurance Company**

**Policy Number: T5MP-P-054213**

*Rev: Aug 18, 2023*

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# GENERAL INFORMATION

The following is a brief description of the Injury medical expense benefits for students of the Washington State Colleges. Complete details of coverage are in the Memorandum of Coverage issued to the Colleges. It may be inspected during business hours at the business office of the Colleges.

## PLAN ADMINISTRATION

Academic HealthPlans, Inc.  
16201 West 95<sup>th</sup> Street, Suite 210  
Lenexa, KS 66219  
800-955-1991 x5617

## IMPORTANT NOTICE

This Plan Summary describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a Policy of insurance underwritten by Mutual of Omaha Insurance Company. Any discrepancy between this Plan Summary and the Policy will be governed by the Policy. Please keep this Plan Summary for future reference.

## ELIGIBILITY

All registered students enrolled in at least 6 hours per quarter, actively attending class on campus for at least 31 consecutive days from the date coverage is purchased. Excludes home study, correspondence, online and television courses. No coverage is provided for sports participation.

The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and when the Company discovers that the plan eligibility requirements have not been met, its only obligation is a refund of premium less any claims paid.

## TERMS OF COVERAGE

The Policy is on file at the school and becomes effective at 12:01 a.m., September 1, 2023. Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later.

If enrolling late in the quarter, you are still required to pay the full premium due. Your coverage will go into effect the date the premium is received by the Company (or its authorized representative). Coverage will not be backdated to the first day of the quarter. The Policy terminates at 12:01 a.m., September 1, 2024. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

The eligibility requirements listed above must be met each time a premium is paid to continue insurance coverage. It is the covered person's responsibility to make timely renewal payments to avoid a lapse in coverage. The policy is a Non-Renewable One Year Term Policy.

## REFUND OF PREMIUM

Premium received by the Company is fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the armed forces. There are no pro rata or reduced premium payments.

If you report for active duty in the armed forces, we will refund a pro rata premium upon receipt of proof of service. This does not include Reserve or National Guard duty for training.

## FULL EXCESS COVERAGE

Your benefits for Medical Expense within the policy or certificate will be paid only for Medical Expense which is not recoverable from any other insurance policy, service contract or workers' compensation. Failure by an Insured to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of eligible expense to 50% of the amount otherwise payable.



## FILING A CLAIM

In the event of an Injury, the student should:

1. Report to a Doctor or Hospital.
2. Claims must be filed with your primary insurance carrier(s) prior to filing under this plan. File claim within 90 days of Injury.
3. Obtain a claim form from the College or from the website at [www.mycare26.com/specialty-programs](http://www.mycare26.com/specialty-programs) and select Voluntary Programs. Dropdown to Washington State Colleges. Please submit one claim form for each Injury. Mail the completed claim form, all medical bills, and your Primary Carrier's explanation of benefits to the address below.

Administrative Concepts, Inc  
PO Box 4000  
Collegeville, PA 19426

4. File claim within 90 days of Injury. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity

**Keep copies of all the documents you submit.** If you have questions about claims, contact Administrative Concepts, Inc at **800-476-4802**.



## ACCIDENT MEDICAL EXPENSE BENEFITS (INJURY ONLY)

<b>Maximum Medical Benefit Amount</b>	\$25,000 per Injury
<b>Accident Medical Deductible*</b>	\$25 per Injury
<b>Benefit Percentage</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Loss Period</b>	Initial treatment received within 90 days of Injury
<b>Benefit Period</b>	104 weeks from injury
<b>Aggregate Limit</b>	\$500,000 (Air Accident Only)

\* Corridor – The amount of eligible Medical Expenses incurred by an Insured for each loss before benefits are payable under this policy. It applies separately to each Insured and each Injury.

## SCHEDULE OF BENEFITS

ELIGIBLE MEDICAL EXPENSE	POLICY BENEFIT
<b>Treatment by a Legally Qualified Physician</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Care or Services from a Hospital or Ambulatory Surgical Center</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Professional ambulance service</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Orthopedic Appliances</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Treatment by a Physical Therapist</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Treatment by a Physician's Assistant</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Durable Medical Equipment Benefit</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Dental Expense Benefit</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Orthopedic Appliances</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Outpatient Physical Therapy Benefits</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Prescription Drug Benefit</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000
<b>Air / Ground Ambulance Benefit</b>	100% of Allowable Expense up to \$1,500 80% Allowable Expense from \$1,500 to \$25,000



## ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

**Principal Sum:** \$10,000

**Loss Period:** Within 365 days of Injury

When, because of covered Injuries, the Insured sustains any of the following losses within 180 days after the date of the accident, benefits will be paid as follows:

Life of Life	Principal Sum
Loss of Both Feet, Both Hands, or Both Eyes	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and One Eye or One Foot and One Eye	Principal Sum
Loss of Speech and Hearing	Principal Sum
Loss of One Hand, One Foot or One Eye	One-Half of Principal Sum
Loss of Speech or Hearing	One-Half of Principal Sum
Loss of Thumb and Index Finger of the Same Hand	One-Fourth of Principal Sum

Only one of the amounts shown above (the largest applicable) will be paid for covered Injuries resulting from one accident. The benefit for loss of:

- a) two limbs;
- b) both eyes;
- c) one limb and one eye;
- d) speech and hearing; or
- e) thumb and index finger of the same hand is payable only when such double loss is the result of the same accident.

## EXCLUSIONS & LIMITATIONS

No coverage is provided for:

1. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only);
2. Injuries caused by an act of declared or undeclared war;
3. Injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded);
4. Injuries received while acting as a pilot or crew member;
5. Injuries resulting from air travel, except while as a passenger for transportation only;
6. Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation;
7. Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician;
8. Injuries received while Intoxicated as specifically defined in this provision;
9. Injuries sustained while traveling other than as specifically stated in this provision;
10. The cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth;
11. Injuries covered by workers' compensation or employer's liability laws.

# DEFINITIONS

**Ambulatory Surgical Center** means a facility which is licensed as an Ambulatory Surgical Center by the state in which it is located.

**Heart or Circulatory Malfunction** means disease or illness of the heart or circulatory system which is first diagnosed and treated while the Insured's coverage under the policy or certificate is in force and occurs in a scheduled game or supervised practice, within 24 hours after participation; and the Insured has not before such participation been medically advised of/or has received any medical treatment for such heart or circulatory malfunction.

**Hospital** means any of the following places:

1. a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
2. a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility;
3. a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or
4. a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally:

1. for the treatment or care of drug addicts or alcoholics; or
2. as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

**Injuries** means accidental bodily injuries:

1. received while insured under this policy; and
2. resulting, independently of sickness and all other causes, in loss specified in the Benefit Provision(s) and Insuring Provision(s). The Plan of Insurance specifies the Benefit and Insuring Provision(s) applicable to each class of Insureds. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.

**Intoxicated** means a blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state where the injuries occurred.

**Legally Qualified Physician** means a physician:

1. other than the Insured;
2. practicing within the scope of his or her license; and
3. recognized as a physician in the state where services are rendered.

**Medical Expense** means expense incurred for Medically Necessary services and supplies ordered or prescribed by a Legally Qualified Physician. Not included are amounts in excess of the Usual and Customary Charges. Medical Expense is incurred on the date the service or supply is received.

A Medically Necessary service or supply means one which:

1. is recommended by the attending Legally Qualified Physician;
2. is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and
3. could not have been omitted without adversely affecting the Insured's condition or the quality of medical care.

**Physician's Assistant (PA)** is a PA other than the insured, trained and licensed to provide basic medical services.

**Usual and Customary Charges** means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.



# INSURANCE ID CARD

Below is your Student Accident Only Insurance Plan Identification Card. **Cut it out and carry it with you at all times!** This card can be used to verify your coverage.

## HOW TO USE THIS PLAN



**1** If you need medical care for an injury, visit a doctor or hospital of your choosing. Show them your identification card. If you are asked to pay part or all of your medical charges up front, submit a claim for reimbursement of the portion of charges for which the company is responsible.



**2** To file the claim, Download a claim form from [www.mycare26.com/specialty-programs](http://www.mycare26.com/specialty-programs). (Locate voluntary programs and select WA Colleges), and fill it out completely. Send claim form with billing statements or receipts to:

Administrative Concepts, Inc  
PO Box 4000  
Collegeville, PA 19426



cut out along dashed line

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### Student Accident Only Insurance Plan

**2023-2024**

**Name:**

**Student ID #:** Please reference the student's SSN as the member ID #.

*Insurance Underwritten by Mutual of Omaha Insurance Company*

**Group:** Washington State Colleges

**Group #:** 15430006

**Policy #:** T5MP-P-054213

**Deductible:** \$25 per Injury

**Coinurance:** 100% U&C per Injury, up to \$1,500  
80% U&C thereafter, up to \$25,000

Coverage is for injury only.

For questions about benefits, eligibility, or claims, call Administrative Concepts, Inc.. All benefits are subject to payment of appropriate premium and verification of eligibility. Submit claims to claims address below.

**NOTICE:** Possession of this card does not guarantee coverage or payment for a service or procedure.

**MEMBERS: Carry this card at all times.**

Member & Provider Services:	Administrative Concepts, Inc	<b>(800) 476-4802</b>
Plan Materials:	<a href="http://www.mycare26.com/specialty-programs">www.mycare26.com/specialty-programs</a> (locate voluntary programs and select WA Colleges)	
Claims Mailing Address:	Administrative Concepts, Inc. PO Box 4000 Collegeville, PA 19426	Payer ID: 22384

