

# Western Washington University

## 2017-2018 Student Health Insurance Plan

### Health Insurance Requirement and Eligibility

The plan is available to all Western Washington University students who meet the following eligibility requirements:

- Graduate students taking 3 credit hours or more or 1 credit Thesis are eligible to enroll in this insurance plan.
- Eligible Graduate Teaching Assistants may apply so long as they are considered full-time.
- Undergraduate students must be enrolled in 6 or more credit hours (or physically attending classes at one of the official Extended Education sites) to be eligible to participate in this insurance plan.

*Note: Western Washington does NOT utilize the UnitedHealthcare plan for their International Students. They are covered under a separate insurance policy.*

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first **31 days** after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. UnitedHealthcare maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever UnitedHealthcare discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:

- a. On the date the Named Insured acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of this Certificate.
- b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

### Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at [www.uhcsr.com/wwu](http://www.uhcsr.com/wwu) or Customer Service at **1-800-767-0700** or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com). The Policy is a Non-Renewable One-Year Term Policy.

### Who can answer questions I have about the plan?

If you have questions please contact Wells Fargo Student Insurance at **1-800-853-5899** or [studentinsurance@wellsfargo.com](mailto:studentinsurance@wellsfargo.com).

### Where can I obtain a medical ID card?

To obtain your medical ID card, call **(800) 767-0700** or visit [www.uhcsr.com](http://www.uhcsr.com).

### How much does it cost?

	ANNUAL 9/1/17 - 8/31/18	FALL 9/1/17 - 12/31/17	WINTER 1/1/18 - 4/1/18	SPRING 4/2/18 - 6/24/18	SPRING/SUMMER 4/2/18 - 8/31/18	SUMMER 6/25/18 - 8/31/18
<b>STUDENT ONLY</b>	\$2,277.82	\$761.45	\$568.36	\$524.73	\$949.09	\$424.36
<b>NOTE: Costs below are in addition to the student premium. Dependents must be enrolled for the same term of coverage as student.</b>						
<b>SPOUSE ONLY</b>	\$2,277.82	\$761.45	\$568.36	\$524.73	\$949.09	\$424.36
<b>ONE CHILD ONLY</b>	\$2,277.82	\$761.45	\$568.36	\$524.73	\$949.09	\$424.36
<b>TWO OR MORE CHILDREN ONLY</b>	\$4,555.64	\$1,522.91	\$1,136.73	\$1,049.45	\$1,898.18	\$848.73
<b>SPOUSE + TWO OR MORE CHILDREN ONLY</b>	\$6,833.45	\$2,284.36	\$1,705.09	\$1,574.18	\$2,847.27	\$1,273.09

Rates include premium payable to UnitedHealthcare, as well as administrative fees payable to Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through UnitedHealthcare Global and its contracted underwriting companies.

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: <https://studentinsurance.wellsfargo.com> or call 800-853-5899 to request a paper copy free of charge.

## What does the plan offer?

This is a brief description of the Student Health Plan underwritten by UnitedHealthcare. Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at [www.uhcsr.com/wwu](http://www.uhcsr.com/wwu) or Customer Service at **1-800-767-0700** or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com). The Policy is a Non-Renewable One-Year Term Policy.

	PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at or referred by the Student Health Center.</b>		
<b>Gold with Actuarial Value of 85.390%</b>		
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy.	
<b>Plan Deductible</b>	\$300 per Insured per Policy Year	\$250 Per Insured Person, per Policy Year
<b>Out of Pocket Maximums</b> <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$4,500 Per Insured Person, Per Policy Year  \$9,000 For all Insureds in a Family, Per Policy Year	\$9,000 Per Insured Person, Per Policy Year  \$18,000 For all Insureds in a Family, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</i>	\$15 Copay for Tier 1 \$35 Copay for Tier 2 \$70 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	\$15 Copay for generic drugs \$35 Copay for brand name drugs Up to a 31-day supply per prescription 50% of Usual and Customary Charges
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	60% of Usual and Customary Charges
<b>Medical Emergency</b>	\$100 Copay per visit	\$100 Copay per visit
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate for details (age limits apply).	

## UnitedHealthcare Global: Global Emergency Services

If you are a member insured with this insurance plan, you and your insured spouse Domestic Partner and minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse Domestic Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse Domestic Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

For more information, visit [www.uhcsr.com/UHGlobal](http://www.uhcsr.com/UHGlobal) or call:

**(877) 461-2273** Toll-Free within the United States

**(410) 453-6330** Collect outside of the United States

### WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at **800-853-5899** or by visiting us at <https://studentinsurance.wellsfargo.com>.