UNIVERSITY OF WASHINGTON
OPTIONAL DOMESTIC FIELD TRIP INSURANCE

ELIGIBILITY

Students, employees and guests of participating departments of the policyholder for whom application has been made and premium remitted while on UW sponsored activities within the continental United States, Alaska and Hawaii.

BENEFITS

Accident Medical Expense Benefit

The company will pay the Usual and Customary costs for medical and surgical treatment, hospitalization, lab charges, X-ray charges, prescriptions, emergency room care, and services of a licensed physician and nurse for treatment of injuries commencing within 0 days of the date of the accident and incurred within one year from the date of the first treatment. Charges above the Usual and Customary costs will not be covered. There is a $100 deductible, then services are covered at 100% if the Usual and Customary level. The plan will pay a maximum of $8,000 per person for covered services.

Accidental Death and Dismemberment Benefit

If, within 365 days from the date of accident, injuries result in death, dismemberment, or loss of sight, the following benefits will be paid in the event of loss. A maximum of $15,000 would apply if more than one loss occurs.

   Life: $15,000
   Both hands, feet, eyes or any combination thereof: $15,000
   Either one hand, one foot, or the sight of one eye $7,500

Dental Coverage

The company will pay up to $250 per tooth for services following the injury to sound natural teeth only. The maximum coverage of the policy per person is $500 for dental care.

COST*

   $0.75 per person per day
EXCLUSIONS

This insurance does **NOT** cover the following charges and services:

1. For which the Insured Person has no obligation to pay;

2. For eyeglasses, contact lenses and other vision or hearing aids;

3. For treatment by a person employed or retained by Policyholder;

4. Any injury for which Workers Compensation benefits or occupational injury benefits are payable;

5. Any injury occurring while fighting, except in self-defense;

6. Treatment required for conditions caused by repetitive motion injuries and not a result of an accident, including but not limited to: Osgood-Schlatter’s Disease, bursitis, Chondromolacia, shin splints and tendinitis.

After 3.31.14, confirm premium with the Office of Risk Management (206) 543-3419.

*If any discrepancies occur between this summary and the contract, the contract shall prevail.*