Touro University

underwritten by
Nationwide Life Insurance Company

2011-2012
Student Health Insurance Plan

ID CARD
A permanent ID card will be mailed to you after you have enrolled in the plan.
ELIGIBILITY

Students
Any full-time student (6 credit hours or more) who is registered and attending classes at the University is eligible and is automatically insured under this plan, unless proof of comparable coverage is provided and a waiver is completed and submitted to the school by the Waiver Deadline Date.

Except in the case of medical withdrawal due to Sickness or Injury, any student withdrawing from school during the first thirty-one (31) days of the period for which coverage is purchased, will not be covered under this Policy and a full refund of Premium will be made, minus the cost of any claim paid by the Company. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the term purchased and no refund will be allowed.

The Company maintains its right to investigate student (and dependent) status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium less any claims paid.

Dependents
Insured students may also enroll their eligible Dependents.

If a child is born to an insured student, that child will be covered under the plan for the first 31 days after: 1) the birth date of the newly born child; 2) the effective date of adoption of the child by the student; or 3) the date of placement of the child for adoption with the student. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. Should the student’s coverage terminate before the end of the 31-day period, newborn coverage will not extend beyond the student’s termination date.

The insured student will have the right to continue coverage for the child beyond 31 days. To continue the coverage the insured must, within 31 days after the birth, adoption or placement for adoption: 1) submit a completed enrollment form; and 2) pay the required additional premium for the continued coverage. If the insured student does not use this right as stated here, all coverage as to that child will terminate at the end of the 31-day period.

The term “children” includes an insured student’s biological children, step-children and adopted children from the date of placement and who depend upon the insured student for full support.

A child’s coverage will not end because the child has reached the age limit shown above, if he or she: 1) is not able to earn his or her own living as a result of mental or physical handicap; and 2) became so handicapped before reaching the age limit; and 3) is chiefly dependent upon the insured student for support and maintenance. Within 31 days after the child reaches the age limit, the insured student must submit proof of the child’s dependency or

(continued on page 2)
REFUND POLICY

There are no premium refunds, except when the Covered Person enters full-time active military service, in which case a pro rata refund (for the number of full months remaining) will be issued only upon written request from the school. In the event a claim has been paid, premium is fully earned and a refund is not available under any circumstances.

TERMS OF COVERAGE

Effective Date
Coverage for students will become effective at 12:01 a.m. on the effective date of the term for which premium has been paid. For students who previously waived coverage, but elect to enroll later due to Involuntary Loss of Coverage, coverage will become effective at 12:01 a.m. on the day following the date of receipt of payment of the cost of coverage by the University.

Coverage for eligible Dependents becomes effective at 12:01 a.m. on the effective date of the applicable term if the enrollment form and premium are postmarked before the effective date of the applicable term, coverage will be effective at 12:01 a.m. on the date immediately following the date on which the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the date after the enrollment form and premium are received at Renaissance Insurance Agency, Inc.

CALIFORNIA CAMPUS

Dependent

Effective Termination Waiver Enrollment

Term Date Date Deadline Deadline
College of Pharmacy (COP) 08/22/11 12/22/11 08/12/11 09/22/11
College of Osteopathic Medicine (COM) Fall 08/01/11 02/01/12 08/12/11 09/01/11
Spring/Summer 02/01/12 08/01/12 N/A 01/22/12

College of Education and Health Sciences (CEHS) PA (all classes)

Fall 08/22/11 12/22/11 08/12/11 09/22/11
Spring 12/22/11 04/22/12 N/A 01/22/12
Summer 04/22/12 08/22/12 N/A 05/22/12

MPH (independent)

Fall 08/22/11 12/22/11 08/12/11 09/22/11
Spring/Summer 12/22/11 08/22/12 N/A 01/22/12

Students are charged for two trimesters.

COSTS OF COVERAGE

<table>
<thead>
<tr>
<th></th>
<th>Per Semester</th>
<th>Per Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,300.50</td>
<td>$867.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,042.00</td>
<td>$2,028.00</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>$3,042.00</td>
<td>$2,028.00</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$2,547.00</td>
<td>$1,698.00</td>
</tr>
</tbody>
</table>

The costs of coverage include insurance premium and administrative fees.
### TERMS OF COVERAGE (continued from page 3)

#### NEVADA CAMPUS

<table>
<thead>
<tr>
<th>Term</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Waiver Deadline</th>
<th>Dependent Enrollment Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>College of Osteopathic Medicine (DO)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class of 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td>08/01/11</td>
<td>01/01/12</td>
<td>07/01/11</td>
<td>09/01/11</td>
</tr>
<tr>
<td>Spring</td>
<td>01/01/12</td>
<td>08/01/12</td>
<td>12/01/11</td>
<td>02/01/12</td>
</tr>
<tr>
<td>Class of 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td>08/01/11</td>
<td>01/01/12</td>
<td>07/01/11</td>
<td>09/01/11</td>
</tr>
<tr>
<td>Spring</td>
<td>01/01/12</td>
<td>07/01/12</td>
<td>12/01/11</td>
<td>02/01/12</td>
</tr>
<tr>
<td>Class of 2012 and 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td>07/01/11</td>
<td>11/01/11</td>
<td>06/01/11</td>
<td>08/01/11</td>
</tr>
<tr>
<td>Fall</td>
<td>11/01/11</td>
<td>03/01/12</td>
<td>10/01/11</td>
<td>12/01/11</td>
</tr>
<tr>
<td>Spring</td>
<td>03/01/12</td>
<td>07/01/12</td>
<td>02/01/12</td>
<td>04/01/12</td>
</tr>
<tr>
<td><strong>MHS and Physical Therapy (PT)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td>07/01/11</td>
<td>01/01/12</td>
<td>06/01/11</td>
<td>08/01/11</td>
</tr>
<tr>
<td>Spring</td>
<td>01/01/12</td>
<td>07/01/12</td>
<td>12/01/11</td>
<td>02/01/12</td>
</tr>
<tr>
<td><strong>Nursing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physician Assistant (PA) 2012 and 2013</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Therapy (OT)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td>07/01/11</td>
<td>11/01/11</td>
<td>06/01/11</td>
<td>08/01/11</td>
</tr>
<tr>
<td>Fall</td>
<td>11/01/11</td>
<td>03/01/12</td>
<td>10/01/11</td>
<td>12/01/11</td>
</tr>
<tr>
<td>Spring</td>
<td>03/01/12</td>
<td>07/01/12</td>
<td>02/01/12</td>
<td>04/01/12</td>
</tr>
<tr>
<td><strong>PA 2011</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td>07/01/11</td>
<td>11/01/11</td>
<td>06/01/11</td>
<td>08/01/11</td>
</tr>
</tbody>
</table>

**Extension of Benefits**

The coverage provided under this Policy ceases on the termination date. However, if a Covered Person is Hospital Confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, Covered Charges for such Injury or Sickness will continue to be paid for a period of 90 days or until the date of discharge, whichever is earlier.

The total payments made in respect of the Covered Person for such condition both before and after the termination date will never exceed the maximum benefit available. After this Extension of Benefits provision has been exhausted, all benefits cease to exist and under no circumstances will further benefits be made.

This Extension of Benefits provision is applicable only to the extent that the Covered Person will not be covered under this or any other student health insurance policy in the ensuing term of coverage. Dependents that are newly acquired during the insured student’s Extension of Benefits period are not eligible for benefits under this provision. This Extension of Benefits provision does not apply to prescription drug coverage.

**Termination Date**

Coverage terminates at 12:01 a.m. on the earliest of the following dates:

1. The date the Policy is terminated by the Policyholder or the Company;
2. The last day of the Term of Coverage for which premium is paid;
3. The date a Covered Person enters full-time active military service;
4. The last day of the period through which premium has been paid, following the date a dependent ceases to be a dependent as described in this brochure.

Dependent coverage will not be effective prior to that of the student or extend beyond that of the student, except as specifically provided under the Extension of Benefits provision.

There is no continuation coverage for this plan for students and/or Dependents who are no longer eligible.

*We do not send termination or renewal notices.*

It is the Covered Person’s responsibility to renew coverage in a timely manner, subject to continuing eligibility. Eligibility requirements must be met each time premium is paid to continue coverage.
PREFERRED PROVIDER ORGANIZATION

Please read the following information so you will know from whom or what group of providers health care may be obtained.

This plan has incorporated into the coverage access to a network of medical professionals, including Doctors and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through the First Health Network (FHN). Network access provides benefits nationwide for Covered Charges incurred at 100% of the Preferred Allowance when treated by network providers. Benefits are provided worldwide for Covered Charges incurred at 80% of Reasonable and Customary Expenses (R&C) when treated by non-network providers.

When a Covered Person has incurred $4,000 of out-of-pocket Covered Charges for all conditions during a policy year (not including Copays), the Company payment for Covered Charges incurred will increase to 100% of the Preferred Allowance when treated by network providers or 100% of R&C when treated by non-network providers for the remainder of the policy year, up to the Lifetime Aggregate Maximum.

If a Covered Person is being treated by a Preferred Provider for an acute, serious chronic condition, pregnancy, newborn, or a terminal illness, and the Provider’s contract terminates with the PPO, the Covered Person may be eligible under certain conditions to continue treatment with the Provider at the PPO rate. Contact the claims administrator for details.

For a complete listing of the PPO hospital and Doctor facilities, please visit www.myfirsthealth.com or call 1-800-226-5116.

Please be aware that if you are treated at a PPO hospital, it does not mean that all providers at that hospital are PPO providers. In addition, if you are referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which you are referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is a network lab. This information can be found on the network website listed above.

SCHEDULE OF BENEFITS

The Company will pay for the Covered Charges listed below, up to the following limits.

Lifetime Aggregate Maximum Benefit:
$250,000 per Sickness or Injury

Deductible:
$250 per Policy Year

The Covered Person is responsible for paying the Deductible amount listed before the Company will begin paying benefits.

Out-of Pocket Maximum:
When a Covered Person has incurred $4,000 of out-of-pocket Covered Charges for all conditions during a policy year (including Deductible but not Copays), the Company payment for Covered Charges incurred will increase to 100% of the Preferred Allowance when treated by network providers or 100% of R&C when treated by non-network providers for the remainder of the policy year, up to the Lifetime Aggregate Maximum.

Covered Charges are limited to the following:

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Room and Board/Hospital Miscellaneous</strong></td>
<td>daily average semi-private room rate and general nursing care provided by a hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations including professional fees, anesthesia, physiotherapy, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies. Includes Intensive Care.</td>
</tr>
<tr>
<td>100% of Preferred Allowance for PPO; 80% of R&amp;C for non-PPO</td>
<td></td>
</tr>
<tr>
<td><strong>Maternity and Routine Newborn Care</strong></td>
<td>while hospital confined, and routine nursery care provided immediately after birth</td>
</tr>
<tr>
<td>Paid as any other Sickness; up to 48 hours after birth (96 hours for cesarean delivery)</td>
<td></td>
</tr>
<tr>
<td><strong>Surgeon’s Fees</strong></td>
<td>If multiple procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures</td>
</tr>
<tr>
<td>100% of Preferred Allowance for PPO; 80% of R&amp;C for non-PPO</td>
<td></td>
</tr>
</tbody>
</table>

(continued on page 8)
### INPATIENT (continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Surgeon</td>
<td>100% of Preferred Allowance for PPO; 80% of R&amp;C for non-PPO</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>professional services in connection with inpatient surgery</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>private duty nursing care</td>
</tr>
<tr>
<td>Doctor’s Visits</td>
<td>limited to one visit per day</td>
</tr>
<tr>
<td>Pre-Admission Testing</td>
<td>if testing occurs within 3 working days prior to admission</td>
</tr>
</tbody>
</table>
| Treatment of Mental and Nervous Disorders | limited to one visit per day  
Severe Mental Illness is paid the same as any other Sickness |
| Alcohol and Drug              |                                                                                 |

### OUTPATIENT (continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Surgeon</td>
<td>100% of Preferred Allowance for PPO; 80% of R&amp;C for non-PPO</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>professional services in connection with outpatient surgery</td>
</tr>
<tr>
<td>Doctor’s Visits</td>
<td>limited to one visit per day</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>when prescribed by the attending Doctor; limited to one visit per day</td>
</tr>
<tr>
<td>Chiropractic Treatment or Osteopathic Manipulative Medicine (OMM)</td>
<td>when prescribed by the attending Doctor; limited to one visit per day</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>when prescribed by the attending Doctor; limited to one visit per day</td>
</tr>
<tr>
<td>Diagnostic X-Ray and Laboratory Services</td>
<td>100% of Preferred Allowance for PPO; 80% of R&amp;C for non-PPO</td>
</tr>
<tr>
<td>Radiation Therapy and Chemotherapy</td>
<td>100% of Preferred Allowance for PPO; 80% of R&amp;C for non-PPO</td>
</tr>
</tbody>
</table>

(continued on page 9)
### OUTPATIENT PRESCRIPTION DRUGS

Includes prescription contraceptives, ADHD-related drugs, and medication for the management and treatment of diabetes.

**Copays:**
- Generic (Tier 1): $20
- Single-Source Brand (Tier 2): $35
- Multi-Source Brand (Tier 3): $60

*The Copay applies to each 30-day supply.*

**Maximum Benefit:** $5,000 per policy year

*Only for prescriptions filled at an Express Scripts pharmacy.* Prescriptions filled at a non-Express Scripts pharmacy are not covered. To locate an Express Scripts pharmacy, call 1-800-447-9638 or visit: [www.express-scripts.com](http://www.express-scripts.com).

### STATE MANDATED BENEFITS

The State of California mandates coverage for the following:
1. equipment, supplies and outpatient self-management training for diabetes;
2. phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor;
3. treatment of Severe Mental Illness and serious emotional disturbance of a child;
4. anesthesia and facility charges for dental procedures under certain circumstances;
5. preventative care for children age 16 and under according to the Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics;
6. mammograms;
7. prostate, colorectal and cervical cancer screening and generally medically accepted cancer screening tests;
8. breast cancer screening, diagnosis, and treatment;
9. a second opinion requested by a Covered Person or Doctor;
10. participation in the Expanded Alpha Feto Protein (AFP) Program;
11. prosthetic devices to restore a method of speaking incidental to laryngectomy;
12. diagnosis, treatment and management of osteoporosis;
13. clinical trials for cancer;
14. HIV testing (up to a maximum of one test per policy year);
15. AIDS vaccine;
16. reconstructive surgery under certain circumstances;
17. telemedicine medical services;
18. prescription contraceptive drugs or devices (if there is a prescription drug benefit);
19. treatment of conditions relating to diethylstilbestrol exposure;
20. Medically Necessary surgical treatment for jawbone conditions (TMJ);
21. screening for blood lead levels in children; and
22. maternity services as provided by CA Insurance Code section 10123.87 (a). Please see the Policy on file with the University for further details.
ACCIDENTAL DEATH AND DISMEMBERMENT

When, as a result of an Injury, the Covered Person sustains a loss as shown below within 180 days of such Injury, the Company will pay the applicable benefit for the loss.

For Loss of: Benefit Amount
Life...........................................................................$10,000
One hand or one foot...............................................$ 5,000
Sight of one eye..............................................................$ 5,000
More than one of the above losses due to one Accident..................$10,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of sight means total irrecoverable loss of the entire sight.

Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed by:

1. Bodily or mental infirmity;
2. Bacterial infections except: a) infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause; or b) the accidental ingestion of a contaminated substance;
3. Medical or surgical treatment, except losses that result directly from surgical operations made necessary solely by Injury which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause;
4. Being under the influence of alcohol or any drug unless administered and taken as prescribed by a Doctor; or
5. Participation in an attempt to commit a felony.

In addition to the above, this provision is subject to the General Exclusions as provided.

EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

If the Covered Person sustains an Injury or becomes ill while insured under the Policy, the Company will pay for the actual charges incurred, up to a maximum of $50,000, for a medical evacuation of the Covered Person to or back to the Covered Person’s home state, country or country of regular domicile, subject to all provision of the Policy. However, the Pre-Existing Condition Limitation does not apply to this provision. Before the Company will make any payment, written certification by the Doctor that the evacuation is Medically Necessary is required. Any expense for medical evacuation requires prior approval and coordination by the plan administrator. For international students, once evacuation is made outside the country, coverage terminates.

REPATRIATION OF REMAINS BENEFIT

If the Covered Person dies while insured under the Policy, the Company will pay for the actual charges incurred, up to a maximum of $50,000, for embalming and/or cremation and returning the body to the place of residence in the home country or country of regular domicile, subject to the provisions of the Policy. Expenses for repatriation of remains require the Policyholder’s and the Company’s prior approval. This benefit does not include the transportation expense of anyone accompanying the body, visitation expenses or funeral expenses.

GENERAL EXCLUSIONS

Unless otherwise specifically included, no benefits will be paid for loss or expense caused by, contributed to, or resulting from, or treatment, services, or supplies for, at, or related to:

1. Eyeglasses, contact lenses, routine eye refractions, eye examinations or radial keratotomy or similar surgical procedures to correct vision; except when required as a direct result of an Injury.
2. Hearing screenings or hearing examinations or hearing aids and the fitting or repairing of hearing aids, except in the case of Accident or Injury.
3. Routine physical examinations; preventive medicines including vaccines and immunizations: a) required for travel; b) required for employment; or c) provided as wellness or prevention; except as specifically provided.
4. Treatment (other than surgery) of chronic conditions of the foot including: weak feet, fallen arches, flat foot, pronated foot, subluxations of the foot, foot strain, care of corns, calluses or bunions; except for treatment of Injury, infection or disease.
5. Cosmetic treatment, cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that the Company determines to be furnished primarily to improve appearance rather than a physical function or control of organic disease, except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; sagging eyelids; prominent ears; skin scars; warts, non-malignant moles and lesions unless Medically Necessary; hair growth; improvements of physical function does not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection or other diseases of the involved part, and

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Contraindicated for the treatment of the condition Experimental for any reason.

EXCLUSIONS

11. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, except as specified herein.

12. Temporomandibular Joint Dysfunction (TMJ), except as specified herein.

13. Injury sustained while: a) participating in any intercollegiate, professional, or club sport, contest, or competition; b) traveling to or from such sport, contest, or competition as a participant; or c) participating in any practice or conditioning program for such sport, contest, or competition.

14. Injury sustained by reason of a motor vehicle Accident to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits.

15. Injury resulting from participation in any hazardous activity, including: parachuting, hang gliding, skydiving, parasailing, skin diving, glider flying, sail planing, racing or speed contests, or bungee jumping.

16. Injury occurring in consequence of riding or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.

17. Reproductive/infertility services, including but not limited to: treatment of infertility (male or female), including diagnosis, diagnostic tests, medication, surgery, supplies, and fertilization procedures rendered for the purpose or with the intent of inducing conception; premarital examination; impotence, organic or otherwise; sterilization; sterilization reversal; vasectomy; vasectomy reversal. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, artificial insemination, embryo transfer, or similar procedures that augment or enhance the Covered Person’s reproductive ability.

18. Elective termination of pregnancy.

19. Hospital Confinement or any other services or treatment that are received without charge or legal obligation to pay.

20. Services provided normally without charge by the health service of the Policyholder.

21. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.

22. Any services of a Doctor or nurse who is the Covered Person’s Family Member.

23. Services received after the Covered Person’s coverage ends, except as specifically provided under the Extension of Benefits provision.

24. Under the Outpatient Prescription Drug benefit, any drug or medicine:
   a) Obtainable Over the Counter (OTC);
   b) Containing nicotine or other smoking deterrent medication;
   c) For the treatment of alopecia (hair loss) or hirsutism (hair removal);
   d) For the purpose of weight control;
   e) Anabolic steroids used for body building;
   f) For the treatment of infertility;
   g) Sexual enhancement drugs;
   h) Cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne;
   i) Drugs labeled “Caution – limited by federal law to Investigational use” or Experimental Drugs;
   j) Purchased after coverage under the Policy terminates;
   k) If the FDA determines that the drug is:
      • Contraindicated for the treatment of the condition for which the drug was prescribed; or
      • Experimental for any reason.

25. Vitamins, minerals, food supplements.


27. Treatment or services for learning disabilities or disorders, including attention deficit disorder, except as specifically provided.

28. Injuries sustained as a result of suicide or any attempt at suicide; or intentional self-inflicted Injury or any attempt at intentional self-inflicted Injury.

29. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot.

30. Injury or Sickness for which benefits are paid or payable under any workers’ compensation or occupation disease law or act, or similar legislation.

31. War or any act of war, declared or undeclared; or while in the armed forces of any country.

32. General fitness, exercise programs, health club memberships and weight management programs.

33. Organ transplants.

34. Non-cystic acne.

35. Outpatient speech therapy, except as specifically provided.

36. Allergy testing and desensitization.

37. For international students, treatment received in the home country.
PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) consecutive months prior to the Covered Person’s Effective Date of coverage under the Policy.

Pre-Existing Conditions are not covered for the first six (6) months following the Covered Person’s Effective Date of coverage under the Policy.

The Pre-Existing Condition Limitation does not apply:

1. If, during the period immediately preceding the Covered Person’s Effective Date of coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for six (6) consecutive months. Prior Creditable Coverage of less than six (6) months will be credited toward satisfying the Pre-Existing Condition limitation. This waiver of Pre-Existing Conditions will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior Creditable Coverage.

2. To pregnancy, including complications of pregnancy.

3. To a newborn dependent child or a child adopted by the Covered Person or placed with the Covered Person for adoption, if adoption or placement for adoption occurs while covered under this Policy.

4. To a covered dependent child under the age of 19.

Creditable Coverage includes:

1. Any individual or group Policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employer plan, or any other entity, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers’ compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;

2. The Federal Medicare programs pursuant to Title XVIII of the Social Security Act;

3. The Medicaid program pursuant to Title XIX of the Social Security Act;

4. Any other publicly sponsored program, provided in this state or elsewhere, of medical, hospital and surgical care;

5. Title 10 U.S.C.A. Chapter 55, commencing with

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PRE-EXISTING CONDITIONS (continued from page 16)

Section 1071, Civilian Health and Medical Program of the Uniformed services (CHAMPUS);

6. A medical care program of the Indian Health Service or of a tribal organization;

7. A state health benefits risk pool;

8. A health plan offered under 5 U.S.C.A. Chapter 89, commencing with Section 8901, Federal Employees Health Benefits Program (FEHBP);

9. A public health plan as defined in federal regulations authorized by Section 2701(c)(1)(l) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996;

10. A health Benefit plan under Section 5(e) of the Peace Corps Act, 22 U.S.C.A. Sec. 2504(e); or

11. Any other creditable coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act, 42 U.S.C. Sec. 300gg(c).

EXCESS COVERAGE

After the Company pays an initial amount of $100, no benefits in excess of this initial amount are payable under this Policy for any expense incurred for Injury or Sickness which is paid or payable by other valid and collectible insurance except under an automobile insurance policy. Benefits paid or payable by other valid and collectible insurance include benefits that would have been received had a claim for benefits been duly made therefore.

Covered Charges exclude amounts not covered by the primary carrier due to penalties imposed on the Covered Person for failing to comply with policy provisions or requirements.

DEFINITIONS

Accident means an event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

Company means Nationwide Life Insurance Company.

Copayment or Copay means a specified dollar amount a Covered Person must pay for specified covered services. The Copayment is separate from and not a part of the Deductible or coinsurance or Out-of-Pocket Maximum.

Covered Charge means those charges for any treatment, services or supplies:

1. For Preferred Providers, not in excess of the Preferred Allowance;

2. For Out-of-Network Providers not in excess of the Reasonable and Customary Expense; and

3. Not in excess of the charges that would have been made in the absence of this insurance; and

4. Not otherwise excluded under this Policy; and

5. Incurred while this Policy is in force as to the Covered

(continued on page 18)
DEFINITIONS (continued from page 17)

Person, except with respect to any covered expense payable under the Extension of Benefits Provision.

Covered Person means a person: 1) who is eligible for coverage; and 2) who has paid the required premium; and 3) whose coverage has become effective and has not terminated.

Deductible means the amount of expenses for covered services and supplies which must be incurred by the Covered Person before specified benefits become payable.

Dependent means a person who is the Insured Student’s: 1) legally married spouse, who is not legally separated from the Insured Student and resides with the Insured Student; 2) Domestic Partner who resides with the Insured Student; or 3) child who is dependent upon the Insured Student for support and maintenance and is under the age of 26.

The term “child” refers to the Insured Student’s unmarried:

1. Natural child;
2. Stepchild (a stepchild is a dependent on the date the Insured Student marries the child’s parent);
3. Adopted child, including a child placed with the Insured Student for the purpose of adoption, from the moment of placement as certified by the agency making the placement; or
4. Foster child (a foster child is a dependent from the moment of placement with the Insured Student as certified by the agency making the placement.

Doctor means a practitioner of the healing arts who: 1) is properly licensed or certified to provide medical care under the laws of the state of practice; 2) provides medical services within the scope of his or her license or certificate; and 3) is not the Covered Person’s Family Member.

Doctor includes, but is not limited to, a: Doctor of Medicine (M.D.); Doctor of Osteopathy (D.O.); Doctor of Dentistry (D.D.S. or D.M.D.); Doctor of Podiatry (D.P.M.); Doctor of Optometry (O.D.); Doctor of Chiropractic (D.C.); Doctor’s Assistant (P.A.); Psychologist (Ph.D.); Nurse (R.N. or L.P.N), which may include a Nurse Midwife, Nurse Anesthetist, and Nurse Practitioner; Licensed Clinical Social Worker (L.C.S.W.); Physical Therapist (P.T. or R.P.T.); Occupational Therapist (O.T.R.); Speech Pathologist; Audiologist; Marriage and Family Therapist (M.F.T. or M.S.W.); Respiratory Care Practitioner; or Registered Dietitian (R.D.).

Domestic Partner means two individuals who both meet all of the following criteria:

1. Are 18 years of age or older;
2. Are competent to enter into a contract;
3. Are not legally married to, nor the Domestic Partner of, any other person;
4. Are not related by marriage;
5. Are not related by blood closer than permitted under marriage laws of the state in which they reside;

(continued on page 19)

DEFINITIONS (continued from page 18)

6. Have entered into the Domestic Partner relationship voluntarily, willingly, and without reservation;
7. Have entered into a relationship which is the functional equivalent of a marriage, and which includes joint responsibility for each other’s basic living expenses;
8. Have been living together as a couple for at least six (6) months prior to obtaining the coverage provided under this Policy and;
9. Intend to continue the Domestic Partner relationship indefinitely, while understanding that the relationship is terminable at the will of either partner.

A copy of a signed affidavit is required upon enrollment.

Emergency means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: 1) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part.

Experimental/Investigational means the service or supply has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication.

Family Member means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child). A Family Member includes an individual who normally lives in the Covered Person’s household.

Hospital means a facility which provides diagnosis, treatment, and care of persons who need acute inpatient hospital care under the supervision of Doctors. It must be licensed as a general acute care hospital according to state and local laws.

Hospital shall also include a psychiatric health facility for the treatment of mental or psychoneurotic disorders. Facilities primarily treating drug addiction or alcoholism that are licensed to provide these services are also included in this definition. Hospital also includes an ambulatory surgical center or ambulatory medical center, and a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically required for treatment of physical disability. Hospital includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital does not include an institution, or part thereof, which is other than incidentally a nursing home, a

(continued on page 20)
DEFINITIONS (continued from page 19)
convalescent hospital, or a place for rest or the aged or which provides educational or custodial care, or a hospice.

Hospital Confined/Hospital Confinement or Inpatient means confinement in a Hospital for at least 18 hours or greater for which a room and board charge is made by reason of Sickness or Injury for which benefits are payable.

Injury means bodily injury due to a sudden, unforeseeable, external event which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

Involuntary Loss of Coverage means that prior coverage has been involuntarily terminated due to no fault of the Covered Person, which includes coverage that terminates due to a loss of employment by the student or the student’s spouse or parent. This definition does not include coverage that has a predetermined termination date, or expiration of COBRA eligibility, and does not apply to coverage that has been voluntarily terminated.

Lifetime Aggregate Maximum means the maximum amount of benefits the Company will pay for each Injury or Sickness while a Covered Person is covered under this Policy or any other Policy issued to the Policyholder by the Company. This is inclusive and cumulative of any and all periods of coverage regardless of gaps in participation.

Medically Necessary means treatment or services that are: 1) required to meet the health care needs of the Covered Person; and 2) consistent (in scope, duration, intensity and frequency of treatment) with current scientifically based guidelines of national medical or research organizations or governmental agencies; and 3) consistent with the diagnosis of the condition; and 4) required for reasons other than the comfort or convenience of the Covered Person or provider; and 5) of demonstrated medical value and medical effectiveness.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

1. Is Experimental/Investigational or for research purposes;
2. Is provided solely for educational purposes or the convenience of the patient, the patient’s family, Doctor, Hospital or any other Doctor;
3. Exceeds in scope, duration or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
4. Could have been omitted without adversely affecting the patient’s condition or the quality of medical care;
5. Involves treatment with or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA). If the prescribed drug is recognized as safe and effective for

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CLAIM PROCEDURE

After you receive treatment, send all bills and receipts (for any expenses such as medicines, x-rays or laboratory charges) to AmeriBen at the address below, along with your name, birthdate and Policy Number (302-114-0409):

AmeriBen
P.O. Box 6947
Boise, ID 83707-0947

Providers may submit claims electronically:
PAYER ID 75137

If you have questions about the status of your claim after it has been submitted, please call AmeriBen at 1-877-955-1567 (Monday–Friday, 7:00 a.m. to 6:00 p.m. MST). You may also log on to www.myameriben.com to check on your claim status, view your Explanation of Benefits (EOB), access answers to frequently asked questions or submit inquiries by email directly to the AmeriBen Customer Care Center.

A claim must be submitted within 90 days after an Injury or Sickness has occurred, or as soon thereafter as is reasonably possible, in order for the claim to be paid.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

Always keep a copy of all documents submitted for claims.

NATIONWIDE LIFE INSURANCE COMPANY
HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to Nationwide Life Insurance Company®, National Casualty Company, and the area within Nationwide Mutual Insurance Company® that performs healthcare functions. In this Notice, “Nationwide Life” or “We” means the healthcare functions of Nationwide Life Insurance Company, which is a hybrid covered entity (the healthcare functions of National Casualty Company, and Nationwide Mutual Insurance Company, a business associate). As permitted by law, Nationwide Life will share protected health information (PHI) of members as necessary to carry out treatment, payment, and healthcare operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members’ PHI and to provide members with notice of our legal duties and privacy practices with respect to their PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. Copies of the revised notices will be mailed to all current plan members or insureds.

Protected health information (PHI) that is the subject of this Notice is information that is created or received by Nationwide; and relates to the past, present, or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member; and that identifies the member or for which there is a reasonable basis to believe the information can be used to identify the member. It includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. Except as outlined below, we will not use or disclose your PHI for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, unless we have taken any action in reliance on the authorization.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make. We may release your PHI to your plan sponsor, provided your plan sponsor certifies that the information provided will be maintained in a confidential manner and not used in any other manner not permitted by law.

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HIPAA NOTICE (continued from page 23)

OTHER PRIVACY LAWS AND REGULATIONS
Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact.

RIGHTS THAT YOU HAVE
Access to Your Protected Health Information. You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact.

Amendments to Your Protected Health Information. You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested Amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact.

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on some of our uses and disclosures of your PHI. We are not required to agree to your restriction request. A request form can be obtained by writing your designated contact.

Disclosures for Treatment, Payment and Health Care Operations. We will make disclosures of your PHI as necessary for your treatment, payment, and/or health care operations. For instance, for your Treatment, a Doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For Payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For Health Care Operations, we will use and disclose your PHI as necessary, and as permitted by law, for our health care operations, which include responding to customer inquiries regarding benefits and claims.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person’s involvement in caring for you or paying for your care.

If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

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HIPAA NOTICE (continued from page 24)

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide some of your PHI to one or more of these outside persons or organizations. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services. We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services which may be available to you as a member of the health plan. For example, we may use your PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Information Received Pre-enrollment. We may request and receive from you and your health care providers PHI either prior to your enrollment in the health plan or the issuance of your policy. We will use this information to determine whether you are eligible to enroll in the health plan and to determine your rates. We will protect the confidentiality of that information in the same manner as all other PHI we maintain and, if you do not enroll in the health plan we will not use or disclose the information about you we obtained without your authorization.

Communications With You. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the “Contact Information” section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

CONTACT INFORMATION
If you have any questions about this statement, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling 1-877-955-1567, or mail your request to:

Karen Maciejewski
Privacy Officer
AmeriBen
3449 East Copper Point Drive
Meridian, ID 83642

As a member, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE
This Nationwide Life HIPAA Notice of Privacy Practices is effective April 14, 2003.
CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE
If you are no longer eligible to be insured under the plan, you should request a Certification of Qualifying Health Plan Coverage from Renaissance Insurance Agency, Inc. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

AUTHORIZED REPRESENTATION
In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority.
If you would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Renaissance Insurance Agency, Inc. at the address below or complete a form via the internet at: www.renstudent.com.

SUMMARY OF PRIVACY POLICY
We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about Covered Persons and we are committed to protecting the privacy of Covered Persons. We do not disclose any nonpublic information about Covered Persons to anyone, except as permitted or required by law. We do not sell or otherwise disclose Covered Person’s personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about Covered Persons from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. Covered Persons have the right to access, review and correct all personal information collected. Covered Persons may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing the Policy, by writing to the address or visiting the website shown below. Covered Persons may also submit a request, in writing, to review your information at the address below.

Attention: Privacy Manager
Renaissance Insurance Agency, Inc.
P.O. Box 2300
Santa Monica, CA 90407-2300
Phone: 1-800-537-1777
Facsimile: 1-310-394-0142
Website: www.renstudent.com
CA License No. 0G55426

MEDEX ACCESS PROGRAM
The following description of the MEDEXACCESS Program has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the Student Health Insurance Plan described herein. MEDEX ACCESS is not insurance. It does not pay for transportation or medical costs.

MEDEX MEMBERSHIP SERVICES
As a student participating in this Student Health Insurance Plan, You are automatically enrolled as a Member in the MEDEX Program.
MEDEX ACCESS is a comprehensive program providing You with 24/7 emergency medical assistance—including emergency evacuation and repatriation—and other travel assistance services when You are outside Your home country or 100 or more miles away from Your permanent residence in Your home country. Expatriates are eligible regardless of distance from Your expatriate home.

PROGRAM DESCRIPTION
MEDEX ACCESS provides You with Medical Assistance Services, Medical Evacuation and Repatriation Services, Travel Assistance Services, and Personal Security Services as described below. These services are subject to certain Conditions, Limitations, and Exclusions also described below.

MEDICAL ASSISTANCE SERVICES
Worldwide Medical and Dental Referrals: We will provide referrals to help You locate appropriate treatment or care.
Monitoring of Treatment: Our Assistance Coordinators will continually monitor Your case. In addition, Our MEDEX Physician Advisors provide Us consultative and advisory services, including review and analysis of the quality of medical care You are receiving.
Facilitation of Hospital Payments: Upon securing payment or a guarantee to reimburse, We will either wire funds or guarantee required emergency hospital admittance deposits. You are ultimately responsible for the payment of the cost of medical care and treatment, including hospital expenses.
Transfer of Insurance Information to Medical Providers: We will assist You with hospital admission, such as relaying insurance benefit information, to help prevent delays or denials of medical care. We will also assist with discharge planning.
Medication, Vaccine and Blood Transfers: In the event medication, vaccines, or blood products are not available locally, or a prescription medication is lost or stolen, We will coordinate their transfer to You upon the prescribing physician’s authorization, if it is legally permissible.
Dispatch of Doctors/Specialists: In an Emergency where You cannot adequately be assessed by telephone for possible evacuation, or You cannot be moved and local treatment is unavailable, We will send an appropriate medical practitioner to You.

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MEDEX (continued from page 27)

Transfer of Medical Records: Upon Your consent, We will assist with the transfer of medical information and records to You or the treating physician.

Continuous Updates to Family, Employer, and Home Physician: With Your approval, We will provide case updates to appropriate individuals You designate in order to keep them informed.

Hotel Arrangements for Convalescence: We will assist You with the arrangement of hotel stays and room requirements before or after hospitalization.

Replacement of Corrective Lenses and Medical Devices: We will coordinate the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

MEDICAL EVACUATION AND REPATRIATION SERVICES

Emergency Medical Evacuation: If You sustain an Injury or suffer a sudden and unexpected Illness and adequate medical treatment is not available in Your current location, We will arrange for a medically supervised evacuation to the nearest medical facility. We determine to be capable of providing appropriate medical treatment. Your medical condition and situation must be such that, in the professional opinion of the health care provider and MEDEX, You require immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment.

Transportation to Join a Hospitalized Member: If You are traveling alone and are or will be hospitalized We will coordinate transportation for a person of Your choice to join You.

Return of Dependent Children: If Your Dependent child(ren) age 18 or under are present but left unattended as a result of Your Injury or Illness, We will coordinate the return to Your Home Country. We will also arrange for the services of a qualified escort, if required and as determined by MEDEX.

Transportation After Stabilization: Following emergency medical evacuation and stabilization, We will coordinate transportation to Your point of origin. If following stabilization We determine that hospitalization or rehabilitation should occur in Your Home Country, We will alternatively coordinate Your transportation there.

Repatriation of Mortal Remains: If You sustain an Injury or suffer a sudden and unexpected Illness that results in Your death, We will assist in obtaining the necessary clearances for Your cremation or the return of Your mortal remains. We will coordinate the preparation and transportation of Your mortal remains to Your Home Country.

TRAVEL ASSISTANCE SERVICES

Replacement of Lost or Stolen Travel Documents: We will assist You in taking the necessary steps to replace passports, tickets, and other important travel documents.

MEDEX (continued from page 28)

Emergency Travel Arrangements: We will make new reservations for airlines, hotels, and other travel services in the event of an Illness or Injury.

Transfer of Funds: We will provide You with an emergency cash advance subject to Us first securing funds from You or Your family.

Legal Referrals: Should You require legal assistance, We will direct You to an attorney and assist You in securing a bail bond.

Translation Services: Our multilingual Assistance Coordinators are available to provide immediate verbal translation assistance in a variety of languages in an emergency; otherwise, We will provide You with referrals to local interpreter services.

Message Transmittals: You may send and receive emergency messages toll-free, 24-hours a day, through our Emergency Response Center.

Emergency Pet Housing and/or Pet Return: We will coordinate arrangements for temporary boarding or the return of a pet left unattended as a result of Your Injury or Illness.

WORLDWIDE DESTINATION INTELLIGENCE

Pre-Travel Information: Upon Your request, We can provide continuously updated destination intelligence for 173 countries covering subject areas such as weather, currency and culture.

Travel and Health Information: Upon Your request We can provide You with continuous updates on travel and health information such as immunizations, vaccinations, regional health concerns, entry and exit requirements, and transportation information.

Real-time Security Intelligence: Upon Your request We will provide You with the latest authoritative information and security guidance for over 173 countries and 283 cities. Our global security database is continuously updated and includes intelligence from thousands of worldwide sources.

PERSONAL SECURITY SERVICES

Political Evacuation Services: In the event of a threatening political situation, such as military uprising or coup, We will assist You in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

Security Evacuation Services: In the event of a threatening situation, We will assist You in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

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Transportation After Political or Security Evacuation:
Following a Security or Political Evacuation and when
safety allows, We will coordinate Your return to either
Your Host Country or Your Home Country.

PROGRAM DEFINITIONS
The following definitions apply:
“Enrollment Period” means the period of time for which
You are validly enrolled for MEDEX ACCESS.
“Expatriate” means individual traveler whose trip exceeds
90 consecutive days or whose travel exceeds 180 days
in a 12-month period.
“Home Country” means the country as shown on Your
passport or the country where You have Your permanent
residence.
“Illness” means a sudden and unexpected sickness that
manifests itself during Your Enrollment Period.
“Injury” means an identifiable accidental injury caused by
a sudden, unexpected, unusual, specific event that occurs
during Your Enrollment Period.
“MEDEX Physician Advisors” means physicians, retained
by MEDEX to provide Us with consultative and advisory
services, including the review and analysis of the quality
of medical care You are receiving.
“We,” “Us,” “Our,” and “MEDEX” means MEDEX Assistance
Corporation.
“You” and “Your” means a person validly enrolled for
MEDEX ACCESS.

CONDITIONS AND LIMITATIONS
The services described are available to You only during
Your Enrollment Period and only when You are 100 or
more miles away from Your permanent residence in Your
Home Country or Expatriates without regard to the distance
from Your Expatriate residence.

HOW TO ACCESS MEDEX ACCESS SERVICES
Call Collect 1-410-453-6330
24 hours a day, 7 days a week, 365 days a year
or dial the country number on Your ID card.

Download Your MEDEX ID Card at
www.renstudent.com/touro

Your MEDEX identification card is Your key to travel
security. If You have a medical or travel problem, simply call
us for assistance. Our toll-free and collect-call telephone
numbers are printed on Your ID card. Either dial the toll-free
number of the country You are in, or call the Emergency
Response Center collect at:1-410-453-6330

A multilingual assistance coordinator will ask for Your
name, the client name, the MEDEX ID number shown on
Your card (#30611), and a description of Your situation.
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. We will then take the appropriate action
to assist You and monitor Your care until the situation is
resolved.

FDH ACCESS
DISCOUNT DENTAL NETWORKS
The following information provides a description of
the First Dental Health (FDH) Access discount dental
networks. The FDH Access discount dental networks
are included in the cost of the Student Health Insurance
Plan described herein, for the convenience of the student
(and any covered Dependents), but it is separate from the
coverage provided by that plan and cannot be purchased
separately. It has the same effective dates as the Student
Health Insurance Plan.

FDH Access networks include credentialed participating
general dentists and specialists who offer eligible members
pre-negotiated reduced fees on their dental care. It is
not insurance. There are no insurance payments, claims
submissions or reimbursement services. Eligible members
are responsible for paying the reduced fees directly to the
dentist at the time of service. The FDH Access networks
are managed by First Dental Health.

Eligible members can save between 25 and 65 percent
on all common dental procedures from more than 18,000
participating general dentist and specialists locations in
California and Nevada. Discounts are available immediately
for procedures performed within the FDH Access Networks
(there are no waiting periods, exclusions or limitations).
However, any dental work begun prior to the start of your
effective date is not eligible for the discounted fees.

To receive the FDH Access discount in California present
your insurance ID card to a participating provider at the
time of service and show them the FDH Access logo on
the back of the card. In Nevada show the participating
provider the DDS, Inc. logo on the back of the card.
To locate a provider in your area, or to see a list of
discounted fees, please visit the FDH Access website at
www.FDHaccess.com. To verify fees and discounted
procedures, please call FDH toll free at 1-800-334-7244.

In Nevada

In California
OPTUM NURSELINE

This plan incorporates access to the Optum NurseLine, which provides direct access to nurses who can provide the Covered Person with immediate general information and advice about health care issues. Optum’s skilled nurses deliver satisfaction and peace of mind for nearly any health concern 24 hours a day, seven days a week. For example, NurseLine nurses help callers:

- Learn self-care for minor illnesses and injuries
- Understand diagnosed conditions
- Manage chronic diseases
- Discover and evaluate possible benefits and risks of various treatment options
- Learn about specific medications
- Prepare questions for Doctor visits
- Develop and maintain healthful living habits

Bilingual nurses are available to address the needs of Spanish-speaking callers and through the Language Line translation service they can support callers in more than 140 languages.

Individuals also have access to more than 1,700 recorded messages, through the audio Health Information Library.

To access the Optum NurseLine:
1. Call 1-877-856-8163
2. Press 1 for a NurseLine registered nurse
3. Press 2 for the Health Information Library (use the PIN 793)

For further information, visit www.healthforums.com.

2011-2012
STUDENT HEALTH INSURANCE PLAN

Insurance Company:
Nationwide Life Insurance Company

Policy Number:
302-114-0409

For questions regarding eligibility, benefits or claims:
AmeriBen
P.O. Box 6947
Boise, ID 83707-0947
Toll-Free 1-877-955-1567
www.myameriben.com

To download claim forms, ID cards or a copy of this brochure, visit:
www.renstudent.com/touro

NO-COST LANGUAGE ASSISTANCE SERVICES
You can get an interpreter and get documents read to you in your language. For help, call the number listed on your insurance ID card or 1-800-953-1801. For more help call the CA Department of Insurance at 1-800-927-4357.