

STUDENT HEALTH INSURANCE  
PLANS  
2005-2006  
FOR STUDENTS OF



ARGOSY UNIVERSITY  
WESTERN STATE UNIVERSITY

Claims Administered By:  
Personal Insurance Administrators, Inc.  
P O Box 6040  
Agoura Hills CA 91376-6040  
1-800-468-4343

Policy Number 18031

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USI and Fairmont Premier Insurance Company are wholly separate from Argosy University and Western State University, and Argosy University and Western State University have no financial interest in their operations, nor does Argosy University and Western State University make any representation as to the quality or adequacy of medical care or insurance coverage provided to any student during his or her enrollment at Argosy University or Western State University.

## ELIGIBILITY

**ALL STUDENTS** of Argosy University and Western State University who are enrolled at least half-time in a degree seeking program are eligible for this medical plan. In order to be accepted, students must enroll within 31 days of the effective date for the term applied.

DEPENDENT COVERAGE is available. Insured Students may also enroll their eligible dependents in the plan.

An eligible Dependent is:

- 1) An Insured Student's spouse, who is not legally separated from the Insured Student; or
- 2) The unmarried child or children under age 19, or up to age 25 if a full-time student, who are not self-supporting. Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

A child of an Insured Student or an Insured spouse will be covered under the Policy for the first 31 days after:

- 1) Birth of a Newborn Child;
- 2) The effective date of adoption of the child; or
- 3) The date of placement of the child for adoption.

The Insured Student will have the right to continue such 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) Apply for coverage; and
- 2) Pay the required additional premium. 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 first 31 days after the child's birth, adoption or placement for adoption.

"Newborn Child" means:

- 1) A newly born child of the Insured Student from the moment of birth provided that the Insured Student is insured under the Policy;
- 2) A child to whom a decree of adoption by the Insured Student has been entered within thirty-one days after the date of the child's birth and the Insured Student has temporary custody of the child provided the person adopting the child is Insured under the Policy on the date of child is placed with the Insured Student; and,

**ELIGIBILITY CONTINUED.....**

3) A child adopted by the Insured Student whose adoption proceedings have been completed and a decree of adoption entered within one year from the institution of proceedings, unless extended by order of the court by reason of special needs of the child provided the person adopting the child is Insured under the Policy on the date of child the adoption becomes effective.

Dependent eligibility expires concurrently with that of the Insured Student.

**HOW TO APPLY FOR COVERAGE**

Eligible Argosy University and Western State University students have two plans to choose from. Please refer to the Schedule of Benefits in this booklet for a comparison of the two plans offered.

TO ENROLL IN THIS COVERAGE, students must complete the enrollment form and remit a check or money order for the quarterly premium to USI NW in Portland, Oregon.

PLEASE NOTE: You will not be able to switch plans after your initial enrollment for the balance of the 2005-2006 school year (until September 1, 2006).

**PLAN ONE**  
**QUARTERLY PREMIUMS AND EFFECTIVE DATES**

<b><u>PLAN ONE</u></b>	<b><u>Fall Quarter</u> 9/1/05-11/30/05</b>	<b><u>Winter Quarter</u> 12/1/05- 2/28/06</b>	<b><u>Spring Quarter</u> 3/1/06-5/31/06</b>	<b><u>Summer Quarter</u> 6/1/06 – 8/31/06</b>
<b>Student Only Age 24 &amp; Under</b>	<b>\$538.50</b>	<b>\$538.50</b>	<b>\$538.50</b>	<b>\$538.50</b>
<b>Student Only Age 25 &amp; Over</b>	<b>\$813.76</b>	<b>\$813.75</b>	<b>\$813.75</b>	<b>\$813.75</b>
<b>Spouse Age 24 &amp; Under</b>	<b>\$1,077.00</b>	<b>\$1,077.00</b>	<b>\$1,077.00</b>	<b>\$1,077.00</b>
<b>Spouse Age 25 &amp; Over</b>	<b>\$1,625.25</b>	<b>\$1,625.25</b>	<b>\$1,625.25</b>	<b>\$1,625.25</b>
<b>Per Child</b>	<b>\$646.00</b>	<b>\$646.00</b>	<b>\$646.00</b>	<b>\$646.00</b>

**HOW TO APPLY FOR COVERAGE CONTINUED.....**

**PLAN TWO**  
**QUARTERLY PREMIUMS AND EFFECTIVE DATES**

<b><u>PLAN TWO</u></b>	<b><u>Fall Quarter</u></b> 9/1/05-11/30/05	<b><u>Winter Quarter</u></b> 12/1/05- 2/28/06	<b><u>Spring Quarter</u></b> 3/1/06-5/31/06	<b><u>Summer Quarter</u></b> 6/1/06 – 8/31/06
Student Only Age 24 & Under	\$195.50	\$195.50	\$195.50	\$195.50
Student Only Age 25 & Over	\$300.75	\$300.75	\$300.75	\$300.75
Spouse Age 24 & Under	\$488.75	\$488.75	\$488.75	\$488.75
Spouse Age 25 & Over	\$749.75	\$749.75	\$749.75	\$749.75
Per Child	\$293.25	\$293.25	\$293.25	\$293.25

Premiums will not be pro-rated.

Refunds of premium are allowed only upon entry into the armed forces.

**DEADLINES FOR ENROLLMENT:**  
**(MUST BE POSTMARKED ON OR BEFORE DEADLINE DATE)**

<b><u>QUARTER</u></b>	<b><u>EFFECTIVE DATE OF COVERAGE</u></b>	<b><u>ENROLLMENT DEADLINE</u></b>
FALL QUARTER 2005	SEPTEMBER 1, 2005	OCTOBER 31, 2005
WINTER QUARTER 2005	DECEMBER 1, 2005	DECEMBER 31, 2005
SPRING QUARTER 2006	MARCH 1, 2006	MARCH 31, 2006
SUMMER QUARTER 2006	JUNE 1, 2006	JULY 1, 2006

After your initial enrollment and quarterly premium payment are received, you will be billed directly for each subsequent quarterly premium for the balance of the 2005-2006 school year.

To avoid a lapse in coverage your premium will be due by the due date. For example if your premium is due December 1, 2005, your premium must be received by December 1, 2005. If it is not received by that date, your coverage will be terminated paid to December 1, 2005.

This policy is a non-renewable one year term Policy. Enrollment in the plan is quarterly (3 months). The Eligible Student and their Eligible Dependents may apply for coverage beginning September 1, 2005, December 1, 2005, March 1, 2006 or June 1, 2006 depending on when you begin classes.

## **HOW TO APPLY FOR COVERAGE CONTINUED.....**

The Master Policy on file at the University becomes effective at 12:01 a.m., September 1, 2005. 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. The Master Policy terminates at 12:01 a.m., September 1, 2006. Coverage terminates on that date or at the end of the period through which premium is paid.

Once you graduate you may continue your coverage one more quarter after graduation. For example: you are on the plan paid to June 1, 2006 and graduate in May 2006. You can then continue your coverage for one more quarter, from June 1 through August 31, 2006.

**ANY QUESTIONS REGARDING ELIGIBILITY OR PREMIUM PAYMENTS SHOULD BE DIRECTED TO USI NW AT 1-800-251-4246.**

## **EXTENSION OF BENEFITS**

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 medical expenses for such Injury or Sickness will continue to be paid during the hospital confinement as long as the confinement continues but not to exceed 12 months after the termination date. 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 benefits provided under the plan.

## **CERTIFICATE OF CREDITABLE COVERAGE**

When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this policy. You may need such a certificate if you become covered under a group policy or other health plan within 63 days after your coverage under this policy terminates. If the subsequent policy excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations.

To obtain a Certificate of Creditable Coverage, please contact USI NW at 1-800-251-4246.

**2005-2006 ARGOSY UNIVERSITY/WESTERN STATE UNIVERSITY  
ENROLLMENT FORM  
STUDENT ACCIDENT & HEALTH INSURANCE**

1. \_\_\_\_\_ Male  
 (Print) **Primary Applicant's Last Name** **First Name** **MI** Female
2. \_\_\_\_\_  
 (Mailing Address) **Address** **City** **State** **Zip**
3.   /  /   \_\_\_\_\_ (    ) \_\_\_\_\_  
**Date of Birth** **Student ID Number** **Telephone Number**
4. \_\_\_\_\_  
**E-Mail Address**
5. Indicate Coverage Selected and Effective Date: (Please circle)

<u>PLAN ONE</u>	<u>Fall Quarter</u> 9/1/05-11/30/05	<u>Winter Quarter</u> 12/1/05- 2/28/06	<u>Spring Quarter</u> 3/1/06-5/31/06	<u>Summer Quarter</u> 6/1/06 – 8/31/06
Student Only Age 24 & Under	\$538.50	\$538.50	\$538.50	\$538.50
Student Only Age 25 & Over	\$813.75	\$813.75	\$813.75	\$813.75
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Spouse Age 25 & Over	\$1,625.25	\$1,625.25	\$1,625.25	\$1,625.25
Per Child	\$646.00	\$646.00	\$646.00	\$646.00

<u>PLAN TWO</u>	<u>Fall Quarter</u> 9/1/05-11/30/05	<u>Winter Quarter</u> 12/1/05- 2/28/06	<u>Spring Quarter</u> 3/1/06-5/31/06	<u>Summer Quarter</u> 6/1/06 – 8/31/06
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Student Only Age 25 & Over	\$300.75	\$300.75	\$300.75	\$300.75
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Spouse Age 25 & Over	\$749.75	\$749.75	\$749.75	\$749.75
Per Child	\$293.25	\$293.25	\$293.25	\$293.25

Once you enroll for a plan and submit the first quarterly premium with your enrollment form, you will be billed directly on a quarterly basis for each remaining quarter of the 2005-2006 school year. You may not switch plans until the next school year, September 1, 2006, once your initial enrollment has been received. Premiums will not be pro-rated.

**DEADLINES FOR ENROLLMENT: (ENROLLMENT MUST BE POSTMARKED ON OR BEFORE DEADLINE DATE)**

<u>QUARTER</u>	<u>EFFECTIVE DATE OF COVERAGE</u>	<u>ENROLLMENT DEADLINE</u>
FALL QUARTER 2005	SEPTEMBER 1, 2005	OCTOBER 1, 2005
WINTER QUARTER 2005	DECEMBER 1, 2005	DECEMBER 31, 2005
SPRING QUARTER 2006	MARCH 1, 2006	MARCH 31, 2006
SUMMER QUARTER 2006	JUNE 1, 2006	JULY 1, 2006

TOTAL AMOUNT SUBMITTED: \$ \_\_\_\_\_ PAYMENT METHOD: CHECK OR MONEY ORDER

MAKE PAYABLE TO: USI NW  
SEND TO: ATTENTION: PATRICIA WYLIE  
700 NE MULTNOMAH SUITE 1300  
PORTLAND OR 97232

6. **Dependent Information** (Please Print):

Spouse:	_____	_____	_____	Male	Date of Birth
	Last Name	First Name	MI	Female	__/__/____
Child:	_____	_____	_____	Male	Date of Birth
	Last Name	First Name	MI	Female	__/__/____
Child:	_____	_____	_____	Male	Date of Birth
	Last Name	First Name	MI	Female	__/__/____

7. By signing below, I certify that I and the individuals named herein are eligible for the insurance.

\_\_\_\_\_  
Signature Printed Name Date

AHU-27261

Student

**IF YOU HAVE ANY QUESTIONS ABOUT ENROLLMENT,  
COVERAGE OR ELIGIBILITY, PLEASE CALL:**

**USI NW  
1-800-251-4246 (M-F 8:00AM TO 4:30PM)  
ASK FOR PATRICIA WYLIE OR BRYDIS BOYD**

