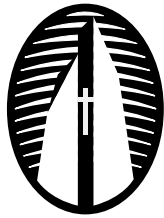


**STUDENT
HEALTH
INSURANCE
PLAN
2004-2005**



**GEORGE FOX
UNIVERSITY**

**designed especially for
students of
GEORGE FOX UNIVERSITY
Newberg, Oregon**

Policy No. 18007

Group No. TP SI0004

ELIGIBILITY

ALL FULL-TIME UNDERGRADUATE &

GRADUATE STUDENTS of George Fox University are required to have insurance coverage. Any student with existing health insurance coverage may be exempted from participation in the student group plan by completing and filing a waiver form each academic year. Forms for this purpose are available in the summer mailings and in the Student Accounts office.

COVERAGE PERIOD AND RATES

Student Rate:

Annual:	\$1026.00	8/16/04 - 8/15/05
Spring:	\$ 615.00	1/10/05 - 8/15/05
Masters of Art in Teaching Students		
Annual:	\$1026.00	6/14/04 - 6/13/05

Provided an enrollment form is correctly completed and proper premium is timely received, an Eligible Student becomes an Insured Individual on the first day of the school term for which coverage is applied for or, if different, the effective date required by the Policyholder for all similarly situated eligible persons.

Coverage will automatically terminate on the earliest of:

- The date the policy terminates;
- The last day of the period for which premium has been timely paid according to policy provisions;
- The date the Insured Individual is no longer eligible for coverage. To avoid a break in coverage, students should make sure coverage is in place and paid for when taking a term off from school, even if the student is leaving the country. Coverage provided by the policy may be considered Creditable Coverage for individuals moving from this policy to group coverage provided under another qualified plan. If you are uncertain when your coverage will end, or if Creditable Coverage applies, contact USI NW at 1-800-251-4246.



MEDICAL EXPENSE BENEFITS

This Student Health Plan is Primary Coverage. It is designed to give protection against substantial loss because of Sickness or Injury.

By enrolling in this insurance plan you have access to HC Direct Preferred Providers in Oregon.

This enhancement to your plan does not require you to use a Preferred Provider. You may receive care from any licensed provider (benefit eligibility is subject to plan design and the exclusions & limitations as specified in the policy), but if you incur an expense using a Preferred Provider, you will lower your out-of-pocket expense. Each Insured Individual has a Major Medical Benefit maximum of \$50,000.00 for each Injury or each Sickness.

Copayments and Coinsurance

A copayment will be applied to Covered Expenses as follows:

- For charges from a Doctor**, Covered Expenses will be paid at:
 - 90% without application of a copayment for services

- provided to an Insured Individual at the Student Health Center;
- 90% after the Insured Individual pays a \$20 copayment per visit for services provided by a HC Direct Preferred Provider; or
- 70% after the Insured Individual pays a \$20 copayment per visit for services provided by a Physician who is not a HC Direct Preferred Provider.

B. For charges incurred at an Emergency Room,

Covered Expenses will be paid at:

- 90% of preferred allowances after the insured individual pays a \$100 copayment per visit (waived if admitted) for services provided by a HC Direct Preferred Provider.
- 70% of UCR after the insured individual pays a \$100 copayment per visit (waived if admitted) for services provided by an emergency room which is not a participating provider.

C. For charges incurred at a Hospital (including inpatient and outpatient services, except Emergency Room),

Covered Expenses will be paid at:

- 90% of preferred allowances after the Insured Individual pays a \$50 copayment per admission or outpatient visit for services provided by a HC Direct Preferred Provider Hospital;
- 70% of UCR after the Insured Individual pays a \$50 copayment per admission or outpatient visit for services provided by a Hospital which is not a Participating Provider Hospital.

If it is not reasonably possible to get to a HC Direct Preferred Provider for care, such as if the Insured Individual is out of the HC Direct Preferred Provider's service area, benefits will be payable at the Preferred Provider level, subject to UCR, after a \$50 copayment at a Hospital, \$100 copayment at an emergency room or \$20 per doctor visit.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time of services by checking the HC Direct Website at www.hcdirect.net, calling 503-786-4697 or by asking the provider when you make an appointment for services.

When Traveling Outside of Oregon, Preferred Providers are part of the CCN Network. Preferred Providers can be found by checking www.ccnusa.com or by calling 1-800-226-5116.

Out-of-Pocket Expense Maximum

When \$2,000 in Out-of-Pocket Expenses has been paid by an Insured Individual during a school year, the level of benefit payments, if otherwise applicable, will automatically increase to 100% for additional Covered Expenses incurred by that Insured Individual during the remainder of that school year, and copayment charges will no longer apply. An Out-of-Pocket Expense is the 10% PPO/30% Non-PPO share of any otherwise Covered Expense and copayment amounts which an Insured Individual pays.

MEDICAL BENEFITS

Subject to the exclusions, limitations, and all other provisions of the policy, benefits are payable as stated above for a Covered Expense if: (1) the copayment requirement is met; (2) the expense is incurred due to a covered Injury or Sickness; and (3) the Insured Individual has not exceeded the Major Medical Benefit maximum for the Injury or Sickness for which the expense is incurred. Covered Expenses under the policy are limited to the following types of expenses prescribed by a Doctor for therapeutic treatment of covered Injury or Sickness when the fees for such are usual reasonable and customary:

- A. Charges for diagnosis and treatment by a Doctor, as defined.
- B. Charges for daily Hospital room and board not exceeding the Hospital's Average Semiprivate Charge and intensive care unit charges;
- C. Charges by a Hospital for medical care received on an outpatient basis and outpatient medical supplies used on the premises of a Hospital;
- D. Charges for laboratory, x-ray, and other diagnostic examinations;
- E. Charges for prescription drugs required to be dispensed by a licensed pharmacist, except the policy will pay 90% of charges for such drugs used on an inpatient at a PPO Hospital and 70% for such drugs used at a non-PPO Hospital and 50% of charges for brand name drugs or 80% for generic used for outpatient treatment;
- F. Charges for emergency professional ambulance service by ground or air to a Hospital (see Medical Evacuation Benefit for air service to an Insured Individual's home country) will be payable either directly to the provider or jointly to the provider and the Insured Individual;
- G. Charges for the following listed types of orthopedic or prosthetic devices or Hospital equipment:
 - a. man-made limbs or eyes for the replacing of natural limbs or eyes;
 - b. casts, splints or crutches;
 - c. purchase of a truss or brace;
 - d. oxygen and rental of equipment for giving oxygen;
 - e. rental of a wheelchair or hospital bed;
 - f. rental of dialysis equipment and supplies;
 - g. colostomy bags and ureterostomy bags;
 - h. two external post-operative breast prosthesis.
The policy will not cover rental charges for equipment in excess of the purchase price of the equipment;
- H. Charges for home health care performed by a licensed home health agency when prescribed by a Doctor in lieu of Hospital services, provided the Hospital services would have been Covered Expenses;
- I. Charges for an annual mammogram for women over 40, or more frequently if recommended by a Doctor, and an annual breast, pelvic and pap smear for women age 18 and over, or more frequently based on a Doctor's recommendation.
- J. Non prescription elemental enteral formula for home use if:
 - a. formula is medically necessary for treatment of severe intestinal malabsorption;
 - b. physician wrote an order for the formula;
 - c. formula comprises the sole source (essential) of nutrition;

- K. Immunizations to a maximum benefit per school year of \$250.00;
- L. Charges for diagnostic testing for learning disabilities. However, treatment of or therapy for learning disabilities shall be considered educational, therefore not a covered expense. **Students must be referred by the Health and Counseling Center (HCC) at George Fox University to be eligible for this benefit;**
- M. Diabetes self-management and education: Coverage for diabetes self-management is payable at 75% of the cost of the education program or \$120.00 whichever is the lesser, regardless of the deductible and coinsurance benefits applicable to other benefits under the policy.
- N. Charges for Chiropractic Care will be payable as follows: The office visit will be paid as any other Doctor visit, see page 2. The manipulation will be paid as Physiotherapy, see below.
- O. Charges for Physiotherapy which are incurred while not confined in a Hospital and which are billed by a Doctor or physiotherapist, up to \$50.00 per visit, limited to a maximum benefit of \$1,000.00 per policy year.
- P. Covered Expenses for pregnancy are payable on the same basis as Covered Expenses for any other Sickness with respect to any insured female. Pregnancy coverage also includes inpatient Hospital care following delivery in accordance with the guidelines recommended by the American Academy of Pediatrics and the American College of OB/GYN's. A decision to shorten the length of inpatient Hospital stay following childbirth to less than what is recommended must be made by the attending Doctor. If such a decision is made, pregnancy coverage shall also include coverage for one At-Home Post-Delivery Care visit, provided the visit will occur within 48 hours following the discharge of the mother and her newborn Child from the Hospital. However, at the mother's discretion, the visit may occur at the facility of the provider. A newborn child of an Insured Student will automatically be an Insured Individual for 31 days from the moment of its birth for Covered Expenses incurred which are due directly to injury or Sickness, premature birth, or a congenital condition which exists at birth.
- Q. Covered expenses for inpatient treatment of a Mental or Nervous Disorder or Substance Abuse up to an aggregate limit of 3 days of inpatient care per school year. Outpatient treatment will be paid subject to a maximum number of outpatient visits of 10 per school year. **Students must be referred by the Health and Counseling Center (HCC) at George Fox University to be eligible for the mental and nervous benefits.**
- R. Outpatient prescription drug charges, required to be dispensed by a licensed pharmacist, will be paid at 50% for any brand name drug or at 80% for generic. You may purchase your prescription at any pharmacy. After your purchase you must submit the itemized receipt along with a claim form to AAI for reimbursement.

STUDENT ASSISTANCE PLAN

Your plan contains the **Student Assistance Plan**, a comprehensive range of local and worldwide travel assistance that provides emergency medical assistance and non-medical travel assistance. Some of the services provided to you under

the Student Assistance Plan include emergency medical evacuation, repatriation, transportation arrangements, prescription drug assistance, translator services, bail-bond and baggage assistance. These services are available 24 hours a day, anywhere in the world, even at your school, if you are more than 100 miles away from your place of permanent residence. The Student Assistance Plan is provided by MedEx Assistance Corporation. Upon enrollment in the George Fox University Student Health Insurance Plan you will be sent a packet which will include a brochure and ID card from MedEx regarding this benefit. A toll-free or collect call immediately links you to MedEx's highly trained, multilingual assistance coordinators, 24 hours a day, 365 days a year.

1-800-537-2029 OR 1-410-453-6330
www.medexassist.com
Group No. 7274

EXTENSION OF BENEFITS

Benefits will still be payable up to a maximum benefit of \$5,000.00 or 13 weeks, whichever comes first, for a covered Injury or Sickness for which an Insured Individual has a continuing claim on the date the Individual's insurance terminates. Such benefits terminate if the Insured Individual becomes covered for the Injury or Sickness, for which benefits were continued, under any other medical coverage. However, if the Insured Individual is a registered bed-patient in a Hospital when the policy ends and the policy is immediately replaced by another group health plan, Benefits will continue for the insured Individual until the earliest of the following:

1. the date inpatient Hospital confinement ends; or
2. the Hospital benefits under the policy are exhausted.

EXCEPTIONS AND EXCLUSIONS

No benefits will be paid for loss or expense caused by or resulting from:

1. Any Sickness, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, for a period of six months, unless Qualifying Prior Coverage is applied.
2. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution.
3. Services covered or provided by the student health fee.
4. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury; unless specifically provided for in the Schedule.
5. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
6. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
7. Dental treatment, except as specifically provided for in the Schedule.
8. War or any act of war, declared or undeclared, or while in the armed forces of any country.
9. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;

10. Intentionally self inflicted injury, suicide or any attempt thereat.
11. Injury of any covered person sustained while:
 - a. Participating in any school, professional or organized sports contest or competition, unless specifically list in the Schedule;
 - b. Traveling to or from such sport, contest or competition as a participant; or
 - c. During participation in any practice or conditioning program for such sport, contest or competition.
12. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
13. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:
 - a. The services are rendered on an medical emergency basis; and
 - b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
14. Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
15. Elective surgery and elective treatment, including but not limited to; acupuncture; birth control, including supplies and devices; biofeedback-type services; breast implants; breast reduction; circumcision; cosmetic treatment or cosmetic surgery; deviated nasal septum, including submucous resection and/or other surgical correction thereof; elective abortion; family planning; hair growth, replacement or removal, alopecia; impotence, organic or otherwise; learning disabilities, except for testing; nonmalignant warts, moles and lesions, unless for diagnostic purposes; obesity and any condition resulting therefrom (including hernia of any kind), except for Treatment of an underlying Covered Sickness; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia and temporomandibular joint dysfunction (TMJ); sleep disorders, including testing thereof; smoking cessation; vitamins; antitoxins; and weight increase or reduction, except as required to correct an injury for which benefits are otherwise payable under the policy.
16. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
17. Braces and appliances, except as specifically provided for in the Schedule.
18. Replacement braces and appliances.
19. That part of medical expense payable by any automobile insurance policy without regard to fault.
20. Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license, except while in a Driver's Education Program.
21. Preventive medicines, serums, vaccines.
22. Rest cures or custodial care.

PRE-EXISTING CONDITION LIMITATIONS

Pre-existing Conditions are not covered for a period of six months after the Effective Date of coverage. Pre-existing conditions means a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six months prior to the Effective Date of coverage. Genetic information does not constitute a pre-existing condition in the absence of a diagnosis of the condition related to such information. This pre-existing condition limitation does not apply to a newborn child or adopted child. Credit will be given for the time an insured is covered under a Qualifying Prior Coverage if the coverage was in force within 63 days prior to the effective date of this coverage in force with the school. The student is permitted to have a one term or semester break without restarting the pre-existing condition period. "Qualifying Prior Coverage" means any individual or group policy, contract, or program that is underwritten or administered by an insurer, nonprofit hospital service plan, care service plan, fraternal society, self-insured employer plan, or other type of entity that provides or arranges medical, hospital and surgical coverage, which does not supplement other private or governmental plans. This includes continuation or conversion coverage, but does not include accident-only, credit, disability income, Medicare Supplement, long term care, dental, vision, worker's compensation or similar law, or any other publicly sponsored health program.

DEFINITIONS

1. **Coinsurance** means the percentage amount of covered expenses for which you are responsible for any medical service or supply. The coinsurance is shown in the Schedule. We will pay the remaining amount of covered expenses, subject to the maximum amount for specific services and the maximum benefit for all services.
2. **Complications of pregnancy** means:
 - a. Conditions whose diagnosis is distinct from but adversely affected or caused by pregnancy and which require a hospital stay (when pregnancy is not terminated). Such conditions include, but are not limited to, acute nephritis; nephrosis; cardiac decompensation; missed abortion; hyperemesis gravidarum; pre eclampsia; and similar conditions of comparable severity; or
 - b. Cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy during a period of gestation when a viable birth is not possible. Complications of pregnancy do not include:
 - False labor;
 - Occasional spotting;
 - Doctor-prescribed rest during pregnancy;
 - Morning sickness; or
 - Similar conditions associated with a difficult pregnancy that are not classified as a complication of pregnancy.
3. **Covered expenses** means charges:
 - a. Not in excess of usual, reasonable and customary charge;
 - b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
 - c. Made for medical services and supplies not excluded under the policy;
 - d. Made for services and supplies which are medically necessary; and
 - e. Made for medical services specifically included in the Schedule.

4. **Covered person** means you and your eligible spouse and dependents covered under the policy. The proper premium payment must be made to be covered under the policy.
5. **Deductible** means the amount of covered expenses paid on behalf of a covered person before benefits are payable under the policy. The deductible amount is shown in the Schedule.
6. **Dependent** means your unmarried child who:
 - a. Chiefly relies on you for support and maintenance; and
 - b. Lives within the United States; and
 - c. Is within the following age groups unless otherwise shown in the Schedule:
 - 1) Under 19 years of age;
 - 2) 19 but less than 25 years of age and enrolled in a School as a full time student; or
 - 3) 19 or more years of age, and primarily supported by you and incapable of self sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a dependent under (1) or (2) above. We may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year. "Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.
7. **Doctor** means a licensed practitioner of the healing arts acting within the scope of his license, including a certified nurse practitioner performing services within the lawful scope of nurse practitioner practice. Doctor includes a physician assistant licensed under ORS 655.515(4) when acting within the scope of his license. Doctor shall include a Clinical Social Worker licensed under ORS 675.510 to 675.600.

Doctor does not include:

 - a. You;
 - b. Your spouse, dependent, parent, brother, or sister; or
 - c. A person who ordinarily resides with you.
8. **Hospital** means an institution:
 - a. Operated pursuant to law;
 - b. Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
 - c. Under the supervision of a staff of doctors;
 - d. Providing 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
 - e. With medical, diagnostic and treatment facilities, and with major surgical facilities;
 - 1) On its premises; or
 - 2) Available on a prearranged basis; and
 - f. Charging for its services.

Hospital includes a hospital owned or operated by the State of Oregon or any state approved community mental health and developmental disabilities program.

Hospital does not include a clinic or facility for:

 - Convalescent, custodial, educational or nursing care;
 - The aged, drug addicts or alcoholics; or
 - Rehabilitation.

Hospital includes a hospital owned or operated by the State of Oregon or any state approved

- community mental health and developmental disabilities program.
9. **Hospital stay** means a medically necessary overnight confinement in a hospital when room and board and general nursing care are provided and a per diem charge is made by the hospital.
 10. **Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.
 11. **Intensive care** means:
 - a. A specifically designated facility of the hospital that provides the highest level of medical care; and
 - b. Restricted to those patients who are critically ill or injured.
Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. It must be:
 - (i) Permanently equipped with special life-saving equipment for the care of the critically ill or injured; and
 - (ii) Under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

Intensive care does not mean any of these step-down units:

 - Progressive care;
 - Sub-acute intensive care;
 - Intermediate care units;
 - Private monitored rooms;
 - Observation units; or
 - Other facilities not meeting the standards for intensive care.
 12. **Emergency Medical Conditions** means a medical condition that manifests itself by symptoms of sufficient severity including severe pain that a prudent layperson possessing an average knowledge of health and medicine would reasonable expect that failure to receive immediate medical attention would place the health of a person or fetus in the case of a pregnant woman, in serious jeopardy;
Expenses incurred for hospital emergency room will be paid only for a sickness or injury fulfilling the above conditions. These expenses will not be paid for minor sickness or minor injuries.
 13. **Medically necessary** means those services or supplies provided or prescribed by a hospital or doctor:
 - a. Essential for the symptoms and diagnosis or treatment of the sickness or injury;
 - b. Provided for the diagnosis, or the direct care and treatment of the sickness or injury;
 - c. In accordance with the standards of good medical practice;
 - d. Not primarily for your convenience or that of your doctor; and
 - e. That are the most appropriate supply or level of service that can safely be provided.
 14. **Natural teeth** means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.
 15. **Nurse** means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

16. **Participating institution** means the college or university you attend during your term of coverage.
17. **Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a doctor.
18. **Policyholder** means George Fox University.
19. **Prescription** means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.
20. **Prescription drug** means:
 - a. A legend drug;
 - b. A compound medication when at least one ingredient is a prescription legend drug;
 - c. Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or
 - d. Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.
22. **Primary insured** means you.
23. **Sickness** means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes pregnancy and complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.
24. **Spouse** means your lawful spouse.
25. **Term of coverage** means the period of coverage beginning with your Effective Date and ending upon completion of a trimester, semester or other measure of an academic session determined by the participating institution.
26. **Usual, reasonable and customary** means:
 - a. Charges and fees for medical services or supplies that are the lesser of:
 1. The usual charge by the provider for the service or supply given; or
 2. The average charged for the service or supply in the area where service or supply is received; and
 - b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.
Usual, reasonable and customary charges are calculated using the national database of Ingenix, Inc., at the 90th percentile.

CLAIMS PROCEDURE

Except for emergencies, the Insured Individual students should report to the George Fox University Health and Counseling Center (HCC), if possible, before the benefits can be utilized. (This does not apply to students during vacation periods.)

Each Insured individual must obtain a claim form from HCC, complete the Claimant's portion of the form, and present it to the doctor or hospital rendering the service for diagnosis and itemized statement. In order that benefits may be applied accurately, forward all complete claim forms to:

ASSOCIATED ADMINISTRATORS, INC.

P.O. Box 5096
Portland, OR 97208
Toll Free 1-800-770-6672

Written notice of any event which may lead to a claim under the policy must be given to the Company or its authorized administrator within 60 days after the event.

Written proof of loss must be furnished to the Company within 90 days after the date of loss. Proper positive written notice and proof of loss must be given before the Company will be liable for any loss.

IMPORTANT NOTICE

This brochure is only a summary of a master insurance policy (the Master Policy) issued to the Policyholder by the Company. The Master Policy contains language and provisions not contained in this brochure. In the event of a conflict between this brochure and the master policy, the Master Policy will govern.

The Policyholder requires its students to carry medical insurance coverage. This coverage must be accepted by the student unless proof of other coverage is provided.

HOW BENEFITS ARE PAID

HC Direct Network/participating providers will not charge for any balances beyond the copayment or coinsurance (if applicable), for covered expenses. Facilities and professional providers that do not have a preferred or participating contract may bill for any balances over the payment level in addition to the copayment amount.

HC Direct Network Provider Benefits

Usual and Customary Charges (Billed)	\$1,000
Contracted amount for Network Providers (20% discount)	800
Less Copayment (\$20)	<u>-20</u>
Eligible Benefit Amount	780

Policy pays 90% of the eligible charges (\$780 x 90%)	702
Insured pays 10% of the eligible charges (\$780 x 10%)	78
Total amount the insured pays (\$20 copayment + \$78)	\$98

Non-Network Provider Benefits

Policy defined usual, customary and reasonable charges (UCR)	\$1,000
Less copayment (\$20)	<u>-20</u>
Allowed Amount	980

Policy pays 70% of the UCR charges (\$980 x 70%)	686
Insured pays 30% of the UCR charges (\$980 x 30%)	294
Total amount the insured pays (\$20 copayment + \$294)	\$314

Insured by:
TIG PREMIER INSURANCE COMPANY
 Tinton Falls, NJ

FOR INQUIRIES CALL:

Agents:
USI NW
 Rico Bocala
 Patricia Wylie
 Brysis Boyd
 Portland, Oregon
 1-800-251-4246

FOR BENEFITS, ELIGIBILITY OR CLAIM INQUIRIES:

ASSOCIATED ADMINISTRATORS, INC.
 P.O. Box 5096
 Portland, OR 97208
 Customer Service: 503-228-9689
Toll Free: 800-770-6672

You may also print claim forms, ID cards and brochures at www.aai-tpa.com.

A Partner Company  Insurance Services Corp.

Please be sure to retain this brochure as it outlines the provisions of the Policy#18007 which is on file at the Health and Counseling Center. No individual policies or certificates are issued.

Revised 3/05

**BELOW IS YOUR ID CARD. PLEASE CUT
OUT AND CARRY WITH YOU AT ALL
TIMES.**

NOTE: benefits are subject to payment of appropriate premium
and verification of eligibility.

Group No. TP S10004
Policy No. 18007
TTG PREMIER INSURANCE COMPANY
Insured by:
2004-2005 Student Insurance Plan
GEORGE FOX UNIVERSITY
Student of _____ Insured

Administered by:
ASSOCIATED ADMINISTRATORS, INC.

Submit All Claims or Inquiries to:
ASSOCIATED ADMINISTRATORS, INC.
P.O. Box 5096
Portland, OR 97208
Toll Free: 800-770-6672

For Participating Providers

Call 1-800-877-1444 or
Check the HC Direct Website at
www.hcdirect.net

To utilize *travel services* through **MEDEX Assistance Corporation**,
please call 1-800-527-0218 or 1-410-453-4330 collect from outside
the U.S.A. and identify your group as 7274.

PERMANENT ID CARD