




*2004-2005  
Student  
Health  
Insurance  
Plan*

**TABLE OF CONTENTS**

Eligibility . . . . .	1
Dependent Coverage . . . . .	1
Effective and Termination Dates. . . . .	1
Rates . . . . .	1
Extension of Benefits after Termination . . . . .	2
Certification of Group Health Plan Coverage . . . . .	2
Outpatient Prescriptions . . . . .	2
Maternity Testing . . . . .	3
Accidental Death & Dismemberment . . . . .	3
Definitions . . . . .	4-5
Schedule of Benefits . . . . .	6-7
Pre-Existing Condition Limitation . . . . .	8
Exclusions . . . . .	9-11
How to File a Claim . . . . .	12

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TIG Premier Insurance Company  
Tinton Falls, NJ  
Policy No. 18006  
Group No. TP SI0006

This brochure explains the general purpose of the insurance described, but in no way changes or affects the insurance afforded under the insurance policy. If you have questions regarding your coverage, please contact your local agent or the claims administrator.

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## ELIGIBILITY

ALL STUDENTS of Mars Hill Graduate School 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 semester. Forms for this purpose are available in the summer mailings and in the Student Services Office.

Insured Students may also enroll their eligible dependents in the plan by completing the enrollment form and remitting the appropriate premium.

An eligible dependent is: 1) an insured student's spouse; or 2) unmarried children under the age of 19, or up to age 25, if a full-time student at an accredited institution of higher learning and who are not self-supporting. Dependent eligibility expires concurrently with that of the Insured Student.

A newborn child will be automatically covered for the first 31 days after birth. An adopted child or child placed for adoption will be covered for 31 days from the date of placement. To continue coverage for the child beyond the first 31 days you must send us notice of the birth or adoption and pay the required premium.

## EFFECTIVE AND TERMINATION DATES

The Policy is a Non-Renewal One Year Term Policy. The Master Policy on file at the College becomes effective at 12:01 a.m., August 26, 2004. Coverage becomes effective on that date or the date the 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., August 21, 2005. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student. Refunds of premiums are allowed only upon entry into the armed forces.

	Student	Spouse	Each Child
Annual 8/26/04 to 8/21/05	\$899.00	\$3,611.00	\$1,357.00
Fall 8/26/04 to 1/9/05	\$360.00	\$1,442.00	\$541.00
Spring 1/10/05 to 5/8/05	\$261.00	\$1,033.00	\$388.00
Summer 5/9/05 to 8/21/05	\$278.00	\$1,135.00	\$426.00

## EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured 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 as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits end and under no circumstances will further payments be made.

## CERTIFICATION OF GROUP HEALTH PLAN COVERAGE

If an Insured Person is no longer eligible to be insured under the plan, the Insured may request a copy of the Certification of Health Plan Coverage. 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. Please address your request to:

Patricia Wylie  
USI Northwest  
700 NE Multnomah, Suite #1300  
Portland, OR 97232  
1-800-251-4246

## OUTPATIENT PRESCRIPTIONS

Prescriptions may be filled at any pharmacy. The Covered Person must purchase the prescription and send an itemized receipt to AAI, with a completed claim form to receive reimbursement. The claim will be processed and any reimbursement will be mailed directly to the Covered Person. A claim form may be obtained at the Office of Student Affairs, by calling USI NW at 1-800-251-4246 or by downloading from [www.aai-tpa.com](http://www.aai-tpa.com).

**MATERNITY TESTING**

The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound reports that are Medically Necessary. Additionally, the following tests will be considered for women over 35 years of age: AFP Blood Screening; Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call AAI toll free at 1-800-770-6672.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

**LOSS OF LIFE, LIMB OR SIGHT**

The Company will pay a benefit for accidental death or dismemberment according to the schedule below for loss incurred within 180 days after the date of the Injury. The Injury must occur while the Insured Person is covered under the plan.

FOR LOSS OF:

Life.....	\$1,000
Two or More Members.....	\$1,000
One Member.....	\$500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

**ADDITIONAL BENEFITS**

Additional benefits are covered subject to policy benefits and limitations:

1. Mammograms: 1 between the ages of 35-40; annually age 40 and over or more frequently if designated as high risk.
2. Pap, Pelvic & Breast exams: annually for women age 18 – 64 and at any time upon referral of a health care provider.
3. 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.
4. Diabetes Self-Management and Education as specified in the policy.

## 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. Non elective 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. Has his principal residence with you;
  - b. Chiefly relies on you for support and maintenance; 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

## DEFINITIONS, CONT'D

- 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 a nurse practitioner practice. Doctor includes a physician assistant licensed under ORS 655.515(4) when acting with 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, 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 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

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## 2004 / 2005 STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS

The Policy provides for the medically necessary Usual, Customary and Reasonable Charges (UCR) incurred by a Covered Person for loss due to a covered Injury or Sickness. Subject to policy limitations and exclusions (as outlined in plan booklet).

Lifetime Maximum . . . . . Up to \$25,000 per injury or sickness  
 Policy Year Deductible . . . . . \$200 per insured per policy year  
 After your deductible has been met covered expenses will be paid up to the maximum benefit as scheduled below:

### INPATIENT EXPENSES

<b>HOSPITAL EXPENSES</b> <i>daily semi-private room rate; and general nursing care provided by the Hospital; Hospital miscellaneous expenses such as the cost of the operating room, laboratory tests, x-ray examinations, medications (excluding take home medications), therapeutic services, and supplies. In computing the number of days payable under this benefit the date of admission will be counted, but not the date of discharge.</i>	80% of UCR/ \$800 aggregate maximum per day
<b>Physician's Visits</b> <i>benefits are limited to one visit per day and does not apply when related to surgery.</i>	80% of UCR

### INPATIENT / OUTPATIENT EXPENSES

<b>Surgeon/Asst. Surgeon's Fees</b> <i>No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.</i>	80% of UCR
<b>Anesthetist</b>	25% of Surgery Allowance
<b>Registered Nurse's Services</b> <i>Private duty nursing care.</i>	80% of UCR
<b>Consultant Physician Fees</b> <i>when requested by the attending Physician</i>	80% of UCR/ \$200 maximum per Injury or Sickness
<b>Physiotherapy</b> <i>Benefit limited to one visit per day payable for a condition that required surgery or hospital confinement: 1) within 30 days immediately preceding such physiotherapy, or 2) within 30 days immediately following the attending physician's release of the insured for rehabilitation.</i>	Paid under Outpatient Miscellaneous Benefit
<b>Pre-admission Testing</b>	Paid under Hospital Expense
<b>Dental Treatment</b> <i>Made necessary by Injury to Natural Teeth</i>	Paid under Outpatient Miscellaneous Benefit
<b>Radiation Therapy and Chemotherapy</b>	Paid under Outpatient Miscellaneous Benefit

### OUTPATIENT EXPENSES

<b>Outpatient Miscellaneous Benefit</b> , <i>includes benefits designated as "paid under outpatient miscellaneous."</i>	80% of UCR/\$500 maximum per Injury or Sickness, per school year
<b>Physician's Visits</b> <i>benefits are limited to one visit per day and does not apply when related to surgery.</i>	Paid under Outpatient Miscellaneous Benefit
<b>Day Surgery Miscellaneous</b> <i>related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Reasonable and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Index.</i>	80% of UCR/ \$800 maximum, per Injury/Sickness
<b>Chiropractic Care</b>	Paid under Outpatient Miscellaneous Benefit
<b>Medical Emergency Expense</b> <i>use of the emergency room and supplies</i>	Paid under Outpatient Miscellaneous Benefit
<b>Diagnostic X-ray Services and Laboratory Services</b>	Paid under Outpatient Miscellaneous Benefit
<b>Tests and Procedures</b> <i>diagnostic services and medical procedures performed by Physician, other than Physician's visits</i>	Paid under Outpatient Miscellaneous Benefit
<b>Prescription Drugs</b> <i>based on a 30 day supply</i>	80% of UCR

### OTHER EXPENSES

<b>Ambulance Services.</b>	80% of UCR
<b>Maternity/Complications of Pregnancy</b>	\$500 maximum per Injury or Sickness Paid as any other Sickness

## DEFINITIONS, CONT'D

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 reasonably 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. **Negative X-ray** means an X-ray that shows the absence of a fracture, pathology, or disease.
16. **Nurse** means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).
17. **Participating institution** means the college or university you attend during your term of coverage.
18. **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.
19. **Policyholder** means the entity to which the policy is issued. The policyholder is shown on the first page of the policy.

## DEFINITIONS, CONT'D

20. **Positive X-Ray** means an X-ray that shows the presence of a fracture, pathology, or disease.
21. **Prescription** means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.
22. **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.
23. **Primary insured** means you.
24. **Sickness** means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.
25. **Spouse** means your lawful spouse.
26. **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.
27. **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
    - i. The average charged for the service or supply in the area where service or supply is received; and
    - a. 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 80th percentile.

## PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for a period of three 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 three 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 Qualifying Prior Coverage if the coverage was in force within 63 days prior to the effective date of this coverage. Coverage for a student is considered continuous from one school year to the next while we have coverage in force with the school. The student is permitted to have a one term or a 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 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.

## 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. No benefits will be paid for loss or expense caused by or resulting from:
4. Services covered or provided by the student health fee.
5. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury; unless specifically provided for in the Schedule.
6. 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.
7. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an

## EXCLUSIONS, CONT'D

- injury covered by the policy.
8. Dental treatment, except as specifically provided for in the Schedule.
  9. War or any act of war, declared or undeclared, or while in the armed forces of any country.
  10. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
  11. Intentionally self inflicted injury, suicide or any attempt thereat.
  12. 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.
  13. 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.
  14. 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.
  15. 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.
  16. Mental and nervous disorders.
  17. Elective surgery and elective treatment, including but not limited to: acne; acupuncture; allergy & allergy vials, including allergy testing; 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; expenses incurred for birth control drugs, procedures, supplies or devices, except prescription contraceptives; hair growth, replacement or removal, alopecia; impotence, organic or otherwise; infertility diagnosis or treatment, including in-vitro fertilization, artificial insemination, and any other form of assisted conception; expenses incurred for sterilization or sterilization reversal, or vasectomy or vasectomy reversal; learning disabilities, except for testing; nonmalignant warts, moles and lesions, except for diagnostic purposes; obesity and any condition resulting therefrom (including hernia of any kind),

## EXCLUSIONS, CONT'D

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.

18. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
19. Braces and appliances, except as specifically provided for in the Schedule.
20. Replacement braces and appliances.
21. That part of medical expense payable by any automobile insurance policy without regard to fault.
22. 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.
23. Preventive medicines, serums, vaccines.
24. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
25. Rest cures or custodial care.
26. Personal services such as television and telephone or transportation.

## HOW TO FILE A CLAIM

In the event of Injury or Sickness, the student should:

IF A MEDICAL EMERGENCY, CALL 911 OR REPORT TO THE NEAREST EMERGENCY ROOM

- 1) Obtain a claim form from USI NW by calling 1-800-251-4246, or by printing from [www.aai-tpa.com](http://www.aai-tpa.com).
- 2) The completed claim form and all hospital and medical bills must be submitted within 30 days of Injury or first treatment for a Sickness. The Company should receive bills within 90 days of service. In no event, except in the absence of legal capacity, will a claim be honored later than 12 months from the date when the proof was originally required. A completed Claim Form must accompany each Injury or Sickness.

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.

- 3) Send claim forms along with itemized hospital and medical bills to:

**Associated Administrators, Inc.**  
**PO Box 5096**  
**Portland, OR 97208-5096**  
Customer Service: 503.228.9689  
Toll Free: 800.770.6672

### COORDINATION OF BENEFITS:

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

### SUBROGATION:

The Company shall be fully and completely subrogated, unless otherwise prohibited by law, to the rights of the Covered Person's against parties who may be liable to provide indemnity or make a contribution in respect to any matter that is the subject of a claim under the Policy.

The Covered Person further agrees to cooperate fully with the Insurers in seeking such indemnity or contribution including, where appropriate, when the company is instituting proceedings as its own expense against such parties in the name of the Covered Person.

Underwritten and Insured through:

**TIG PREMIER INSURANCE  
COMPANY  
TINTON FALLS, NJ**

*For Benefits, Eligibility or Claim  
Inquiries Contact:*

**Associated Administrators, Inc.  
PO Box 5096  
Portland, OR 97208-5096  
Toll Free: 800.770.6672**

You may print claim forms, ID cards and brochures at  
[www.aai-tpa.com](http://www.aai-tpa.com)

Agents:

**USI NW**

Rico Bocala  
Patricia Wylie  
Brysis Boyd  
Portland, Oregon  
1-800-251-4246

A Partner Company  Insurance Services Corp.

7/04

This brochure describes the important features of Student Health Policy No. 18006. Please be sure to retain this brochure as it outlines the provisions of the Master Policy which is on file at the Director of Administrative Services Office. No individual policies or certificates are issued. Any discrepancies between this brochure and the Master Policy, the Master Policy will prevail.

**Toll Free  
1-800-770-6672**

**Associated Administrators, Inc.  
PO Box 5096  
Portland, OR 97208-5096**

**Medical Claims Administered by:**

Insured By:  
**TIG PREMIER INSURANCE COMPANY  
TINTON FALLS, NJ**

Insured \_\_\_\_\_

Student of  
**MARS HILL GRADUATE SCHOOL  
2004-2005 Student Health Insurance Plan**  
Policy No. 18006  
Group No. TP S10006

Both the effective and termination dates of coverage are 12:01 a.m. and subject to verification by the Company.

**PERMANENT IDENTIFICATION CARD**