

**STUDENT  
HEALTH  
INSURANCE  
PLAN  
2004 - 2005**



***TIG PREMIER INSURANCE COMPANY  
Policy No. 18004  
Group No. TP SI0007***

BRPN 04

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## ELIGIBILITY

All full-time students of Pacific Northwest College of Art taking 12 hours or more are automatically enrolled in this health insurance program and will be billed for the premium each semester during the regular academic year. Any student with existing health insurance coverage may be exempted from participation in the College's group plan by completing and filing a waiver form within 21 days of Fall Semester registration. Part-time students taking six (6) credit hours or more are also eligible to purchase coverage. Please contact the Business Office for details.

Summer coverage is available to any student who was on the plan during the Spring Semester. If you wish to have coverage during the summer, please complete the enrollment form on page 14. Summer premium must be received by June 24, 2005.

## DEPENDENT COVERAGE

Eligible students who are enrolled in the student medical plan may also insure their eligible Dependents. You must purchase coverage for your eligible Dependents within 31 days of the start of each semester.

Eligible Dependents are the spouse and unmarried children under 19 years of age, or 25 years of age, if a full-time student at an accredited institution of higher learning and are fully dependent on the insured student.

“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 (31) 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 the child is placed with the Insured Student; and
- 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 the special needs of the child provided the person adopting the child is insured under the Policy on the date the adoption becomes effective. A newborn child may be added within 31 days of birth and premium will be pro-rated for the balance of that semester.

Dependent eligibility expires concurrently with that of the insured student. To enroll your dependents for coverage on the PNCA student medical plan, please complete enrollment form on page 14 and send to USI with payment.

## EFFECTIVE AND TERMINATION DATES

The Policy is a Primary, Non-Renewal One Year Term Policy. The Master Policy on file at the College becomes effective at 12:01 a.m., August 30, 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 29, 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.

|  | Fall<br>8/30/04<br>thru<br>1/17/05 | Spring<br>1/18/05<br>thru<br>5/22/05 | Summer<br>5/23/05<br>thru<br>8/28/05 |
|--|------------------------------------|--------------------------------------|--------------------------------------|
| Student only                                     | \$225.00                           | \$225.00                             | \$175.00                             |
| For one<br>Dependent, an<br>additional;          | \$278.00                           | \$278.00                             | \$215.00                             |
| For two or more<br>Dependents, an<br>additional: | \$575.00                           | \$575.00                             | \$445.00                             |

## PREFERRED PROVIDER INFORMATION

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

By enrolling in this insurance program you have access to the Community Care Network (CCN) Preferred Provider Network.

This enhancement to your program does not require you to use a CCN Preferred Provider. You may receive care from any licensed provider (benefit eligibility is subject to the plan design and the exclusions and limitations as specified in the policy), but if you incur any expenses using a CCN Preferred Provider, you will lower your out-of-pocket expense.

“Preferred Allowances” means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

“Preferred Providers” are the Doctors, hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

“Out of Network” providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

“Allowable Charges” means TIG Premier's allowance for a specified Covered Medical Expense or the Provider's charge for the service, whichever is less.

## PREFERRED PROVIDER INFORMATION, CONT'D.



The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by checking the CCN Website at [www.ccnusa.com](http://www.ccnusa.com), calling 1-800-226-5116 or by asking the provider when you make an appointment for services.

## 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 at 1-800-251-4246 or (503) 295-6357, or by downloading from [www.aai-tpa.com](http://www.aai-tpa.com).

## 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 to 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. doctor 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 expense 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. Caesarean 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. Lives within the United States;
  - 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

## DEFINITIONS, CONT'D.

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 license. **Doctor** shall include a Clinical Social Worker licensed under ORS 675.510 to 675.600.
- Doctor** does not include:
- You;
  - Your spouse, dependent, parent, brother, or sister; or
  - A person who ordinarily resides with you.
8. **Hospital** means an institution:
- Operated pursuant to law;
  - Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
  - Under the supervision of a staff of doctors;
  - Providing 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
  - With medical, diagnostic and treatment facilities, and with major surgical facilities;
    - On its premises; or
    - Available on a prearranged basis; and
  - 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.
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 specifically designated facility of the hospital that provides the highest level of medical care; and
  - Restricted to those patients who are critically ill or injured.

## DEFINITIONS, CONT'D.

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 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:
- Essential for the symptoms and diagnosis or treatment of the sickness or injury;
  - Provided for the diagnosis, or the direct care and treatment of the sickness or injury;
  - In accordance with the standards of good medical practice;
  - Not primarily for your convenience or that of your doctor; and
  - 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 Pacific Northwest College of Art.

## DEFINITIONS, CONT'D.

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.
21. **Primary insured** means you.
22. **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.
23. **Spouse** means your lawful spouse.
24. **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.
25. **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 80th percentile.

## SCHEDULE OF BENEFITS

The Policy provides for the Usual, Customary and Reasonable Charges (UCR) incurred by an Insured Person for loss due to a medically necessary covered Injury or Sickness. If you receive care from a Preferred Provider, any Covered Medical expenses will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. Preferred Providers are part of The Community Care Network (CCN) Preferred Provider Network at [www.ccnusa.com](http://www.ccnusa.com) or 1-800-226-5116 (24 hours a day.)

Lifetime Maximum .....\$10,000\* (Up to \$1,500 of used benefits automatically renews each year.)  
 Policy Year Deductible.....\$25 Deductible per policy year (School year) for each covered person  
 After your deductible has been met.....The first \$300 of eligible expenses are paid at 100%\*

\*Except Inpatient and Outpatient treatment of Mental or Nervous Disorders or chemical dependency treatment.

### THEREAFTER THE PLAN PAYS:

| <u>INPATIENT EXPENSES</u>   | <u>In-Network</u>                  | <u>Out-of-Network</u> |
|---|------------------------------------|-----------------------|
| <b>Hospital Expenses</b> , daily semi-private room rate; general nursing care . . . . .<br><i>provided by Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and supplies</i> | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Intensive Care/Hospital Expenses</b> . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Mental and Nervous Disorders</b> . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |

| <u>INPATIENT / OUTPATIENT EXPENSES</u>   | <u>In-Network</u>                  | <u>Out-of-Network</u> |
|--|------------------------------------|-----------------------|
| <b>Surgeon's Fees</b> . . . . .<br><i>No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.</i> | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Anesthetist</b> . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Registered Nurse's Services</b> , private duty nursing care . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Doctor's Visits</b> , benefits are limited to one visit per day. Benefits for . . . . .<br><i>Doctor's visits do not apply when related to surgery of Physiotherapy.</i>                | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Consultant Physician Fees</b> , when requested and approved by the attending Physician . . . . .  | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Physiotherapy</b> benefits are limited to one visit per day, 10 days maximum. . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Chiropractic Care</b> . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Pre-admission Testing</b> . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Chemical Dependency</b> , alcohol and drug addiction . . . . .<br><i>Inpatient or Outpatient treatment \$4,500 in any 24 month period</i>   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Diagnostic X-Ray</b> . . . . .  | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Laboratory Services</b> . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Radiation Therapy and Chemotherapy</b> . . . . .  | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |

| <u>OUTPATIENT EXPENSES</u>   | <u>In-Network</u>                  | <u>Out-of-Network</u> |
|--|------------------------------------|-----------------------|
| <b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a . . . . .<br><i>Hospital; including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.</i> | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Mental and Nervous Disorders</b> , \$500.00 maximum (Per Policy Year) . . . . .   | 50% of Preferred Allowance . . . . | 50% of UCR Charges    |
| <b>Injections</b> , when administered in the Doctor's office and charged on the . . . . .<br><i>Doctor's statement</i>   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Prescription Drugs</b> Based on a 30 day supply . . . . .   |                                    | .80% of UCR           |

| <u>OTHER</u>  | <u>In-Network</u>                  | <u>Out-of-Network</u> |
|---|------------------------------------|-----------------------|
| <b>Ambulance Service</b> . . . . .  | N/A . . . . .                      | 80% of UCR Charges    |
| <b>Hospice Care</b> . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Home Health Services</b> . . . . .   | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Durable Medical Equipment</b> . . . . .  | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Routine Newborn Baby Care</b> . . . . .  | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |
| <b>Maternity</b> Same as any other sickness . . . . .<br><i>48 hours vaginal delivery and 96 hours Caesarean.</i> | 90% of Preferred Allowance . . . . | 70% of UCR Charges    |

## PRE-EXISTING CONDITION LIMITATION

“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 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 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 AND LIMITATIONS

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 the Covered Person has Qualifying Prior Coverage.
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

## EXCLUSIONS, CONT’D

- 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; 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; family planning; birth control drugs, supplies or devices including oral contraceptives; hair growth, replacement or removal, alopecia; impotence, organic or otherwise; 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), 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.

## EXCLUSIONS, CONT'D

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.
21. Preventive medicines, serums, vaccines.
22. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
23. Rest cures or custodial care.
24. Personal services such as television and telephone or transportation.

2004-2005 Pacific Northwest College of Art Insurance Enrollment Form TIG Premier Insurance Co. Policy # 18004 Group# TP S10007  
 For Basic Coverage Fall or Spring Semester, please fill out the Enrollment Form and submit this form and your payment to the Cashier & Credit Office. Please make all checks payable to Lewis & Clark College.

For Major Medical Fall or Spring Semester or for any Summer coverages (including summer major medical), please make checks payable to USI and send to:  
 USI, Attn. Brysis Boyd, 700 NE Multnomah, #1300, Portland, OR 97232

**PLEASE PRINT CLEARLY**

LAST NAME (STUDENT) \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DOB \_\_\_\_\_ M / F \_\_\_\_\_

STUDENT'S MAILING ADDRESS-STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHECK BOX(ES) FOR APPLICABLE CATEGORY OF INSURED(S) TO BE COVERED.

|                                  | Fall<br>8/30/04-1/17/05           | Spring<br>1/18/05-5/22/05         | Summer<br>5/23/05-8/28/05         |
|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Student Only                     | <input type="checkbox"/> \$225.00 | <input type="checkbox"/> \$225.00 | <input type="checkbox"/> \$175.00 |
| Student & One Dependent          | <input type="checkbox"/> \$278.00 | <input type="checkbox"/> \$278.00 | <input type="checkbox"/> \$215.00 |
| Student & Two or More Dependents | <input type="checkbox"/> \$575.00 | <input type="checkbox"/> \$575.00 | <input type="checkbox"/> \$445.00 |

**NOTE: The rate for the Optional Medical is in addition to the Basic Rate.**

**PLEASE LIST DEPENDENTS TO BE ENROLLED ON THE REVERSE SIDE OF THIS FORM.**

I understand the policy does not pay for expenses for injuries or illnesses, which were treated within six months prior to the effective date of my coverage. And I also understand that no billings will be mailed for insurance premiums.

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Application for insurance coverage during the academic year must be submitted within 31 days following registration. Application for summer coverage must be submitted within 31 days following graduation date. Application for coverage of a newborn must be submitted within 31 days of the baby's date of birth.

"Dependents" are defined as a Student's spouse or domestic partner, if living with the Student, and the Student's unmarried children to 19 years of age, provided they are not eligible as Students under this policy and are not on active duty in the Armed Forces.

Dependents also include the Student's unmarried dependent children who are 19 to 25 years old and attending school full-time, if they are not eligible as Students under this policy. In addition to the Student's natural born children, the word children shall also include any legally adopted children or stepchildren who live with the Student.

I wish to extend my own coverage to include my Eligible Dependents which are listed below:

| Last Name | First Name | MI | Date of Birth | Gender | Relationship |
|-----------|------------|----|---------------|--------|--------------|
|           |            |    |               |        |              |
|           |            |    |               |        |              |
|           |            |    |               |        |              |
|           |            |    |               |        |              |
|           |            |    |               |        |              |
|           |            |    |               |        |              |

NOTE: Dependent coverage is available only if the Student is insured under Major Medical.

Student's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**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 the Office of Student Affairs by calling USI NW at 1-800-251-4246 or downloading from [www.aai-tpa.com](http://www.aai-tpa.com).
- 2) The completed claim form and all itemized 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 fifteen 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.**  
**P.O. Box 5096**  
**Portland, OR 97208-5096**  
**503-228-9689**  
**1-800-770-6672**

Underwritten by:

**TIG Premier Insurance Company**  
**Tinton Falls, NJ**

For Benefits, Eligibility or Claim Inquiries  
Contact:

**Associated Administrators, Inc.**  
**P.O. Box 5096**  
**Portland, OR 97208-5096**  
**503-228-9689**  
**Toll Free: 1-800-770-6672**

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

Agents:

**USI**

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

*A Partner Company*  *Insurance Services Corp.*

**Important Notice:**

This brochure describes the important features of Student Health Policy No. 18004. Please be sure to retain this brochure, as it outlines the provisions of the master policy which is on file at the Office of Student Affairs. No individual policies or certificates are issued. Any discrepancy between this brochure and the Master Policy, the Master Policy will prevail.

Revised 5/04

**Below is your permanent ID Card. Please cut out and retain for proof of coverage.**

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

**Insured**

Student of  
**Pacific Northwest College of Art**  
**2004-2005 Student Insurance Plan**  
Policy No. 18004

Group no. TP SI0007

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

(ADDRESS ON REVERSE)

~~THIS IS YOUR PERMANENT CARD~~

<http://www.ccnusa.com>



For information on Preferred Providers, access

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

**Associated Administrators, Inc.**  
**PO Box 5096**  
**Portland, OR 97208-5096**  
**Toll Free 1-800-770-6672**

Send claims to: