

*The Official Endorsed and
Recommended*

STUDENT
HEALTH
INSURANCE
PLAN



Designed Especially for

SANTA CLARA UNIVERSITY
Santa Clara, CA 95053
www.scu.edu/cshc

2005 - 2006

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

BR-SC05

Policy # 18020

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ELIGIBILITY

International students with F1 or J1 visas taking credit hours, international students on practical training, international visiting scholars and researchers, and domestic undergraduate students taking 6 or more credit hours are automatically enrolled in the Plan at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

Students who present satisfactory evidence of comparable health insurance coverage to the University will be waived from coverage. Satisfactory evidence of comparable coverage cannot be accepted after 31 days following the beginning of the term or semester that coverage is to begin.

All other registered domestic students taking 6 or more credit hours, students on practical training, visiting scholars and researchers are eligible to enroll in the plan on a voluntary basis each academic year.

Domestic law and graduate students, students on practical training, visiting scholars and researchers may purchase this health insurance through Cowell Student Health Center at Santa Clara University. Graduate students and any part-time students who are not covered must pay the Cowell Student Health Center Fee as a prerequisite to enrolling in the Santa Clara University student health insurance plan each academic year.

Students must actively attend classes for at least the first 31 days after classes begin. Home study, correspondence, and television (tv) courses do not fulfill the Eligibility requirements that the student actively attends classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., September 1, 2005 (August 1, 2005 for Law Students). Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., September 1, 2006 (August 1, 2006 for Law Students). 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. Application for insurance coverage must be submitted within 31 days following the beginning of the term or semester that coverage is to begin. If you do not sign up within 31 days you will have to wait until the next term or semester to enroll in the plan. Coverage periods are as follows:

*Premiums must be paid annually for Fall enrollees. Students who begin enrollment in Winter or Spring must pay for coverage for the remainder of the Policy year. Premiums will not be Pro-Rated.

Undergraduate/Graduate Students:

	Effective Dates	Expiration Dates	Student Rates
Annual	9-01-05	9-01-06	\$1,460.00
Winter/Spring/Summer	1-01-06	9-01-06	\$1,031.00
Spring/Summer	4-03-06	9-01-06	\$690.00
Summer	6-22-06	9-01-06	\$388.00

EFFECTIVE AND TERMINATION DATES, CONT'D

Law Students	Effective Dates	Expiration Dates	Student Rates
Annual	8-01-05	8-01-06	\$1,460.00
Spring/Summer	1-01-06	8-01-06	\$918.00

You must meet the Eligibility requirements listed herein each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 31 days after the premium effective date. It is the student's responsibility to make timely premium payments to avoid a lapse in coverage.

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

The Policy is a Non-Renewable Term Policy.

DEPENDENT COVERAGE

Eligible students who are enrolled in the student medical plan may also insure their Dependents.

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 from the moment of birth provided that the Insured is insured under this Policy; 2) a child to whom a decree of adoption by the Insured has been entered within thirty-one days after the date of the child's birth and the Insured has temporary custody of the child provided the person adopting the child is Insured under this Policy on the date the child is placed with the Insured; and 3) a child adopted by the Insured 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 this Policy on the date the adoption becomes effective.

Dependent eligibility expires concurrently with that of the Insured student.

To enroll your dependents for coverage on the Santa Clara University student medical plan, please pick up an enrollment form at the Cowell Student Health Center, complete and send it with a check to USI NW 700 NE Multnomah St. Suite 1300, Portland OR 97232.

DEPENDENT RATES:

Undergraduate/Graduate Student Dependents				
	Spouse under age 30	Spouse age 30 to 39	Spouse age 40+	Each Child
Annual				
9/1/05-9/1/06	\$3,017	\$4,357	\$4,863	\$1,266
Winter				
1/1/06-9/1/06	\$2,051	\$2,962	\$3,306	\$858
Spring				
4/3/06-9/1/06	\$1,303	\$1,882	\$2,100	\$546
Summer				
6/22/06-9/1/06	\$612	\$910	\$1,021	\$264
Law Student Dependents				
	Spouse under age 30	Spouse age 30 to 39	Spouse age 40+	Each Child
Annual				
8/1/05-8/1/06	\$3,017	\$4,357	\$4,863	\$1,266
Spring/Summer				
1/1/06-8/1/06	\$1,792	\$2,588	\$2,876	\$752

CONTINUOUS COVERAGE

Continuous Coverage - If a **covered person** is continuously covered under the policy offered through your **participating institution** they will be covered for any **sickness** diagnosed or **injury** sustained while so covered. If a **covered person** is enrolled for coverage offered through your **participating institution** within 63 days of the end of any preceding company's policy you will be considered to have maintained continuous coverage, except for expense that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 63 days occurs.

PRE-EXISTING CONDITIONS

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, including use of prescription drugs, was recommended or received from a licensed health practitioner during the six months immediately preceding the effective date of coverage. This pre-existing condition limitation does not apply to a newborn child or adopted child. Pregnancy is not considered a pre-existing condition. Credit will be given for the time an insured is covered under Prior Creditable Coverage if the coverage was in force within 63 days prior to the effective date of this coverage. "Prior Creditable Coverage" means any individual or group policy, contract, or program that is underwritten or administered by an insurer, nonprofit hospital service plan, health 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.

PREFERRED PROVIDER INFORMATION

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

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

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 exclusion and limitations as specified in the policy), but if you incur an expense 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.

"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 Fairmont Premier's allowance for a specified Covered Medical Expense or the Provider's charge for the service, whichever is less.



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. To locate a physician or hospital on the CCN network you can search their website at www.ccnusa.com or you can call CCN at 1-800-226-5116 (Toll Free).

PREFERRED PROVIDER INFORMATION, CONT'D.

If you are undergoing an active course of treatment with a **preferred provider** for an acute condition, a serious chronic condition, a pregnancy, a terminal illness, the care of a newborn child between birth and age 36 month or performance of a surgery or other procedure that has been recommended and documented by the preferred provider to occur within 180 days of the **preferred provider's** contract termination date, you may request continuation of treatment by such **preferred provider** in the event the **preferred provider's** contract has terminated with CCN. You may make the request by calling 1-800-468-4343 or by writing: PIA, P.O. Box 6040, Agoura Hills, CA, 91376-6040.

- An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration. Completion of covered services shall be provided for the duration of the acute condition.

- A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. Completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the health insurer in consultation with the insured and the terminated **preferred provider** and consistent with good professional practice. Completion of covered services under this paragraph shall not exceed 12 months from the **preferred provider's** contract termination date.

- A pregnancy is the three trimesters of pregnancy and the immediate postpartum period. Completion of covered services shall be provided for the duration of the pregnancy.

- A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of covered services shall be provided for the duration of a terminal illness.

- The care of a newborn child between birth and age 36 months will not exceed 12 months from the **preferred provider's** contract termination date.

Coverage is provided until the termination date of the insurance. Please refer to the Extension of Benefits section of this brochure once the insurance is terminated.

SCHEDULE OF BENEFITS • Up To \$250,000 LIFETIME MAXIMUM BENEFIT PAID AS SPECIFIED BELOW

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. If a Covered Person receives care from a Preferred Provider, any covered medical expenses will be paid at the In-Network 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 or 1-800-226-5116 (24 hours a day.)

Lifetime Maximum \$250,000.*

Policy Year Deductible None

* Limited benefits for Inpatient and Outpatient treatment of Mental or Nervous Disorders.

THEREAFTER ELIGIBLE EXPENSES ARE PAID:

In-Network

Out-of-Network

INPATIENT

Hospital Expenses, daily semi-private room rate; general nursing care 80% of Preferred Allowance 50% of Usual and Customary Charges 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

Intensive Care/Hospital Expenses 80% of Preferred Allowance 50% of Usual and Customary Charges

Surgeon/Asst Surgeon Fees, 80% of Preferred Allowance 50% of Usual and Customary Charges

No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.

Anesthetist 80% of Preferred Allowance 50% of Usual and Customary Charges

Registered Nurse's Services, private duty nursing care 80% of Preferred Allowance 50% of Usual and Customary Charges

Doctor's Visits, benefits are limited to one visit per day and do not apply when related to surgery 80% of Preferred Allowance 50% of Usual and Customary Charges

Physiotherapy, benefits are limited to one visit per day 80% of Preferred Allowance 50% of Usual and Customary Charges

Pre-admission Testing, 80% of Preferred Allowance 50% of Usual and Customary Charges

Mental and Nervous Disorders/Alcohol Substance Abuse, 80% of Preferred Allowance 50% of Usual and Customary Charges

\$2,500 Maximum (per policy year)

INPATIENT/OUTPATIENT

Surgeon/Asst Surgeon Fees, 80% of Preferred Allowance 50% of Usual and Customary Charges

No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.

Anesthetist 80% of Preferred Allowance 50% of Usual and Customary Charges

Doctor's Visits, benefits are limited to one visit per day. Benefits for 80% of Preferred Allowance 50% of Usual and Customary Charges

Doctor's visits do not apply when related to surgery or Physiotherapy. Doctor's visits benefits will be paid for the treatment of acne only when services are rendered at the Student Health Center.

OUTPATIENT

Surgeon/Asst Surgeon Fees, 80% of Preferred Allowance 50% of Usual and Customary Charges

No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.

Day Surgery Miscellaneous, related to scheduled surgery performed in a 80% of Preferred Allowance 50% of Usual and Customary Charges

Hospital; including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies.

Anesthetist 80% of Preferred Allowance 50% of Usual and Customary Charges

Doctor's Visits, benefits are limited to one visit per day. Benefits for 80% of Preferred Allowance 50% of Usual and Customary Charges

Doctor's visits do not apply when related to surgery or Physiotherapy. Doctor's visits benefits will be paid for the treatment of acne only when services are rendered at the Student Health Center.

Outpatient Physiotherapy Benefits are limited to one visit per day 80% of Preferred Allowance 50% of Usual and Customary Charges

10 days maximum per condition.

Emergency Room Expenses, attending doctor's charges, x-rays, laboratory, \$50 copay* then paid at \$50 deductible* then paid at

procedures, injections, use of the emergency room and supplies *waived if admitted 80% of Preferred Allowance 50% of Usual and Customary Charges

Diagnostic X-Ray 80% of Preferred Allowance 50% of Usual and Customary Charges

Includes (1) routine mammogram per policy year for women age 35 & over.

Laboratory Services 100% of Preferred Allowance 50% of Usual and Customary Charges

Radiation Therapy and Chemotherapy 80% of Preferred Allowance 50% of Usual and Customary Charges

Injections, when administered in the Doctor's office and charged on the 80% of Preferred Allowance 50% of Usual and Customary Charges

Doctor's statement

Mental and Nervous Disorders/Alcohol & Substance Abuse 80% of Preferred Allowance 50% of Usual and Customary Charges

\$1,000.00 maximum (Per Policy Year)

Chiropractic Care 80% of Preferred Allowance 50% of Usual and Customary Charges

OTHER

Maternity (Paid as any other Sickness) 80% of Preferred Allowance 50% of Usual and Customary Charges

Routine Well-Baby Care 80% of Preferred Allowance 50% of Usual and Customary Charges

Home Health 80% of Preferred Allowance 50% of Usual and Customary Charges

Hospice Care 80% of Preferred Allowance 50% of Usual and Customary Charges

Ambulance Service 80% of Usual and Customary Charges

Allergy testing and injections 80% of Preferred Allowance 50% of Usual and Customary Charges

Durable Medical Equipment 80% of Preferred Allowance 50% of Usual and Customary Charges

Consultant Physician Fees, when requested and approved by attending Physician 80% of Preferred Allowance 50% of Usual and Customary Charges

Dental Treatment, made necessary by Injury to Natural Teeth 80% of Preferred Allowance 50% of Usual and Customary Charges

\$200 maximum per tooth

Learning Disabilities Testing 80% of Preferred Allowance 50% of Usual and Customary Charges

Club Sports Injuries 80% of Preferred Allowance 50% of Usual and Customary Charges

Out-Patient Prescription Drugs \$15 Copay / Generic or \$30 Copay / Brand No Benefit

ADDITIONAL BENEFITS

Additional benefits are provided for the following: equipment, supplies and outpatient self-management training for Diabetes; Phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor; Anesthesia and facility charges for dental procedures under certain circumstances; Reconstructive Surgery; Mastectomy and Lymph Node Dissection; Mammograms; Prostate and Cervical Cancer Screening and generally medically accepted Cancer Screening Tests; Breast Cancer Screening, diagnosis, and treatment; a Second Opinion requested by an Insured or Doctor; participation in the Expanded Alpha Feto Protein (AFP) Program; and diagnosis, treatment and management of Osteoporosis; Severe Mental Illness; Serious Emotional Disturbances of a Child; Prosthetic Devices for a Laryngectomy, Diethylstilbestrol, TMJ and Cancer Clinical Trials. Some benefits may have additional limitations.

PRESCRIPTION DRUGS

Prescriptions must be purchased through a participating EBRx, Inc. Network pharmacy. Our interactive site allows easy, internet web searches by students to access the closest member pharmacy - whether at school or at home.

EBRx, Inc. Website
 www.ebrx.com
 1-888-274-6214 (Toll Free)

Prescription Benefit is \$15.00 copay for generic and \$30.00 copay for brand name. You have a \$1,000.00 maximum pharmacy benefit per policy year (school year). It is the actual cost of the prescription that is applied to the maximum benefit, not the copay amount. Please see the back of your identification card for EBRx, Inc. information. Present your ID card to your pharmacist when filling a prescription.

THERE IS NO BENEFIT FOR PRESCRIPTIONS IF NOT FILLED AT PARTICIPATING EBRx NETWORK PHARMACY.



A Division of Managed Care of America, Inc.

www.ebrx.com

Prescriptions dispensed by the Health Center will be considered eligible for reimbursement when sent to PIA for processing.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight.

If such Injury shall independently of all other causes and within 90 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the Policy Maximum Benefit.

For Loss of:

Life	\$2,000
Two or More Members.....	\$2,000
One Member	\$1,000

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 one Injury will be paid.

STUDENT TRAVEL ASSISTANCE PLAN

Your policy 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 to the Santa Clara Student Injury and Sickness Insurance Plan you will be sent a packet which will include a brochure and identification 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.

1-800-527-0218 or 1-410-453-6330
www.medexassist.com
Group Number 7274

COMPREHENSIVE CARE OF CHILDREN

Children under the age of eighteen (18) will be provided with benefits consistent with the Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics. Benefits shall include: 1) periodic health evaluations; 2) immunizations; and 3) laboratory services in connection with periodic health evaluations. Benefits will be subject to the policy coinsurance and limitations as outlined in this brochure.

MENTAL OR NERVOUS DISORDERS

Benefits are payable for treatment of Mental and Nervous Disorders subject to all terms and conditions of the policy.

While Hospital Confined, benefits will be paid as for any other Sickness not to exceed \$2,500 maximum per policy year. Amounts payable for specific inpatient services are limited by the Schedule of Benefits.

Benefits for Medical and Nervous Disorders on an outpatient basis are limited to the schedule of benefits, but not to exceed \$1,000 maximum per policy year. All outpatient expenses incurred for other or ancillary services stated on the Schedule of Benefits; and incurred as a result of Mental or Nervous Disorder are subject to the above stated daily and aggregate maximums.

The above limitations do not apply to Serious Mental Illnesses or Emotional Disturbance of a Child. By State Mandate, benefits for these conditions will be covered as any other sickness.

"Severe Mental Illness" means: 1) schizophrenia; 2) schizoaffective disorder; 3) bipolar disorder (manic depressive illness); 4) major depressive disorders; 5) panic disorder; 6) obsessive-compulsive disorders; 7) pervasive developmental disorder or autism; 8) anorexia nervosa; 9) bulimia nervosa.

"Serious Emotional Disturbances of a Child" means a child who has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance abuse disorder or

MENTAL OR NERVOUS DISORDERS, CONT'D

developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms and who meets the following: 1) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships or ability to function in the community and either of the following occur: (i) The child is at risk of removal from home or has already been removed from the home or (ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment; 2) the child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder; 3) the child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 or Title 1 of the Government Code.

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, Urine Bacterial Culture, Microbial Nucleic Acid Probe, 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 report that establishes Medical Necessity. 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.

EXCESS PROVISION

No benefits are payable for any expense incurred for Injury or Sickness which has been paid or is payable by other valid and collectable insurance or under an automobile insurance policy.

This excess provision will not be applied to the first \$100 of Covered Medical Expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured 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 for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

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, unless continuous 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 interscholastic, intercollegiate or, professional 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. Learning disabilities, except as provided for in the Schedule.
16. Biofeedback, except as provided for in the Schedule.

EXCLUSIONS AND LIMITATIONS, CONT'D

17. Elective surgery and elective treatment, including but not limited to elective abortion, cosmetic treatment or cosmetic surgery, sterilization or sterilization reversal, vasectomy, or vasectomy reversal, infertility diagnosis or treatment, in-vitro fertilization, artificial insemination and any other form of assisted conception, birth control drugs, procedures, supplies or devices including oral contraceptives used for birth control, family planning, circumcision, breast implants, breast reduction, hair growth, replacement or removal, impotence, organic or otherwise (including hernias of any kind), nonmalignant warts, moles and lesions unless for diagnostic purposes, obesity and any condition resulting therefrom, sexual reassignment surgery, skeletal irregularities of one or both jaws, sleep disorders, including the 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. Physiotherapy, except as specifically provided for in the Schedule.
20. Braces and appliances, except as specifically provided for in the Schedule.
21. Replacement braces and appliances.
22. That part of medical expense payable by any automobile insurance policy without regard to fault.
23. 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;
24. Preventive medicines, serums, vaccines, including immunizations, unless specifically provided for in the Schedule;
25. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
26. Rest cures or custodial care.
27. Personal services such as television and telephone or transportation.

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; eclampsia; toxemia; puerperal infection and similar conditions of comparable severity; or

DEFINITIONS, CONT'D.

- 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 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, natural child, and any child that you are under Court order to provide coverage for.
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. 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

DEFINITIONS, CONT'D.

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.
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 standards for intensive care.
12. **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.
13. **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.
14. **Negative X-ray** means an X-ray that shows the absence of a fracture, pathology, or disease.

DEFINITIONS, CONT'D.

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 the entity to which the policy is issued. The policyholder is shown on the first page of the policy.
19. **Positive X-Ray** means an X-ray that shows the presence of a fracture, pathology, or disease.
20. **Prescription** means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.
21. **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 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.

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) Report to the Student Health Center for treatment or when not in school, to a Physician or Hospital.
- 2) You may obtain a claim form from the Student Health Center or print one at www.piaclaims.com
- 3) 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 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.

- 4) **SEND CLAIM FORMS ALONG WITH ITEMIZED HOSPITAL AND MEDICAL BILLS TO:**

PERSONAL INSURANCE ADMINISTRATORS, INC.

PO Box 6040

Agoura Hills, CA 91376-6040

Customer Service: 1-800-468-4343

www.piaclaims.com

SUBROGATION

If we have paid benefits for a Covered Person for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of benefits paid or any of settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers to do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf, he further agrees to furnish us with all relevant information and documents.

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy policy by calling PIA toll-free at 1-800-468-4343.

CERTIFICATE OF CREDITABLE COVERAGE

When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this policy. You may need such a certificate if you become covered under a group policy or other health plan within 63 days after your coverage under this policy terminates. If the subsequent policy excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. To obtain a Certificate of Creditable Coverage please contact USI NW at 1-800-251-4246.

NOTES

BELOW IS AN ID CARD FOR YOU TO CUT OUT
AND CARRY WITH YOU AT ALL TIMES.

Both the effective and termination dates of coverage are subject to verification by the Company.

This is your permanent ID Card
Policy No. 18020
INSURED BY: FAIRMONT PREMIER INSURANCE CO.
2005-2006 STUDENT INSURANCE PLAN
SANTA CLARA UNIVERSITY
INSURED STUDENT _____

1-800-468-4343
AGOURA HILLS, CA 91376-6040
P.O. BOX 6040
CGN PIA
MEDICAL CLAIMS ADMINISTERED BY:

Present this Card to participating EBRx Pharmacy when filling a prescription.

EBRx
Customer Service 1-888-274-6214
Website www.ebrx.com
Pharmacy Helpline 1-800-406-0015

Student ID # _____
Group Number PIA SC05
Pharmacy Use Only: EBRx BIN#610560, MedECarrier #95

RULES GOVERNING THE USE OF THIS CARD

- 1) This card is not transferable and remains the property of EBRx.
- 2) Improper or fraudulent use of card to obtain prescription is punishable by law.
- 3) Card is void when your eligibility terminates.
- 4) Loss of card should be reported immediately to your plan administrator.

FOLD
HERE

DIRECT ALL CLAIMS AND ELIGIBILITY INQUIRIES TO:

**PERSONAL INSURANCE
ADMINISTRATORS, INC.**

PO Box 6040
Agoura Hills, CA 91376-6040

Customer Service: 1-800-468-4343

You may print claim forms, ID cards &
brochures from www.piaclaims.com

THE PLAN IS UNDERWRITTEN BY:

FAIRMONT PREMIER INSURANCE COMPANY ("COMPANY")
TINTON FALLS, NJ

SALES/MARKETING SERVICE:

Agents:

USI NW

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

A Partner Company  Insurance Services Corp.

PREFERRED PROVIDER ORGANIZATION



www.ccnusa.com
1-800-226-5116

Important Notice:

This brochure describes the important features of accident and sickness Policy# 18020. Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. The Master Policy is the contract and will govern and control the payment of benefits.