

2014 - 2015
STUDENT HEALTH
INSURANCE PLAN
FOR THE STUDENTS OF



NORTHWEST CHRISTIAN UNIVERSITY

Eugene, Oregon

This Plan is underwritten by

National Guardian Life Insurance Company

National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life.

Policy # 2014-S3-D04

Form Numbers: NBH-280 (2014) OR and NPPO (2014) OR. Brochure Form # NCUBroc2014

Direct All Inquiries to the Plan Administrator:
Associated Insurance Plans International, Inc.

Post Office Box 189
Libertyville, IL 60048

(800) 452-5772 • Fax (847) 281-8813
email: office@aipstudentinsurance.com

Please contact us between the hours of 9:00 a.m. to 5:00 p.m. CST

Detach and retain.

Northwest Christian University 2014-2015

Student Insurance Identification Card
National Guardian Life Insurance Company

NOTE: In a life threatening emergency, go to the nearest emergency room for treatment.

Print name and school ID number

Fully Insured and Underwritten By: National Guardian Life
Policy Number: 2014-S3-DO4
Policy Effective Date: 8/1/2014
Claims Administered by:
College Claim Department
70 Genesee Street
Utica, NY 13502
1-800-756-3702
www.commercialtravelers.com

restat
A Dominion Company

1-800-248-1062

PHCS
1-800-922-4362

Pre-certification is NOT required.



NORTHWEST CHRISTIAN UNIVERSITY

Eugene, Oregon

www.NWCUInsurance.com

Policy Number: 2014-S3-DO4

This card is for identification only. Possession of the card does not guarantee the right to services or other benefits unless the holder is complying with all provisions of the Member Policy and is a current insured on the date of service. Notification of Injury or Sickness must be provided to the Company within 30 days after the date of accident or the commencement of Sickness. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment.



SCAN for a direct link to your
student insurance website.

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INTRODUCTION

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. Complete details may be found in the policy on file at Northwest Christian University. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference. Policy Number: 2014-S3-DO4.

STUDENT INSURANCE COVERAGE

This revised plan provides insurance protection in the event you incur medical expenses for a covered Injury or Sickness. Worldwide coverage is provided on a 24-hour a day basis, at home, at school or while traveling during the entire period for which premium is paid. Unless you have waived protection, the plan is effective August 10, 2014 or the date your premium payment is received, through August 9, 2015.

Student insurance provides benefits at reasonable rates. Compare this plan with whatever medical insurance plan you may now have. This plan, or your waiver, is required.

Coverage remains in force even though you leave school. Refunds are made only in the event of entry into the Armed Forces.

ELIGIBILITY

All students are eligible to participate in this Plan. Students who do not complete a waiver providing their health insurance information will be automatically enrolled in this insurance plan and the fees will be added to their bill. Students must complete the waiver form online at www.NWCUInsurance.com by the waiver deadline. The waiver deadline is September 12, 2014.

DEPENDENT ELIGIBILITY

Students who enroll may also enroll their eligible dependents. A monthly payment option is available. You may enroll your dependents through the student insurance website: www.NWCUInsurance.com. Eligible Dependents means: the student's legal spouse and unmarried children less than 26 years of age, who are not self-supporting, including a step-child, legally adopted child, a child of adoptive parents pending adoption proceedings. Dependent children will continue to be eligible for coverage if at the age of 26 the child is (1) incapable of self-sustaining employment by reason of mental retardation or physical handicap and (2) chiefly dependent upon the student insured for support and maintenance. Proof of the incapacity and dependency shall be furnished to the insurer by the Insured within 31 days of the child's reaching age 26. Continued proof shall be furnished to the insurer on an annual basis thereafter.

NEWBORN CHILD

All newborn children of the Insured Student are automatically covered at birth for 31 days for the same benefits as provided to the Insured Student. Coverage applies for any Injury sustained or Sickness commencing during the 31-day period from the date of birth including medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care associated with a Sickness. The Insured Student may continue coverage beyond the 31 days by enrolling the newborn within the 31-day period from the date of birth.

An adopted child of the Insured Student is covered on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage continues unless the placement is disrupted and the child is removed from placement.

EFFECTIVE AND TERMINATION DATES

The insurance becomes effective at 12:00 a.m. on August 10, 2014 for annual coverage, or the date on which your premium is received, if later, and continues until the end of the period for which premium has been paid, but is not later than August 9, 2015.

2014-2015 PREMIUM RATES

Coverage Available for	Annual 8/10/2014- 8/10/2015	Fall 8/10/2014- 1/11/2015	Spring and Summer 1/12/2015- 8/10/2015	Summer Only 5/11/2015- 8/10/2015
Student Only	\$1,462	\$ 652	\$ 871	\$380
Spouse Add	\$2,488	\$1,093	\$1,456	\$636
Each Child Add	\$2,040	\$ 901	\$1,200	\$524

REFUND POLICY

There is no provision for cancellation other than upon entry into the Armed Forces or for medical withdrawal due to a covered Injury or Sickness. Any student withdrawing from school during the first 31 days of the period for which coverage is purchased (annual, fall, spring, or summer) shall not be covered under the Policy and a full refund of the payment will be made. Such a student will not be entitled to any benefits during the days preceding withdrawal, and no claims received will be honored. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which the payment has been paid and no refund will be available. Pro-rata refunds will be made upon the entry of any insured person into the Armed Forces of any country. **NO OTHER REFUNDS WILL BE PERMITTED.**

CONTINUATION OF COVERAGE

Continuation of coverage is offered to students and their dependents should they become ineligible to continue the Northwest Christian University Student Health Insurance Plan for up to 9 months. The benefits and Provisions will be similar to the Student Health Insurance Plan, but premium will be higher. Application must be made within 31 days of termination of the Student Health Insurance. Please contact (800) 452-5772 for information.

PREGNANCY

Benefits for expenses resulting from pregnancy including childbirth or miscarriage, will be determined in the same manner as for Sickness. Elective abortion is not covered, except in circumstances which are life-threatening to the mother.

Coverage for newborn includes care and treatment of medically diagnosed congenital defects and birth abnormalities. Routine nursery care for the well newborn is covered as a part of the mother's bill, if the mother is a covered person. Inpatient medical service visits to examine the well newborn are covered according to the Schedule of Benefits.

SCHEDULE OF BENEFITS

BENEFITS FOR COVERED INJURY/SICKNESS	BENEFIT AMOUNT PAYABLE	
PLAN BENEFITS	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Maximum Policy Year Benefit	Unlimited	
Deductible – Per Policy Year – Per Person	\$250	\$250
Out-of-pocket Expense Limit	\$3,500 per individual, \$12,700 per family	\$3,500 per individual
INPATIENT BENEFITS	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Hospital Room & Board Expenses	80% of PPO Allowance	50% of Usual and Reasonable (U&R)
Hospital Intensive Care Unit Expense - <i>in lieu of normal Hospital Room & Board Expenses</i>	80% of PPO Allowance	50% of U&R
Hospital Miscellaneous Expenses for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma	80% of PPO Allowance	50% of U&R
Preadmission Testing	80% of PPO Allowance	50% of U&R
Physician's Visits while Confined (non-surgical visits are limited to one visit per day, and not paid for day of surgery)	80% of PPO Allowance	50% of U&R
Inpatient Surgery: <input type="checkbox"/> Surgeon Services <input type="checkbox"/> Anesthetist <input type="checkbox"/> Assistant Surgeon	80% of PPO Allowance	50% of U&R
Registered Nurse Services for private duty nursing while Confined	80% of PPO Allowance	50% of U&R
Physical Therapy (inpatient) (limited to one visit per day)	80% of PPO Allowance	50% of U&R
Inpatient Rehabilitation and Habilitation Services Benefit (limited to one visit per day)	80% of PPO Allowance	50% of U&R

SCHEDULE OF BENEFITS (CONTINUED)

OUTPATIENT BENEFITS	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Outpatient Surgery: <input type="checkbox"/> Surgeon Services <input type="checkbox"/> Anesthetist <input type="checkbox"/> Assistant Surgeon	80% of PPO Allowance	50% of U&R
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, [misc. supplies], oxygen, oxygen tent, and blood & plasma	80% of PPO Allowance	50% of U&R
Outpatient Facility Fee	80% of PPO Allowance	50% of U&R
Outpatient Rehabilitation Services	80% of PPO Allowance, subject to \$20 Copayment per visit	50% of U&R, subject to \$20 Copayment per visit
Emergency Services Expenses	80% of PPO Allowance, subject to \$250 Copayment per visit (waived if admitted)	50% of U&R (paid as In-Network for Emergency Medical Condition), subject to \$250 Copayment per visit (waived if admitted)
In Office Physician's Fees (limited to one visit per day, and not paid for day of surgery):	80% of PPO Allowance, subject to \$20 Copayment per visit	50% of U&R , subject to \$20 Copayment per visit
<input type="checkbox"/> Primary Care Visit to Treat an Injury or Illness	80% of PPO Allowance, subject to \$20 Copayment per visit	50% of U&R, subject to \$20 Copayment per visit
<input type="checkbox"/> Routine Physical for Adults	80% of PPO Allowance, subject to \$20 Copayment per visit	50% of U&R, subject to \$20 Copayment per visit
<input type="checkbox"/> Specialist Visit	80% of PPO Allowance, subject to \$20 Copayment per visit	50% of U&R, subject to \$20 Copayment per visit
<input type="checkbox"/> Other Practitioner Office Visit	80% of PPO Allowance, subject to \$20 Copayment per visit	50% of U&R, subject to \$20 Copayment per visit
<input type="checkbox"/> Urgent Care	80% of PPO Allowance, subject to \$20 Copayment per visit	50% of U&R, subject to \$20 Copayment per visit
Diagnostic X-ray Services	80% of PPO Allowance	50% of U&R
Laboratory Procedures (Outpatient)	80% of PPO Allowance	50% of U&R
Imaging Tests	80% of PPO Allowance	50% of U&R
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	80% of PPO Allowance	50% of U&R
Prescription Drugs – subject to these Copayments: Generic \$15; Brand \$25; Specialty Drugs are not covered	100% of actual charge (at Restat participating pharmacies)	50% of U&R (at non-Restat participating pharmacies)
Home Health Care Expenses (limited to 40 visits per Policy Year)	80% of PPO Allowance	50% of U&R
Hospice Care Coverage	80% of PPO Allowance	50% of U&R
Chiropractic Services (back and spine disorders only)	80% of PPO Allowance, subject to \$20 Copayment per visit	50% of U&R, subject to \$20 Copayment per visit

SCHEDULE OF BENEFITS (CONTINUED)

OTHER BENEFITS	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Ambulance Service – Ground and/or Air Transportation	80% of PPO Allowance	50% of U&R
Braces and Appliances	80% of PPO Allowance	50% of U&R
Durable Medical Equipment	80% of PPO Allowance	50% of U&R
Maternity Benefit	Same as any other Covered Sickness	Same as any other Covered Sickness
Routine Newborn Care	Same as any other Covered Injury or Covered Sickness	Same as any other Covered Injury or Covered Sickness
Consultant Physician Services – when requested by the attending Physician	80% of PPO Allowance	50% of U&R
Medical Evacuation Expense – International Student and/or their Dependents and Domestic Student participating in a study abroad program	Unlimited benefit maximum, paid at 100% of actual charges under a separate agreement by On Call International	
Repatriation Expense – International Student and/or their Dependents and Domestic Student participating in a study abroad program	Unlimited benefit maximum, paid at 100% of actual charges under a separate agreement by On Call International	
Prosthetic and Orthotic Devices	80% of PPO Allowance	50% of U&R
Medical Treatment Received in Home Country (International Students Only)	N/A	Same as any other Covered Injury or Covered Sickness, to a maximum benefit amount of \$20,000 per policy year.
Treatment of Bones and Joints of the Jaw, Face, or Head Benefit	80% of PPO Allowance	50% of U&R
Anesthesia and Hospitalization for Dental Procedures Benefit	80% of PPO Allowance	50% of U&R
Diabetes Benefit	Same as any other Covered Sickness	Same as any other Covered Sickness
Mastectomy Benefit and Reconstructive Breast Surgery	80% of PPO Allowance	50% of U&R
Clinical Trials Benefit	80% of PPO Allowance	50% of U&R
Mental Illness and Chemical Dependency Benefits (inpatient or outpatient)	Same as any other Covered Sickness; subject to \$20 Copayment per visit for outpatient services	Same as any other Covered Sickness; subject to \$20 Copayment per visit for outpatient services
Tobacco Use Cessation Program	Up to \$500 for enrollees aged 15 and older	
Traumatic Brain Injury (Medically necessary therapy and services for the treatment of traumatic brain injury)	Same as any other Covered Injury	Same as any other Covered Injury
Diagnosis and Treatment of Lymphedema Benefit	80% of PPO Allowance	50% of U&R
Osteoporosis Coverage/Bone Mass Measurement Benefit	Paid under the Preventive Services Benefit	50% of U&R

SCHEDULE OF BENEFITS (CONTINUED)

MANDATED BENEFITS*	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Colorectal Cancer Screening Benefit	Paid under the Preventive Services Benefit	50% of U&R
Coverage for Hearing Aids Benefit – \$4,000 maximum benefit per each 48 months	80% of PPO Allowance	50% of U&R
Mammography and Cervical Cancer Screening Benefit	Paid under the Preventive Services Benefit	50% of U&R
Prostate Cancer Benefit	Paid under the Preventive Services Benefit	Not Covered
Required Surveillance Tests for Ovarian Cancer Benefit	Same as any other Covered Sickness	Same as any other Covered Sickness
Congenital Anomaly Including Cleft Lip/Palate Benefit	Same as any other Covered Sickness	Same as any other Covered Sickness
Pediatric Vision Care Benefit	100% of U&R, limited to 1 visit per Policy Year and 1 pair of prescribed lenses and frames; subject to \$20 co-pay per exam; \$40 co-pay for materials and supplies.	
Pediatric Dental Care Benefit <input type="checkbox"/> Preventive Services – including exams and cleanings (two per year), fluoride treatments and sealants to age 16 – pays 80%; <input type="checkbox"/> Basic Services – including fillings, x-rays, oral surgery and simple extractions – pays 80%; <input type="checkbox"/> Major Services – including endodontics, periodontics, crowns, bridges and dentures – pays 80%; <input type="checkbox"/> Orthodontia – pays 80%	80% of U&R, subject to \$500 Deductible	
Cosmetic or Reconstructive Surgery Benefit	Same as any other Covered Surgery	Same as any other Covered Surgery
Skilled Nursing Facility Benefit	80% of PPO Allowance	50% of U&R
Preventive Services Includes preventive services such as screenings, exams and immunizations as specified by the Patient Protection and Affordable Care Act. For more information visit http://www.healthcare.gov	100% of PPO Allowance, not subject to Deductible or Copayments	50% of U&R
* Mandated Benefits are payable only to the minimum extent required under applicable State or Federal insurance laws, rules or regulations.		

PHCS PREFERRED PROVIDER NETWORK

Persons insured under this Plan may choose to be treated within, or out of, the Preferred Provider Network. The Preferred Provider Network consists of hospitals, doctors, and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. Reimbursement rates will vary according to the source of care, as described under the Description of Benefits herein.

When an Insured Person uses the services of a PHCS Preferred Provider Network provider, the covered expenses incurred will be payable at 80% of PPO Allowance. However, when treatment is rendered by providers outside the PHCS Preferred Provider Network, expenses will be payable at 50% of Reasonable and Customary Covered Charges.

Assignment of a network Doctor does not guarantee eligibility or the right to Student Health Benefits.

In order to use the services of a participating provider, you must present your National Guardian Life Insurance Company Medical Identification Card that is provided to all students insured under the Northwest Christian University Student Health Insurance Plan.

You should always confirm that a Preferred Provider is participating at the time services are required (by asking the provider when you make an appointment for service).

A complete listing of participating providers are available on the web at: www.NWCUInsurance.com

RESTAT — PRESCRIPTION DRUG CARD

Prescriptions purchased through the Restat Network will be covered, subject to the applicable co-payment. For a complete list of pharmacy providers, please visit the Student Insurance website: www.NWCUInsurance.com.

NOTE: The prescription drug card benefit is through the Restat Pharmacy Program. The Restat Pharmacy Network includes national chains as well as local pharmacies. When you need to have a prescription filled, present your insurance ID card at a participating pharmacy. You will pay a co-payment for your medications. The pharmacy will submit additional charges to the Insurance Company.

The Restat Customer Service Telephone Number is 800-248-1062. Customer Service reps are available from 7am to 1am Monday through Friday and 8am to 5pm Saturday and Sunday (CST)

Visit <http://www.restat.com> for information on the current Preferred Drug Formulary.

Restat Drug Card co-payments applicable per prescription:

\$15 generic medication

\$25 brand medication

ON CALL INTERNATIONAL ASSISTANCE PROGRAM

The International Assistance Program (IAP) is supplemental to the Student Insurance Plan. The IAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 800-407-7307 or collect at 603-898-9159. The IAP and On Call International are not affiliated with National Guardian Life Insurance Company.

The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in the IAP:

ON CALL INTERNATIONAL ASSISTANCE PROGRAM (CONTINUED)

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and Insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriation of remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the IAP. Other services included in the IAP are listed below:

EMERGENCY MEDICAL EVACUATION – INCLUDED IN IAP

In the event of a serious Injury or Sickness, On Call International will arrange for and pay the actual expenses incurred to evacuate an Insured Person if: (a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local hospital, the Insured Person's medical condition warrants transportation to the Insured Person's home country to obtain further medical treatment to recover. All expenses for emergency medical evacuation must be approved in advance by On Call International. Emergency medical evacuation is a service provided by On Call International; it is not insurance but it is added as a service in your Student Health Insurance Policy.

REPATRIATION OF REMAINS – INCLUDED IN IAP

In the event of the death of an Insured Person, On Call International will arrange for and pay the actual expenses incurred for preparing and transporting the Insured Person's remains to his or her home country. Covered expenses include expenses for embalming, cremation, coffins, and transportation. All expenses for repatriation of remains must be approved in advance by On Call International. Repatriation of remains is a service provided by On Call International; it is not insurance but it is added as a service in your Student Health Insurance Policy.

Contact: On Call International for any of the IAP services described above.

Toll Free from U.S. and Canada: 1-800-850-4556

Dial Direct/Call Collect Worldwide: 1-603-898-9159

Website: www.oncallinternational.com

24-HOUR NURSE ADVICE LINE – INCLUDED IN IAP

Wouldn't you feel better knowing you could get health care answers from a Registered Nurse 24 hours a day? Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. On Call International provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-866-525-1955.

DEFINITIONS

Accident means a sudden, unforeseeable external event that causes Injury to an Insured Person. The Accident must occur while coverage is in effect for the Insured Person.

Ambulance Service means transportation to a Hospital by an Ambulance Service.

Anesthetist means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may not be an employee of the Hospital where the surgical procedure is performed.

Brand Name Drug means drugs for which the drug manufacturer's trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label.

Coinsurance means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

Complications of Pregnancy means conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these.

Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, and similar conditions not medically distinct from a difficult pregnancy.

Copayment means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

Country of Assignment means the country in which an Eligible International Student, scholar or visiting faculty member is:

1. 393B 393B Temporarily residing; and
2. 394B 394B Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

Covered Injury means a bodily injury that is:

1. Sustained by an Insured Person while he/she is insured under this Policy or the School's prior policies; and
2. Caused by an accident directly and independently of all other causes.

DEFINITIONS (CONTINUED)

Coverage under the School's policies must have remained continuously in force:

1. From the date of Injury; and
2. Until the date services or supplies are received, for them to be considered as a Covered Medical Expense under this Policy.

Covered Medical Expense means those charges for any treatment, service or supplies that are:

1. Not in excess of the Usual and Reasonable charges therefore;
2. Not in excess of the charges that would have been made in the absence of this insurance; and
3. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

Covered Sickness means Sickness, disease or trauma related disorder due to Injury which:

1. causes a loss while the Policy is in force; and
2. which results in Covered Medical Expenses.

Deductible means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

Dependent means:

1. An Insured Student's lawful spouse or registered Domestic Partner, including a same-sex spouse legally married to the Insured Student in a marriage ceremony validly performed in Oregon or other jurisdiction;
2. An Insured Student's dependent biological or adopted child, child placed for adoption, foster child, or stepchild or a child covered due to a court or an administrative order under age 26; and
3. An Insured Student's unmarried biological or adopted child or stepchild or a child covered due to a court or an administrative order who has reached age 26 and who is:
 - a. primarily dependent upon the Insured Student for support and maintenance; and
 - b. incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.

Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when a Insured Student enrolls a new disabled child under the plan.

Coverage will not be denied to a child just because the child was born out of wedlock, not claimed as a dependent on the Insured Student's federal tax return, or that the child does not reside with the Insured Student or in Our service area.

Domestic Partner means a person with whom the Insured Student has entered into a Domestic Partnership.

Domestic Partnership means a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon.

Elective Surgery or Elective Treatment means surgery or medical treatment that is:

1. not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. which occurs after the Insured Person's effective date of coverage.

DEFINITIONS (CONTINUED)

Elective Treatment includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, infertility, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Covered Injury or Covered Sickness to the extent coverage is not required by state or federal law. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.

Eligible Student means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.B 422B

Emergency Medical Condition means a medical condition which:

1. manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:
 - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any bodily organ or part.

Emergency Services means, with respect to an Emergency Medical Condition: transportation services, including but not limited to Ambulance Services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

Essential Health Benefits mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

Formulary means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

DEFINITIONS (CONTINUED)

Generic Drugs means a drug that is identical or bioequivalent to a Brand Name Drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent.

Home Country means the Insured Student's country of citizenship. If the Insured Student has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the United States. The Insured Student's Home Country is considered the Home Country for any Dependent of an Insured Student while insured under this Policy.

Hospital means an institution that:

1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitative care; or
3. Facilities for the aged, drug addicts or alcoholics.

Hospital Confined or Hospital Confinement means a stay of eighteen (18) or more consecutive hours as a resident bed patient in a Hospital.

Immediate Family Member means the Insured Person and his or her spouse or the parent, child, brother or sister of the Insured Person or his or her spouse.

Insured Person means an Insured Student or Dependent of an Insured Student while insured under this Policy.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under this Policy.

International Student means an international student:

1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged, on a full time basis, as a student or in educational research activities through the Policyholder.

In so far as this Policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

Leave of Absence means a planned interruption in a registered Student's education and may be granted up to one semester.

Loss means medical expense caused by an Injury or Sickness which is covered by this Policy.

Medically Necessary means medical treatment that is appropriate and rendered in accordance with generally accepted standards of medical practice. The Insured Person's health care provider determines if the medical treatment provided is Medically Necessary.

Network Providers are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.

Non-Network Providers have not agreed to any pre-arranged fee schedules.

DEFINITIONS (CONTINUED)

Out-of-pocket Expense Limit means the amount of Usual and Reasonable expenses that an Insured Person is responsible for paying.

Physician means a:

1. Doctor of Medicine (M.D.); or
2. Doctor of Osteopathy (D.O.); or
3. Doctor of Dentistry (D.M.D. or D.D.S.); or
4. Doctor of Chiropractic (D.C.); or
5. Doctor of Optometry (O.D.); or
6. Doctor of Podiatry (D.P.M.);

who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

Physician will also means any licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, clinical social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

The term Physician does not mean any person who is an Immediate Family Member.

PPO Allowance means the amount a Network Provider will accept as payment in full for Covered Medical Expenses.

Preferred Brand Drug means a Formulary drug that is within a select subset of therapeutic classes, which make up the Formulary drug list.

School or College means the college or university attended by the Insured Student.

Skilled Nursing Facility means an institution that provides skilled nursing care under the supervision of a Physician, provides 24-hour nursing service by or under the supervision of a registered nurse (R.N.), and maintains a daily record of each patient. Skilled nursing facilities must be licensed by an appropriate state agency and approved for payment of Medicare benefits to be eligible for reimbursement.

Stabilize means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Student Health Center or Student Infirmary means an on campus facility that provides:

1. Medical care and treatment to Sick or Injury students; and
2. Nursing services.

A Student Health Center or Student Infirmary does not include:

1. Medical, diagnostic and treatment facilities with major surgical facilities on its premises or available on a prearranged basis; or
2. Inpatient care.

DEFINITIONS (CONTINUED)

Total Disability or Totally Disabled, as it applies to the Extension of Benefits provision, means:

1. With respect to an Insured Person, who otherwise would be employed:
 - a. His or her complete inability to perform all the substantial and material duties of his or her regular occupation;
 - b. With care and treatment by a Physician for the Covered Injury or Covered Sickness caused the inability.
2. With respect to an Insured Person who is not otherwise employed:
 - a. His or her inability to engage in the normal activities of a person of like age and sex; with
 - b. Care and treatment by a Physician for the Covered Injury or Covered Sickness causing the inability; or
 - c. His or her Hospital confinement or home confinement at the direction of his or her Physician due to a Covered Injury or a Covered Sickness, except for visits to receive medical treatment..

Treatment means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

Usual and Reasonable means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a:

1. Like service by a provider with similar training or experience; or
2. Supply that is identical or substantially equivalent.

Visa, in so far as this Policy is concerned, means the document issued by the United States Government that permits an individual to participate in the educational activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1 (Vocational) in order to continue as a student in the United States.

We, Us, or Our means National Guardian Life Insurance Company or its authorized agent.

OUT-OF-POCKET EXPENSE LIMIT

After the Out-of-Pocket Expense Limit has been reached as shown in the Schedule of Benefits, benefits will be paid at 100% of the PPO Allowance (In-Network) or 100% of U&R (Out-of-Network). The Out-of-Pocket Expense Limit is the most you could pay during the Policy Year for your share of the cost of covered services. This limit helps you plan for health care expenses.

IMPORTANT NOTE ABOUT YOUR BENEFITS

Should state law and/or federal law require certain benefits to be included in the Master Policy that are not included in this brochure, such benefits shall be deemed to be included in this brochure to the extent necessary to satisfy the minimum requirements of such law. For more information about your benefits, please read the Summary of Benefits and Coverages available at www.NWCUInsurance.com and the Glossary of Terms available at www.cciio.cms.gov, or you may request a copy by calling 1-800-452-5772.

REIMBURSEMENT & SUBROGATION

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in existing Our rights under this provision and do nothing to prejudice Our rights.

EXTENSION OF BENEFITS

Coverage under the Policy ceases on the Insured Person's Termination Date. However, coverage for an Insured Person will be extended as follows:

1. If an Insured Person is Hospital confined or receiving treatment for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to 31 days from the Termination Date while such confinement or treatment continues; or
2. If an Insured Person is Totally Disabled due to Covered Injury or Covered Sickness, the coverage for that condition will be extended for up to a maximum of three months from the Termination Date.

EXCLUSIONS

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

This Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits.

1. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
2. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
3. loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sports;
4. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
5. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery.
 - a. For the purposes of this provision, Reconstructive Surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
 - b. For the purposes of this provision, Plastic or Cosmetic Surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).
6. racing or speed contests, skin diving or sky diving, parasailing, sail planing, hang gliding, bungee jumping, or other hazardous sport or hobby.
7. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
8. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.

EXCLUSIONS (CONTINUED)

9. dental treatment including orthodontic braces and orthodontic appliances, except as specified in the Schedule of Benefits.
10. services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
11. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
12. loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
13. an Insured Person's:
 - a. committing or attempting to commit a felony, or
 - b. participation in a riot.
14. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
15. elective surgical procedures for birth control, except as specifically provided in the Schedule of Benefits.
16. expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
17. services or supplies in connection with eye examinations, eyeglasses or contact lenses, except as shown in the Schedule of Benefits for Pediatric Vision Care.
18. expenses for radial keratotomy, except as required for repair caused by a Covered Injury.
19. well baby care other than as shown in the Schedule of Benefits.
20. treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
21. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
22. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
23. intentionally self-inflicted Injury, attempted suicide, or suicide, while sane or insane.
24. elective abortions.
25. treatment or removal of nonmalignant moles, warts, boils, acne.
26. preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
27. expenses for hearing aids, except as required for repair caused by a Covered Injury.
28. custodial care service and supplies.
29. expenses that are not recommended and approved by a Physician.
30. any expenses in excess of Usual and Reasonable charges.
31. International Students Only - Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.

NON-DUPLICATION OF BENEFITS LIMITATION

If benefits are payable under more than one (1) benefit provision contained in the Policy, benefits will be payable only under the provision providing the greater benefit.

COORDINATION OF BENEFITS

The policy will coordinate benefits as outlined in the Master Policy which may be reviewed at www.NWCUIInsurance.com.

COMPLAINT RESOLUTION

Insured persons or their representatives may call the Customer Service Department with questions or complaints at (800) 452-5772. If the question or complaint is not resolved to the satisfaction of the complainant, the complainant may submit a written request to the claims review committee, which will make a thorough investigation and respond to the complainant in a timely manner. The Company will not retaliate against the complainant because of the complaint.

APPEALS

If a claim is wholly or partially denied, a written notice or message on the Explanation of Benefits (EOB) will be sent to the Insured Person containing the reason for the denial. The notice or message will include a reference to the provision in the Plan and a description of additional information, which might be necessary for reconsideration of the claim.

HOW DO I FILE A CLAIM UNDER MY STUDENT INSURANCE PLAN?

Should an Injury or Sickness occur, the following steps should be taken:

1. Secure the necessary medical treatment. A listing of Preferred Providers is available at: www.NWCUIInsurance.com
2. Obtain itemized bills from your physician or provider.
3. You must complete a claim form. Claim forms may be obtained on the Student Insurance website: www.NWCUIInsurance.com
4. Please make certain all additional medical bills submitted show your name, school ID number, school, and description of medical condition. **Only one claim form, per condition, needs to be mailed.**
5. Mail the completed claim form and medical bills as soon as possible to:

**Commercial Travelers
College Claims Division
70 Genesee Street
Utica, NY 13502
800-756-3702**

Please contact between 9:00 a.m. to 5:00 p.m. C.S.T.

6. You may check the status of a claim you have already filed at www.NWCUIInsurance.com and click on "Check Claims Online".

HOW DO I CHECK THE STATUS OF A CLAIM I HAVE ALREADY FILED?

1. Online Inquiry:

- a) go to: www.NWCUIInsurance.com obtain your permanent Identification Card.
- b) After obtaining your Identification Card, click on "Check Claims Online."
- c) You will need to set up an account by providing your first and last name, your birthdate, your student identification number and the Policy number. This information should be on taken directly from your permanent Identification Card.

2. Telephone Inquiry: Call 800-756-3702.

HOW DO I OBTAIN MY IDENTIFICATION CARD?

1. You may detach and retain the temporary Identification Card provided on the brochure.
2. You may obtain your permanent Identification Card on the internet at: www.NWCUIInsurance.com "Click" on Print ID Card. You will need to provide your name, student identification number, and birth date. If you experience any difficulty, please call us at (800) 452-5772.
3. You may call (800) 452-5772 and request that your permanent Identification Card be mailed to you.

Local Service Provided By
Pacific Benefits Consultants, Inc.
450 Country Club Road, Suite 330
Eugene, OR 97401
(800) 588-8688

HOW CAN I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?

Please call the Administrator, at (800) 452-5772, Monday through Friday, between the hours of 9:00 a.m. to 5:00 p.m. Central Standard Time, or email us through the Student website, www.NWCUIInsurance.com. We appreciate hearing from you with your comments, questions, and concerns.

Any provision of the Policy, or the brochure, which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

Please keep this brochure as a general summary of the insurance. The Master Policy contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Policy, the Master Policy will govern and control the payment of benefits. This brochure is based on Policy Number 2014-S3-DO4.

Medical Benefits Underwritten by:



National Guardian
Life Insurance Company

Policy Number: 2014-S3-DO4

Form Numbers: NBH-280 (2014) OR and NPPO (2014) OR

National Guardian Life Insurance Company is not affiliated with
The Guardian Life Insurance Company of America, a/k/a
The Guardian or Guardian Life.

Direct All Inquiries To:



**ASSOCIATED
INSURANCE PLANS**
INTERNATIONAL, INC.

Post Office Box 189

Libertyville, Illinois 60048

(800) 452-5772 • FAX (847) 281-8813

(e-mail) office@aipstudentinsurance.com

Visit us and enroll on the Web at:

www.NWCUIInsurance.com

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Northwest Christian University.

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This is your Health Information Privacy Notice from NATIONAL GUARDIAN LIFE INSURANCE COMPANY (referred to as We or Us). This notice is effective April 14, 2003. This notice provides you with information about the way in which We protect Personal Health Information ("PHI") that We have about you. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also explains your rights with respect to PHI. The Health Insurance Portability and Accountability Act ("HIPAA") requires Us to: Keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

Use and Disclosure of PHI

We obtain PHI in the course of providing and/or administering health insurance benefits for you. In administering your benefits, We may use and/or disclose PHI about you and your dependents. The following are some examples, however, not every use or disclosure in a category will be listed:

- **For Health Care Payment Purposes:** For example, We may use and disclose PHI to administer and process payment of benefits under your insurance coverage, determine eligibility for coverage, claims or billing information, conduct utilization reviews, or to another entity or health care provider for its payment purposes.
- **For Health Care Operations Purposes:** For example, We may use and disclose PHI for underwriting and rating of the plan, audits of your claims, quality of care reviews, investigation of fraud, care coordination, investigate and respond to complaints or appeals, provider treatment review and provision of services.
- **For Treatment Purposes.** For example, We may use and disclose PHI to health care providers to assist in their treatment of you. We do not provide health care treatment to you directly.
- **For Health Services.** For example, We may use your medical information to contact you to give you information about treatment alternatives or other health related benefits and services that may be of interest to you as part of large case management or other insurance related services.
- **For Data Aggregation Purposes.** For example, We may combine PHI about many insureds to make plan benefit decisions, and the appropriate premium rate to charge.
- **To You About Dependents.** For example, We may use and disclose PHI about your dependents for any purpose identified herein. We may provide an explanation of benefits for you or any of your dependents to you.
- **To Business Associates.** For example, We may disclose PHI to administrators who are contracted with Us who may use the PHI to administer health insurance benefits on our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits. If your state has adopted a more stringent standard regarding any of the above uses or disclosures of your PHI, those standards will be applied.

Additional Uses or Disclosures. We may also disclose PHI about you for the following purposes:

- To comply with legal proceedings, such as a court or administrative order, subpoena or discovery requests.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To the Department of Health and Human Services for the investigation of compliance with HIPAA or to fulfill another lawful request.
- To federal officials for lawful intelligence, counterintelligence, national security purposes and to protect the president.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.
- In accordance with a valid authorization signed by you.

HIPAA NOTICE (CONTINUED)

Your Rights Regarding PHI That We Maintain About You

You have various rights as a consumer under HIPAA concerning your PHI. You may exercise any of these rights by writing to Us in care of Associated Insurance Plans International, Inc., Post Office Box 189, Libertyville, IL 60048, Attn: HIPAA Privacy Office.

- You have the right to inspect and copy your PHI. If you request a copy of the information, We may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- You have the right to ask Us to amend the PHI that is contained in a "designated record set", e.g., information used to make enrollment, eligibility, payment, claims adjudication and other decisions. You have the right to request an amendment for as long as we maintain the PHI. Requests must be made in writing and include the reason for the request. We may deny the request if the PHI is accurate and complete or if we did not create the PHI.
- You have the right to request a list of our disclosures of the PHI. Your request must state a time period, may not include dates before April 14, 2003 and may not exceed a period of six years prior to the date of your request. If you request more than one list in a year, We may charge you the cost of providing the list. We will notify you of the cost and you may withdraw or modify your request before any costs are incurred. Any list of disclosures provided by Us will not include disclosures made for payment, treatment or healthcare operations; made to you or persons involved in your care; incidental disclosures, authorized disclosures, for national security or intelligence purposes or to correctional institutions.
- You have the right to request to restrict the way We use or disclose PHI regarding treatment, payment or health care operations. You also have the right to request to restrict the PHI We disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If We do agree, We will comply with your request unless the information is needed to provide you emergency treatment. Your request must be in writing and state (1) what information you want to restrict; (2) whether you want to restrict our use, disclosure or both; and (3) to whom you want the restrictions to apply.
- Uses and disclosures of your PHI, other than those listed above, require prior written authorization from you. You may revoke that authorization at any time by writing to Us at the address at the end of this notice.
- You have the right to request that We communicate personal information to you in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will comply with reasonable requests.
- You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. You may request a paper copy of this notice by calling Us at 800-452-5772 or submitting the request to NATIONAL GUARDIAN LIFE INSURANCE COMPANY, c/o Associated Insurance Plans International, Inc., Post Office Box 189, Libertyville, IL 60048, Attn: HIPAA Privacy Office.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Us. When filing a complaint, include your name, address and telephone number and We will respond. All complaints must be submitted in writing to NATIONAL GUARDIAN LIFE INSURANCE COMPANY, c/o Associated Insurance Plans International, Inc., Post Office Box 189, Libertyville, IL 60048, Attn: HIPAA Privacy Office. You may also contact the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Changes To This Notice

We reserve the right to modify this Privacy Notice and our privacy policies at any time. If We make any modifications, the new terms and policies will apply to all PHI before and after the effective date of the modifications that We maintain. If We make material changes, We will send a new notice to insureds.

If you have any questions regarding this notice, please call 800-452-5772 or send your written questions to the address at the end of this notice. Please include your name, the name of your insurance plan, your policy/ID number or copy of ID card, your address and telephone number and We will respond.

ALL QUESTIONS AND REQUESTS REGARDING YOUR RIGHTS UNDER THIS NOTICE SHOULD BE SENT TO:

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

c/o Associated Insurance Plans International, Inc.,
Post Office Box 189, Libertyville, IL 60048

Attn: HIPAA Privacy Office

OPTIONAL - ADDITIONAL PREMIUM REQUIRED DENTAL/VISION/PHARMACY DISCOUNT PLAN

Additional premium required (see rates listed below).

No Claim forms
No Waiting Periods
No Pre-existing Conditions
No Deductibles or Maximums
No Age Restriction
Discount is immediate at time of service
Over 100,000 participating providers nationwide

The Co-Health Group Collegiate plan has been specifically designed to meet the needs of today's College and University students, whether they are incoming freshmen, graduate, evening students, international or domestic students attending Northwest Christian University.

The Co-Health Benefit Plan provides discounts in certain health care areas not normally reimbursed by insurance. In the "Collegiate Plan" we are offering the Vision, Dental and Pharmacy Discount Program as a single package of Benefits, or you may purchase discounts for pharmacy or vision separately. Here's how the plan works.

This is not an Insurance Plan. The Co-Health Group Collegiate Plan is a Discount Care Plan offering discounts and savings for Vision, Dental and Prescription Pharmacy expenses.

Each of the benefit programs (Vision, Dental, and Prescription Pharmacy) has a network of Providers (for example, the participating dentists in the Dental Plan.) As a member of the Plan you can go to any of the providers listed and purchase their products or services on a negotiated discount basis. You receive your discount/savings on the spot. There are no exclusions for "pre-existing" conditions. There are no claim forms to fill out and no paperwork to be filed. Simply show your Co-Health membership card at the time of your scheduled appointment or at a participating pharmacy.

The discounts you will receive are substantial and these savings can be very important to you. The services that make up the Collegiate Plan (Vision, Dental and Pharmacy) are also the three most common areas where you will have unexpected expenses. With our Benefits, you can substantially reduce your out of pocket expenses, and as an added bonus, you can use our plan benefits anywhere in the United States, except the State of Washington.

You simply show your Co-Health ID Card and get your discount on the spot.

Annual Coverage Premiums - enroll anytime throughout the year at www.dentalvisionrxdiscount.com.

ANNUAL PREMIUMS	Credit Card or Internet Payment	Check by mail
Dental/Vision/Pharmacy		
Student Only	\$72.00	\$62.00
Family	\$88.00	\$78.00
Dental & Vision		
Student	\$62.00	\$52.00
Family	\$79.00	\$69.00
Dental & Pharmacy		
Student	\$62.00	\$52.00
Family	\$79.00	\$69.00
Vision & Pharmacy		
Student Only	\$40.00	\$30.00
Family	\$50.00	\$40.00
Dental		
Student	\$50.00	\$40.00
Family	\$70.00	\$60.00
Vision		
Student Only	\$25.00	\$15.00
Family	\$30.00	\$20.00
Pharmacy		
Student Only	\$25.00	\$15.00
Family	\$30.00	\$20.00

OPTIONAL, ADDITIONAL PREMIUM DENTAL AND VISION INSURANCE PLAN

(Additional premium required)

Underwritten by Security Life Insurance Company of America

- Freedom to Use Dentist of Your Choice
- Up to \$2,000 Annual Maximum
- Coverage for Adult Sealants
- Multiple Plan Design Options
- No Waiting Periods for Most Services
- Optional Vision Coverage for Additional Premium

QUESTIONS? PLEASE CALL 800-452-5772.

You do not need to purchase health insurance to enroll in the optional dental and vision insurance plan. Enroll online at www.NWCUInsurance.com.