

2015 • 2016

STUDENT HEALTH INSURANCE PLAN FOR DOMESTIC AND INTERNATIONAL STUDENTS GOLD COVERAGE — AFFORDABLE CARE ACT *COMPLIANT*



This insurance plan is underwritten by Companion Life Insurance Company

Policy Number: 2015ASA00
Policy Form Number: BSHP-PPO-POL

Direct all inquiries regarding enrollment to:
Associated Insurance Plans International, Inc.
609 N. Pine Street, Suite 202
Burlington, WI 53105

Pre-Certification is not required
Policy benefits are not guaranteed

(800) 452-5772 • Fax (262) 758-6344

email: office@AIPStudentInsurance.com

Student Insurance Website: www.SaintXavierInsurance.com



Please contact between the hours of 9:00 a.m. to 4:30 p.m. Central Standard Time.


Saint Xavier University 2015-2016
Student Health Insurance Plan Identification Card
Companion Life Insurance Company

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

Print name and school ID number

is entitled to the benefits provided under the policy issued by Companion Life Insurance Company for the entire period for which premium has been paid, 24 hours per day, anywhere in the world. Coverage expires at 11:59 p.m. local time on the last date for which premium has been paid. Possession of this card does not guarantee benefits. Contact the Servicing Agency to verify coverage. *In a life threatening emergency, go to the nearest emergency room for treatment.*

Policy Number: 2015ASA00	 PHCS	\$40 for Physician's Visit
Direct all claim inquiries and correspondence to:	www.phcs.com	\$40 for Urgent Care
Administrative Concepts, Inc. Payor #: 22384	800-922-4362	\$250 for Emergency Room
994 Old Eagle School Road, Suite 1005	 EXPRESS SCRIPTS®	
Wayne, PA 19087-1802	Express-Scripts Prescription Services	
(888) 293-9229 - 8 am - 5 pm CST	\$25/\$45/\$60	
www.SaintXavierInsurance.com	www.express-scriptshealth.com	
	Pharmacy Locations/Questions: (800) 400-0136	



Detach and retain.

Please keep card in your possession at all times. Pre-Certification is not required.



SCAN for a direct link to your student insurance website.

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PLAN HIGHLIGHTS

1. Coverage anywhere in the world.
2. Unlimited maximum medical and pharmacy benefits per policy year.
3. Deductible waived and 100% reimbursement for covered treatment at the Student Health Center.
4. Benefits for Preventive Services.
5. Prescription Drug Card.
6. Coverage for all Illinois Mandated Benefits.
7. Benefits for Repatriation, Medical Evacuation and International Assistance.
8. Monthly payment option for Graduate student.
9. Full policy benefits for pre-existing conditions
10. Dental and Vision Coverage Options.

HOW DO I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?

Please call the servicing agency, at (800) 452-5772, Monday through Friday, between the hours of 9:00 a.m. to 4:30 p.m. Central Standard Time, or email us through the Student Insurance website:

www.SaintXavierInsurance.com

*POLICY TERM

The insurance under Saint Xavier University's Accident and Sickness Health Insurance Plan for the Annual Policy is effective 12:00 a.m., on August 11, 2015. The Annual Policy terminates at 11:59 p.m. on August 10, 2016 or at the end of the period through which the premiums are paid. Coverage is effective 24 hours a day on a worldwide basis.

TERMINATION DATE OF INSURED PERSON'S COVERAGE

An Insured's coverage will end on the earliest of the date:

1. the Policy terminates;
2. the period ends for which premium is paid.

PERIODS OF COVERAGE FOR UNDERGRADUATES AND GRADUATE STUDENTS

Annual	August 11, 2015 to August 10, 2016
Waiver and Enrollment Deadline	September 21, 2015
Fall Semester One	August 11, 2015 to December 31, 2015
Waiver and Enrollment Deadline	September 21, 2015
Fall Semester Two	October 3, 2015 to December 31, 2015
Waiver and Enrollment Deadline	October 31, 2015
Spring & Summer-Semesters One	January 1, 2016 to August 10, 2016
Waiver and Enrollment Deadline	February 1, 2016
Spring & Summer-Semesters Two	March 1, 2016 to August 10, 2016
Waiver and Enrollment Deadline	March 31, 2016
Summer Semester (New Students Only)	May 19, 2016 to August 10, 2016
Waiver and Enrollment Deadline	June 13, 2016
Graduate Students Enrollment Deadlines*	
Fall/Annual -	October 15, 2015
Spring -	March 15, 2016
Summer -	June 15, 2016

* If your existing coverage terminates during the policy term, you may enroll in this plan if application and premium are received within 30 days of prior plan termination date.

ELIGIBILITY

Enrolled Undergraduate Students and scholars attending Saint Xavier University who cannot produce evidence of insurance coverage will be automatically enrolled in this insurance plan.

Unless Undergraduate Students submit an insurance waiver which will provide information on their existing insurance, through www.SaintXavierInsurance.com, they will automatically receive the school's health insurance and the fee for health insurance coverage will be charged to the Student's account each semester. The deadline for submission of a waiver is shown in Periods of Coverage.

Enrolled Student/Scholar means a person: (1) who is a member of an eligible class of persons as described above; (2) has enrolled for coverage under this Plan, if required; (3) for whom premium has been paid; and (4) while covered under the Plan.

Students must actively attend classes for at least the first 31 days from their effective date of coverage, or the entire period for which coverage is purchased, whichever is the lesser, except in the case of medical withdrawal (as verified and approved by the school). The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium.

This plan is optional for Graduate Students and premiums must be paid directly to the Plan Administrator. Enroll online at SaintXavierInsurance.com.

Coverage for Dependents is not offered.

2015-2016 INSURANCE RATES

Premiums are NOT pro-rated other than shown.

Coverage Available For	Annual	*Fall Semester Installment
Student Only	\$1,780	\$ 843
Coverage Available For	Spring & Summer Semester Installment	New Students Spring & Summer
Student Only	\$1,016	\$1,421
Coverage Available For	New Students Summer	*Monthly Auto Debit Debited on the 11th of each month
Student Only	\$701	\$160 (Fall) \$194 (Spring) \$250 (Summer)

An Administrative Fee is included in all rates.

***Graduate students: Monthly premium is available ONLY if purchasing annual coverage with an automatic debit from your checking, savings, or credit card account. Complete the enclosed auto debit form for this option.**

IMPORTANT INFORMATION REGARDING MONTHLY PAYMENT OPTION

Monthly premium payment is available for the full policy year, but on an automatic debit basis only. The initial payment is due at the time of enrollment and will be drafted on the 11th of each month through July 11, 2016. Students interested in coverage for a term other than the complete policy year should elect an option for payment other than monthly. Please note there is no provision for cancellation other than upon entrance into the Armed Forces.

Students who elect monthly payment whose coverage lapses (because of insufficient funds) during the Policy Year WILL NOT be permitted to continue the monthly payment option, and will be required to wait until the next open enrollment period to re-enroll for these benefits.

GRADUATE STUDENT ENROLLMENT PROCESS

Enrollment forms may be obtained from the Student Insurance website at: www.SaintXavierInsurance.com.

1. You may enroll on-line at: www.SaintXavierInsurance.com or you may access the website on CLAWS and pay with an electronic check, major credit card, or debit card.
2. Application and insurance payment may be mailed directly to:
STUDENT INSURANCE PLAN
609 N. Pine Street, Suite 202, Burlington, WI 53105
3. You may call and enroll over the telephone using a Major Credit Card or Debit Card, (800) 452-5772.
4. You can email questions to us at: office@AIPStudentInsurance.com

NOTE: It is your responsibility to submit payment prior to expiration date in order to avoid a lapse in coverage. You must re-enroll in the insurance plan. Automatic debit method of payment is available. Please call the administrator at (800) 452-5772 for details and an authorization form.

It is important to update all address changes with the Servicing Agency, (800) 452-5772, or by sending an email through the Student Insurance website at: www.SaintXavierInsurance.com.

NEWBORN CHILDREN

Coverage for newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. We cover the newborn child for benefits from and after the moment of birth, or any minor child placed with an Insured Student for adoption for dependent benefits from and after the moment the child is placed in the physical custody of the Insured Student for adoption. There is no option for dependent child coverage beyond these 31 days.

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 unless the student does not attend classes for the next semester, and no claim has been made. In this instance the student may apply for a refund of the unearned premium. 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. The administrative fee is not refundable.**

OUT-OF-POCKET MAXIMUM

After the Out-of-Pocket Maximum has been reached as shown in this Schedule of Benefits, benefits will be paid at 100% of the Preferred Allowance (In-Network) or 100% of usual and customary charge when out-of-Network.

The Out-of-Pocket Maximum is the most you could pay during the Policy Year for your share of the cost of covered services. The policy Deductible, Co-payments and services count toward meeting the Out-of-Pocket Maximum.

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.SaintXavierInsurance.com and the Glossary of Terms available at www.SaintXavierInsurance.com or www.cciio.cms.gov, or you may request a copy by calling 1-800-452-5772.

PHCS PREFERRED PROVIDER NETWORK

Persons insured under this Plan may choose to be treated within, or out of, the PHCS Preferred Provider Network. The PHCS 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. (Covered Medical Expenses incurred at the Student Health Center will be reimbursed at 100%). 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 Companion Life Insurance Company Medical Identification Card that is provided to all students insured under the Saint Xavier University Student Accident and Sickness 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.SaintXavierInsurance.com

STUDENT HEALTH CENTER - REFERRAL REQUIRED

Please note: You must obtain a referral for treatment outside of the Student Health Center. Go to the Student Health Center to obtain this referral. This requirement will not apply in emergency situations, or when the Student Health Center is closed (after hours or on weekends), or when you are outside of the Chicago area. If a referral from the Student Health Center is not obtained, In-Network benefits are reduced to 50% coinsurance.



**STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN
SCHEDULE OF BENEFITS 2015-2016**

All covered expenses are subject to the deductible and copays unless indicated otherwise.

PLAN BENEFITS	In-Network	Out-of-Network
REFERRAL FOR TREATMENT IS REQUIRED BY STUDENT HEALTH CENTER (SHC) Student Health Center Benefits – The Deductible is waived and benefits are reimbursed at 100% for covered medical expenses incurred at the Student Health Center including preventive care.	100%	
With SHC Referral: Deductible applies unless otherwise specified. Covered Medical Expenses are payable at 80% of PPO Allowance when In-Network	80% of Preferred Allowance (PA)	50% of Usual and Customary (U&C)
Without SHC Referral to another provider: Deductible applies unless otherwise specified. Covered Medical Expenses are payable at 50% of Usual & Customary Charges (U&C)	50% of PA	50% of U&C
Medical Expense Deductible Medical Expense Benefit Out-of-Pocket Maximum	\$500/Policy Year Unlimited/Policy Year \$6,250 per Individual	
HOSPITAL INPATIENT COVERED SERVICES AND BENEFIT LIMITS	In-Network	Out-of-Network
• Hospital Room and Board, Intensive Care Unit (ICU) and Hospital Miscellaneous: \$250 copay per confinement	80% of PA	50% of U&C
• Surgical Treatment	80% of PA	50% of U&C
• Anesthesia	80% of PA	50% of U&C
• Assistant Surgeon	80% of PA	50% of U&C
• Private Duty Nurse: Paid under (a)	80% of PA	50% of U&C
• Physician Non-Surgical Visits: 1 visit per day; not paid the day of surgery	80% of PA	50% of U&C
• Physiotherapy: 1 visit per day; Paid under (a)	80% of PA	50% of U&C
• Maternity Benefits: Benefits paid the same as any Sickness	80% of PA	50% of U&C
• Mental & Nervous Disorders: Benefits paid the same as any Sickness \$250 copay per confinement	80% of PA	50% of U&C
• Substance Abuse: Benefits paid the same as any Sickness \$250 copay per confinement	80% of PA	50% of U&C
• PreAdmission Testing	80% of PA	50% of U&C
OUTPATIENT COVERED SERVICES AND BENEFIT LIMITS		
• Hospital Outpatient Surgical Miscellaneous: Day Surgery	80% of PA	50% of U&C
• Surgical Treatment	80% of PA	50% of U&C
• Anesthesia (not to exceed 30% of surgical reimbursement)	80% of PA	50% of U&C
• Assistant Surgeon (not to exceed 30% of surgical reimbursement)	80% of PA	50% of U&C
• Physician Non-Surgical Visits: 1 visit per day, not paid the day of surgery; \$40 copay per visit	80% of PA	50% of U&C
• Urgent Care Treatment Center: \$40 copay per visit	80% of PA	50% of U&C
• Physiotherapy: Includes occupational therapy; 1 visit per day, \$40 copay per visit	80% of PA	50% of U&C
• Chiropractic Treatment: Includes occupational therapy; 1 visit per day, \$40 copay per visit	80% of PA	50% of U&C
• Diagnostic X-rays, Radiology, and Laboratory Services: \$25 copay per visit; includes Ultrasound and Nuclear medicine, ECG, EEF and other Electronic Diagnostic procedures	80% of PA	50% of U&C
• Hospital Emergency Room: \$500 copay per visit (waived if admitted)	80% of PA	50% of U&C (80% of U&C for true Medical Emergency)
• Maternity: Paid the same as any Sickness; includes Abortion if life threatening to mother	80% of PA	50% of U&C
• Mental and Nervous Disorders: \$40 copay per visit	80% of PA	50% of U&C
• Substance Abuse: \$40 copay per visit	80% of PA	50% of U&C
• Prescription Drugs: 30 day supply per prescription; zero copay for generic contraceptives \$25 copay per Generic Drug; \$45 copay per Brand Drug; \$60 copay per Single Source	(Refer to Prescription Drug Program through Express-Scripts)	
OTHER COVERED SERVICES AND BENEFIT LIMITS		
• Ambulance	80% of PA	80% of U&C
• Dental Treatment: Xray and treatment of dental injury to sound, natural teeth	80% of PA	80% of U&C
• Orthopedic Appliances and Durable Medical Equipment	80% of PA	50% of U&C
• Motor Vehicle Injury: Benefits paid the same as any Injury	80% of PA	50% of U&C
• Home Health Care: 40 visits per Policy Year; \$50 Deductible/Policy Year	80% of PA	50% of U&C
• Consultant Physician: when requested by the attending Physician	80% of PA	50% of U&C
• Well Child Care*	100% of PA	50% of U&C
• Immunizations*	100% of PA	50% of U&C
• Preventive Services Benefit*	100% of PA	50% of U&C
• Implantable and Injectable Contraceptives	100% of PA	50% of U&C
• Hospice Care	80% of PA	50% of U&C
• Alcohol or Narcotics Injury-Related Services Benefit	80% of PA	50% of U&C
• Breast Cancer Pain Medication and Therapy Benefit	80% of PA	50% of U&C
• Post-Mastectomy Benefit	80% of PA	50% of U&C
• Reconstructive Breast Surgery	80% of PA	50% of U&C
• Mental Illness and Substance Abuse Benefit	80% of PA	50% of U&C
• Clinical Cancer Trial Benefit	80% of PA	50% of U&C
• Diabetes Self-Management and Education	80% of PA	50% of U&C
• Dental Anesthesia Care Benefit	80% of PA	50% of U&C
• Autism Spectrum Disorders Benefit	80% of PA	50% of U&C
• Multiple Sclerosis Preventive Physical Therapy Benefit	80% of PA	50% of U&C
• Shingles Vaccine Benefit	80% of PA	50% of U&C
• Human Papillomavirus Vaccine Benefit	80% of PA	50% of U&C
• Amino Acid-based Elemental Formulas Benefit	80% of PA	50% of U&C
• Habilitative Services for Children Benefit	80% of PA	50% of U&C
• Mammography and Clinical Breast Examination	80% of PA	50% of U&C
• Infertility	80% of PA	50% of U&C

*In accordance with PPACA guidelines illustrated at www.healthcare.gov. Deductibles, Copayments and Coinsurance do not apply to preventive services rendered In-Network or at the Student Health Center.

ESSENTIAL HEALTH BENEFITS

Per the Patient Protection and Affordable Care Act. Benefits are included in the following categories: ambulatory patient services, emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

Coverage is subject to limits on the number of visits, specific dollar amounts paid by the issuer, deductibles, copayments, coinsurances in and out of network, and age requirements in accordance with the terms of the policy and state and federal guidelines.

PRESCRIPTION DRUG CARD

Prescriptions purchased from the Express-Scripts Health Network of pharmacies will be covered. For a complete list of pharmacy providers, please visit www.SaintXavierInsurance.com.

NOTE: The prescription drug benefit is through the EXPRESS-SCRIPTS Pharmacy Program. The EXPRESS-SCRIPTS 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.

Express-scripts Drug Card co-payments:

- \$25 co-pay generic medications.
- \$45 co-pay brand medications.
- \$60 for single source medications.

Co-payments are for a 30 day supply only.

PHARMACY CO-PAYMENT DEFINITIONS

Brand Drug: A medication developed by a pharmaceutical company.

Generic Drug: A medication duplicated by another company once the patent expires.

Single Source Drug: A brand name drug without a generic equivalent.

DEFINITIONS

“Accident” means an unexpected and unintended event, which is the direct cause of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

“Allowable Charge” means the charge which is the lesser of: 1) The actual charge, 2) the negotiated charge that a Preferred Provider has agreed to accept for service, or 3) the Usual and Customary Charge for a covered service.

“Benefit Period” means a period commencing on the first date of treatment for a covered Accident or covered Sickness and continuing for a maximum period shown in the Schedule of Benefits. The term, Benefit Period; includes any Extension of Benefits shown in the Policy.

“Complications of Pregnancy” means conditions which require medical treatment before pregnancy ends, and whose diagnosis is distinct from, but are caused or affected by pregnancy. Such conditions are; acute nephritis or nephrosis, cardiac decompensation; missed abortion; hyperemesis gravidarum; pre-eclampsia; non-elective cesarean section; termination of ectopic pregnancy; and spontaneous termination when a live birth is not possible.

Complications of Pregnancy does not include: false labor; occasional spotting; voluntary abortion; Doctor prescribed rest during pregnancy; morning sickness; and similar conditions not medically distinct from a difficult pregnancy.

“Co-payment” means a fixed dollar amount that the Covered Person must pay before benefits are payable under the Policy.

“Covered Accident” means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date the Accident or Sickness occurs until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

“Covered Person” means any eligible person or an eligible Dependent who applies for coverage, and for whom the required premium is paid to Us.

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy.

[If 2 or more Immediate Family Members are Injured in the same Covered Accident, only one deductible will apply.]

“Dependent” means: 1) an Insured’s lawful spouse; or 2) an Insured’s unmarried child, from the moment of birth to age 26.

A “child”, includes an Insured’s: 1) natural child; 2) stepchild; and 3) adopted child, beginning with any waiting period pending finalization of the child’s adoption.

Coverage will continue for a child who is 26 or more years old, chiefly supported by his or her parent or dependent on other care providers and incapable of self-sustaining employment by reason of a handicapped condition that occurred before the attainment of the limiting age. Proof of the child’s condition and dependence will be requested by Us within 2 months prior to the date the child will cease to qualify as a child as defined above. Such proof must be submitted to Us within 31 days from the date of the request. We may, at reasonable intervals thereafter, require proof of the continuation of such condition and dependence. If proof is not submitted within the 31 days following any such request, coverage for the Dependent will terminate.

With respect to a handicapped child, “dependent on other care providers” means such child requires a Community Integrated Living Arrangement, group home, supervised apartment, or other residential services licensed or certified by the Department of Human Services, the Department of Public Health, or the Department of Public Aid.

The term “spouse” also includes your domestic partner. You and your domestic partner must submit a complete domestic partner affidavit and meet the following criteria to qualify your domestic partner for insurance under this group policy. For at least six consecutive months prior to the effective date of your domestic partner insurance, you and your domestic partner:

1. are and have been each other’s sole domestic partner, and have maintained the same principal place of residence and intend to do so indefinitely;
2. are both at least 18 years of age;
3. are not married or related by blood; and
4. are jointly responsible for each other’s welfare and financial obligations.

The term also includes the child of your domestic partner. Any such child must be unmarried and under age 26.

We will not terminate coverage or deny the election of coverage for an unmarried Dependent by reason of the Dependent’s age before the Dependent’s 30th birthday if the Dependent (i) is an Illinois resident, (ii) served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and (iii) has received a release or discharge other than a dishonorable discharge..

“Doctor”: means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate.

DEFINITIONS (CONTINUED)

It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

"Elective Surgery or Elective Treatment": means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that:

1. are deemed by the Insurer to be research, investigative, or experimental;
2. are not generally recognized and accepted medical practices in the United States.

"Emergency Hospitalization" and "Emergency Medical Care" means hospitalization or medical care:

That is provided for an Injury or a Sickness caused by the unexpected onset of a medical condition with acute symptoms of sufficient severity and pain that would cause a prudent layperson with an average knowledge of health and medicine to expect that the absence of immediate medical care to result in:

1. The Covered Person's health or in the case of a pregnant woman, the health of the woman and her unborn child, being placed in serious jeopardy.
2. Serious impairment of the Covered Person's bodily functions.
3. Serious dysfunction of any of the Covered Person's bodily organs or parts.

"Experimental or Investigational": means any procedure, treatment, facility, supply, device, or drug that:

1. is not generally accepted by the United States medical community as effective for diagnosis, care or treatment; or
2. is subject to research protocols indicating that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational;" or
3. requires the patient to sign a consent form which indicates that the procedure, treatment, supply, device, or drug is "experimental or investigational" or is part of a research or study program; or
4. requires the provider's institutional review board to acknowledge that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational," and subject to the board's approval.

Important Notice - The insurer may rely upon the advice of medical and dental peer review groups and other medical and dental experts to determine which services and/or supplies are experimental or investigational. The decision whether there is enough scientific data, and the decision whether a service or supply is "experimental or investigational" will be made by the insurer.

The insurer will determine, in its discretion, whether a procedure, treatment, facility, supply, device, or drug is "experimental or investigational".

"Home Country" means the Covered Person's country of domicile or citizenship named on the enrollment form or the roster, as applicable. However, the Home Country of an eligible Dependent who is a child is the same as that of the eligible participant.

"Home Health Care" means nursing care and treatment and Daily Living Services provided to a Covered Person in His home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved in writing by a Covered Person's attending Doctor, including certification in writing by the attending Doctor that confinement in a Hospital or extended care facility would be required in the absence of Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency; and
3. Daily Living Services must be approved in writing by the attending Doctor or by the provider of the nursing care services.

DEFINITIONS (CONTINUED)

"Daily Living Services" means cooking, feeding, bathing, dressing and personal hygiene services performed by a Home Health Aide, and which are necessary to the care and health of the Covered Person.

"Hospice": means a public or private agency or facility which:

1. administers medically supervised written plans of physical, psychological, social and spiritual care for terminally ill individuals and their immediate family;
2. has its own staff doctors, nurses and medical and social counseling services on call 24 hours a day, 7 days a week or contracts and monitors this staff if not furnished by the hospice itself;
3. is supervised on a full-time basis by a doctor or registered nurse (RN);
4. keeps a written record of all hospice services furnished to its patients and families;
5. makes use of trained volunteers and keeps written records of their use and cost savings;
6. is licensed or certified according to the laws of the state in which it is located; and
7. provides bereavement and medical social services.

"Hospital" means an institution that:

1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
2. provides 24-hour nursing service by Registered Nurses on duty or call;
3. has a staff of one or more licensed Doctors available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either:
 - a. on its premises; or
 - b. in facilities available to it, on a pre-arranged basis;
5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Hospital also means a licensed alcohol and drug abuse rehabilitation facility or a mental hospital. Alcohol and drug abuse rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises on a prearranged basis.

"Hospital Confined" means a stay of 18 or more consecutive hours as a registered resident bed-patient in a Hospital.

"Immediate Family" means a Covered Person's parent, spouse, child, brother or sister.

"Injury" means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

"Insured" means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

"Medically Necessary" means a service, drug or supply which is necessary and appropriate for the diagnosis and treatment of a Covered Injury and Covered Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply will not be considered as Medically Necessary if, it:

1. is investigational, experimental or for research purposes;
2. is provided solely for the convenience of the patient, the patient's family Doctor, Hospital or any other provider;
3. exceeds in scope, duration or intensity the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;

DEFINITIONS (CONTINUED)

4. could have been omitted without adversely affecting the person's condition or the quality of medical care; or
 5. involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration.
- “Out-of-Network”** means a provider who has not agreed to any prearranged fee schedules. We will not pay charges in excess of the Usual and Customary Charges.
- “Preferred Allowance”**; means the amount a Preferred Provider will accept as payment in full for covered medical expenses.
- “Preferred Provider”** means the Doctors, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.
- “Prescription Drugs”** mean 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs that under the applicable state or federal law may be dispensed only upon written prescription of a Doctor; and 4) injectable insulin.
- “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.
- “Usual and Customary Charge”** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.
- “We, Our, Us”** means Companion Life Insurance Company, Inc., or its authorized agent.
- (a) Asymptomatic men age 50 and over;
 - (b) African-American men age 40 and over; and
 - (c) Men age 40 and over with a family history of prostate cancer.

NOTE:

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

EXCLUSIONS

The Policy does not provide coverage for loss caused by or resulting from:

1. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.
2. Expenses in connection with services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems;
3. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of:
 - a. a covered Injury that occurred while the Covered Person was insured;
 - b. a covered child's congenital defect or anomaly; or
 - c. as specifically provided for in the Policy.
4. Injuries arising out of:
 - a. playing or participating in an interscholastic, intercollegiate, or professional sport, contest or competition;
 - b. traveling to or from such sport, contest or competition as a participant; or
 - c. participation in any practice or conditioning program for such sport, contest, or competition.
5. Expenses incurred for birth control procedures, supplies or devices, except as otherwise provided under the Policy. Drugs and medications for the treatment of impotence and/or sexual dysfunction;

EXCLUSIONS (CONTINUED)

6. Reproductive/Infertility procedures and fertility tests, including but not limited to: family planning, fertility tests, infertility (male or female), including any supplies rendered for the purpose or with the intention of achieving conception; premarital examinations, except as mandated by the State of Illinois. Examples of fertilization procedures are: ovulation induction; in vitro fertilization; embryo transplant; or similar procedures that augment or enhance the Covered Person's reproductive ability; impotence organic or otherwise.
7. Expenses incurred in connection with voluntary sterilization or sterilization reversal, vasectomy or vasectomy reversal and sexual reassignment;
8. War, or any act of war, whether declared or undeclared; service in the Armed Forces of any country. Loss which occurs during or as a result of committing or attempting to commit a felony, or participation in a riot or insurrection, engaging in an illegal occupation;
9. Expenses incurred for Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation.
10. Treatment, services, supplies, in a Veteran's Administration or Hospital owned or operated by a national government or its agencies unless there is a legal obligation for the Covered Person to pay for the treatment.
11. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth except as provided by the Pediatric Dental Benefit. This exclusion does not apply to the repair of Injuries to sound natural teeth caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit;
12. Elective Surgery or Elective Treatment as defined by the Policy;
13. Immunizations, except as specifically provided in the Policy; preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy;
14. Hirsutism, alopecia;
15. Weight management, weight reduction, treatment for obesity, surgery for the removal of excess skin or fat, or nutrition programs, except as related to treatment for diabetes.
16. Routine physical examinations and routine testing, preventive testing or treatment, screening exams or testing in the absence of any Injury or Sickness, except as specifically provided by the Policy or as stated at www.healthcare.gov.

COORDINATION OF BENEFITS

No benefit under this Policy is payable for any Expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectible medical, health or Accident insurance in excess of \$100 per Injury or Sickness; or (2) under an automobile insurance policy.

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

EXTENSION OF BENEFITS

If a Covered Person is confined in a Hospital for a medical conditions on the date his insurance ends, expenses Incurred during the continuation of that Hospital stay will be consider a Covered Expense, but only while such expenses are incurred during the 90 day period following the termination of insurance. We will not continue to pay these Covered Expenses if:

1. the covered Person's medical condition no longer continues;
2. the covered Person reaches the Lifetime Aggregate Maximum per covered Accident or covered sickness; or
3. the Covered Person obtains other coverage.
4. the Covered Expenses are incurred more than 3 months following termination of insurance.

SUBROGATION RIGHT OF REIMBURSEMENT

We are assigned the right to recover from the negligent third party, or his or her insurer, to the extent of the benefits we paid for that sickness or injury. You are required to furnish any information or assistance, or provide any documents that we may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.

APPEALS

If a Covered Person incurs expenses for Sickness or Injury that occurred due to the negligence of a third party, we have the right to reimbursement for all benefits We paid from any and all damages collected from the negligent third party for those same expenses whether by action at law, settlement or compromise, by the Covered Person, Covered Person's parents if the Covered Person is a minor, or Covered Person's legal representative as a result of that Sickness or Injury. You are required to furnish any information or assistance, or provide any documents that we may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.

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 OBTAIN MY IDENTIFICATION CARD?

1. You may detach and retain the Identification Card provided on the brochure.
2. You may obtain your Identification Card on the Internet at: www.SaintXavierInsurance.com

“Click” on Print ID Card. You will need to provide your name, Student Identification Number, and your birthdate. If you experience any difficulty, please call us at (800) 452-5772.

3. You may call (800) 452-5772 and request that your Identification Card be mailed to you.

HOW DO I FILE A CLAIM UNDER MY STUDENT ACCIDENT AND SICKNESS 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.SaintXavierInsurance.com
2. Obtain itemized bills from your physician or provider.
3. Please make certain all additional medical bills submitted show your name, school ID, social security number, school, and description of medical condition. Only one claim form, per condition, needs to be mailed.
4. Mail your medical bills as soon as possible to the Claims Administrator: Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(888) 293-9229
Please contact between 9:00 a.m. and 5:00 p.m. C.S.T.

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

1. Online Inquiry:
 - a) go to: www.SaintXavierInsurance.com to 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 taken directly from your permanent identification card.
2. Telephone Inquiry: Call Administrative Concepts, Inc. at (888) 293-9229 between the hours of 9:00 a.m. to 5:00 p.m. CST.

COMPLAINT RESOLUTION

Insured persons or their representatives may call the AIP 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.

Any provisions of this Plan which, on its effective date, is in conflict with the statutes of the state in which the Insured Person resides on such date, is hereby amended to conform to the minimum requirements of such statutes.

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Saint Xavier University. Any discrepancies between this brochure and the Policy will be governed by the Policy.

Your service representative:



ASSOCIATED
INSURANCE PLANS
INTERNATIONAL, INC.

609 N. Pine Street, Suite 202
Burlington WI 53105
(800) 452-5772 • FAX (262) 758-6344
(e-mail) office@aipstudentinsurance.com
Visit us and **enroll on the Web** at:
www.SaintXavierInsurance.com

PRIVACY NOTICE

For a copy of Companion Life Insurance Company's Privacy Notice please:

1. Go to www.SaintXavierInsurance.com or
2. Call AIP at 800-452-5772 and request a copy or
3. Email office@aipstudentinsurance.com and request a copy.

ON CALL INTERNATIONAL
Global Assistance Program

The Global Assistance Program (GAP) is supplemental to the Student Insurance Plan. The GAP 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 1-855-226-7915 (toll free) or collect at 1-603-952-2045. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The Global Assistance Program is effective when you are outside your home country, or over 100 miles from home within the United States or when you are traveling.

The following emergency services are included*:

Emergency Medical Evacuation and Repatriation If you suffer an accident, injury or sickness resulting in a serious medical condition which in the opinion of the On Call physician requires transportation to be treated adequately, On Call will arrange and pay for air and/or surface transportation, medical care during transportation, communication and all usual and customary ancillary charges incurred in moving and transporting you to the nearest hospital where appropriate medical care is available.

After being treated at a medical facility, On Call will arrange and pay for the transport of the Participant with a qualified medical attendant to the Country of Domicile or Country of Residence for further medical treatment or recovery should it be deemed medically necessary by the On Call physician.

Return of Remains In the event of death, On Call shall make the arrangements and pay for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

Return of Dependent Children If your Dependent(s) are present but left unattended as a result of your hospitalization or Medical Evacuation, On Call shall make and pay for travel arrangements to return them home, including a non-medical escort as needed. This service has a limit of \$5,000.

Visit by Family/Friend If the Participant has or will be hospitalized for more than five (5) days while traveling, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of your choice to join them. This service includes flights and up to \$200 a day for hotel for a maximum of seven (7) days, up to a combined service limit of \$5,000.

*On Call International must pay and arrange for all services included above, reimbursement for self-paid expenses will not be considered; it is not insurance but it is added as a service in your Student Health Insurance Policy.

Additional Medical and Travel Assistance

If there are third party costs associated with the following services, On Call will notify you and you will be responsible for the costs:

- Pre-Trip Information
- Referral to the nearest, most appropriate medical facility, and/or provider.
- Medical monitoring by board certified emergency physicians in the United States
- Guarantee of Payment to provider and assistance in coordinating insurance benefits
- Prescription Replacement Assistance or Dispatch of Medicine if not available locally
- Emergency Message Forwarding to family, friends, personal physician, school, etc.
- Emergency Travel Arrangements for disrupted travel
- Legal Consultation and Referral
- Interpreter Assistance and Referral
- Lost Luggage Assistance
- Lost/Stolen Travel Documents Assistance

24 Hour Nurse Helpline

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. A Registered Nurse counselor will provide a clinical assessment 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 Students). Nurses shall not diagnose Member's ailments.

Contact On Call International to access any of the GAP services described above.

Toll Free from U.S. and Canada: 1-855-226-7915

Collect Worldwide: 1-603-952-2045

mail@oncallinternational.com

This is only an outline of services and terms, conditions and exclusions apply.

The following Dental & Vision Services are not part of the plan underwritten by Companion Life Insurance Company. They are provided by Security Life Insurance Company.

OPTIONAL DENTAL/VISION/PHARMACY DISCOUNT CARD

(Additional premium required)

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 Saint Xavier 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 Plan 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 plans (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 get 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 Premiums - enroll anytime throughout the year at www.SaintXavierInsurance.com. You do not need to purchase health insurance to enroll in the optional dental/vision/pharmacy discount plan.

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 Only	\$62.00	\$52.00
Family	\$79.00	\$69.00
Dental & Pharmacy		
Student Only	\$62.00	\$52.00
Family	\$79.00	\$69.00
Vision & Pharmacy		
Student Only	\$40.00	\$30.00
Family	\$50.00	\$40.00
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 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 – some with orthodontia
- No Waiting Periods for Most Services
- Optional Vision Coverage for Additional Premium

QUESTIONS? PLEASE CALL AIP AT 800-452-5772.

You do not need to purchase health insurance to enroll in the optional dental and vision insurance plan.

Enroll for Dental and Vision Coverage online at www.SaintXavierInsurance.com.

**SAINT XAVIER UNIVERSITY
AUTOMATIC PAYMENT AUTHORIZATION 2015-2016
(GRADUATE STUDENTS)**

I request and authorize COMPANION LIFE INSURANCE COMPANY and/or its designee to obtain payment of amounts becoming due the Company by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. I understand that there is no provision for cancellation unless admitted into the Armed Forces.

DRAFT DATE: _____ (Will be debited on the 11th of each month)

DRAFT AMOUNT: _____

Check One: Checking Account Savings Account

NAME OF BANK WHERE ACCOUNT IS AUTHORIZED _____

ADDRESS OF BANK _____

CITY _____ STATE _____

NAME OF INSURED, APPLICANT (PRINT) _____

NAME(S) OF DEPOSITOR(S) IF OTHER THAN THE INSURED _____

DEPOSITOR SOCIAL SECURITY NUMBER _____

DEPOSITOR DRIVER'S LICENSE NUMBER _____

DEPOSITOR STATE _____

RELATIONSHIP TO INSURED _____

SIGNATURE OF DEPOSITOR _____ DATE _____

AUTOMATIC PAYMENT FROM YOUR CHECKING ACCOUNT
REQUIRES A COPY OF A VOIDED CHECK
(PLEASE DO NOT SEND A DEPOSIT SLIP)

Please email or fax completed Authorization application and voided check to
office@aipstudentinsurance.com or 262-758-6344

Please automatically charge my Student insurance premiums to my account identified below for the remaining terms for the entire policy year.

VISA DISCOVER MASTERCARD AMEX

Credit/Debit Card Number _____ Expires: _____
Last 3 numbers on the reverse side of the credit card. Located within the signature box _____ (For Authorization Purposes)

Print name of cardholder _____

Cardholder phone number _____

Amount authorized to debit _____ for Student Health Insurance.

Cardholder signature _____
Today's Date _____

FOR HOME OFFICE USE ONLY
BANK TRANSIT NUMBER _____
DEPOSITOR'S ACCOUNT NUMBER _____

**SAINT XAVIER UNIVERSITY
ACCIDENT AND SICKNESS 2015-2016
OFFLINE ENROLLMENT FORM for Graduate Students**

Please Print Legibly

Student's Name _____
(First) (M) (Last)

Student I.D. # _____

Billing Address: _____
Street _____ Apt. No. _____

City _____ State _____ Zip _____

Male Female Date of Birth _____

Telephone No. _____

E-mail Address (IMPORTANT!) _____

I wish to enroll in the Student Insurance Plan checked below. My check or money order for the amount shown is attached.

Make check or money order payable to **Student Insurance Plan.**
Mail this enrollment card along with premium to:
**609 N. Pine Street, Suite 202
Burlington, WI 53105**

I wish to have my student account charged for the insurance term selected below.

Coverage Available For	Annual	*Fall Semester Installment
Student Only	\$1,780	\$ 843
Coverage Available For	Spring & Summer Semester Installment	New Students Spring & Summer
Student Only	\$1,016	\$1,421
Coverage Available For	New Students Summer	*Monthly Auto Debit Debited on the 11th of each month
Student Only	\$701	\$160 (Fall) \$194 (Spring) \$250 (Summer)

Note: For term date, see page 3, Periods of Coverage.

*Monthly premium is available for ANNUAL coverage. Premium will be debited on the 11th of each month through July 11, 2016. Your signature below indicates that you are aware that you are purchasing ANNUAL coverage with a MONTHLY automatic payment using your banking or credit account. If you do not desire annual coverage, please select another term of coverage.

*MONTHLY ENROLLEES...WHEN ENROLLING AFTER EFFECTIVE DATES SHOWN: Please indicate which month you desire your coverage to begin _____ (Month). Initial payment is due upon enrollment. Please complete Automatic Payment Authorization Form.

Please charge my Student Health Insurance: Coverage is not automatic. You must re-enroll in the insurance plan each term.

STUDENT ACCOUNT VISA DISCOVER MASTERCARD AMEX

Credit//Debit Card Number _____

3 or 4 digit security code _____ Expiration Date _____

Print name of cardholder _____

Cardholder signature _____

Please Charge \$ _____ for Student Health Insurance.

Student signature _____

NOTE: You may enroll "On-line" and pay your premium by electronic check or major credit card at www.SaintXavierInsurance.com