

THE BROCHURE

This brochure briefly outlines the Student Insurance Plan and is subject to the terms and conditions of the Master Policy, issued to Aurora University which is on file with the Director of Financial Resources. Any discrepancy between this brochure and the Master Policy will be governed by the Master Policy. It is suggested that this outline of coverage be retained for reference.

EXCLUSIONS

Benefits are not payable under this Policy for any of the following or loss that results there from:

1. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of Injury or Sickness.
2. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses or other treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
3. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems, except as required as a result of a covered injury. "Hearing defects" means any physical defect of the ear that does or can impair hearing.
4. Dental Care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident.
5. War or any act of war, declared or undeclared; or while serving in the armed forces of any country. A pro-rata premium will be refunded for such period of service.
6. Participation in a riot or civil disorder; commission of or attempt to commit a felony.
7. Intentionally self-inflicted Injury while sane or insane.
8. Participation in, practice for, or orthopedic equipment and appliances used for; the play or practice of intercollegiate football, ice hockey, lacrosse, semi-professional sports, or professional sports; except as specified in the Coverage Descriptions.
9. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly scheduled airline.
10. Treatment, services or supplies provided by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
11. Cosmetic Surgery, except cosmetic surgery which the Covered Person needs as the result of a covered Accident which happens while he is insured under this Policy.
12. Elective Treatments and Voluntary Testing.

EXCLUSIONS (Continued)

13. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No-Fault" coverage.
14. Treatment or services or supplies provided without charge by the School's infirmary or its employees, or Physicians who work for the school.
15. Rest cures or custodial care whether or not prescribed by a Physician, or transportation.
16. Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid.
17. Birth Control, including surgical procedures and devices, except as provided by the mandate.
18. Treatment of congenital abnormalities and conditions arising or resulting directly there from.
19. The diagnosis and treatment of Infertility.
20. For international students only, expenses incurred within the Covered Person's home country or country of regular domicile.
21. Treatment that is not incurred by an Insured Person while insured hereunder.
22. Elective abortions.
23. Supplies, except as otherwise provided in the Policy.
24. Routine newborn baby care, well-baby nursery and related physician charges.
25. Circumcision.

NOTICE OF PRIVACY PRACTICE

This describes how medical information about you may be used and disclosed and how you can get access to the information. Please review it carefully at:

www.AUStudentInsurance.com

DENTAL / VISION / PHARMACY

We have two options for you to choose from. For questions or assistance with selecting the best option for you, please call us at (800) 452-5772 between the hours of 7:00 a.m. to 7:00 p.m. Central Time. To request a brochure, please visit our web site at: www.AUStudentInsurance.com, scroll down to the bottom of the page, then click on Dental/Vision/Pharmacy section.

HOW CAN I RECEIVE ASSISTANCE WITH A CLAIM OR PROBLEM?

Please call the Administrator at (800) 452-5772, Monday through Friday, between the hours of 7:00 a.m. to 7:00 p.m. Central Time, or email us through the Insurance Information Internet Site:

www.AUStudentInsurance.com

We appreciate hearing from you with your comments, questions, and concerns.

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.AUStudentInsurance.com Click on Access Online Services, Print ID Card, Verify Coverage. 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. You may call (800) 452-5772 and request that your permanent Identification Card be mailed to you.

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

1. Online Inquiry -
 - a) Go to: www.AUStudentInsurance.com then click on "Access Online Service".
 - b) Obtain your permanent Identification Card.
 - c) After obtaining your I.D. card, click on "Check Claims Online".
 - d) You will need to set up an account by providing your first and last name, your birthdate, your student I.D. number, and the Policy number. This information must be taken directly from your permanent identification card.
2. Telephone Inquiry - call (800) 452-5772.

HOW DO I FILE A CLAIM UNDER THE STUDENT INSURANCE PROGRAM?

1. Secure the necessary medical treatment.
2. Obtain itemized bills from your physician or provider.
3. Complete a claim form. Claims forms are available in the Student Insurance Coordinator's Office or on the web at: www.AUStudentInsurance.com then click on "Access Online Service".

If your provider has already mailed the bills to the Insurance Company, you may complete the claim form and email it to the Insurance Company. If you have not yet mailed the medical bills to Administrative Concepts Inc., print a claim form, complete it, and mail the completed claim form along with your medical bills to:

Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
www.visit-aci.com • Electronic Payor #: 22384

IMPORTANT: Written notice of claim must be provided within 30 days after the occurrence, or commencement of any loss covered by the policy. Bills for which benefits are to be paid must be submitted within 90 days of the date of treatment.

4. Any additional medical bills submitted for reimbursement by the Insurance Company must show your name, student identification number, name of college or university, and description of medical condition. Only one claim form, per condition, needs to be completed.

Designed especially for
the Students of
**AURORA
UNIVERSITY**



2009-2010
**STUDENT ACCIDENT
& SICKNESS
INSURANCE PLAN**
Policy Number BSA-00100

Student Insurance Information
Internet Site:
www.AUStudentInsurance.com

Student Insurance Identification Card 2009-10

BCS Insurance Company

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

Print name and school ID number

Policy Number: BSA-00100
 Direct all claim inquiries and correspondence to: Administrative Concepts, Inc. **Payor #: 22384**
 994 Old Eagle School Rd.
 Suite 1005, Wayne, PA 19087-1802
 (800) 452-5772

Verification of Eligibility:
www.AUStudentInsurance.com



This Identification Card is for identification only. A permanent I.D. card can be obtained through the above website. Possession of the card does not guarantee the right to services or other benefits unless the holder is complying with all provisions of the Policy and is currently insured on the date of service. Contact the Company to verify coverage.

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.

COVERAGE

The basic plan protects students of Aurora University (the Policyholder) at home, at school or while traveling worldwide, 24 hours a day throughout the school year.

1. This insurance becomes effective at 12:00 a.m. on August 14, 2009 and continues until 11:59 p.m. May 8, 2010.

Note: This Coverage is also available, upon request, in the summer. Coverage is also available from May 9, 2010 until 11:59 p.m. on August 14, 2010. Students may wish to purchase Summer Coverage to avoid a lapse. Conditions which manifested during a lapse in coverage may be deemed to be a Pre-existing Condition.

Dates of Coverage:

Fall Aug. 15, 2009 to Jan. 11, 2010
Spring Jan. 12, 2010 to May 8, 2010
Summer May 9, 2010 to Aug. 14, 2010

The effective and termination dates of the coverage will be extended to include a maximum of three days travel for all students who have applied prior to leaving home, and three days travel time returning from school immediately following the expiration date of the coverage.

2. Protection is in effect during all interim academic year vacation periods.
3. Participation in all athletic activities other than intercollegiate football, ice hockey and lacrosse are covered except for immediate first aid treatment.
4. Coverage remains in force even though you leave school. Refunds are made only in the event of entry into the armed forces. The Company will refund the unused pro-rata premium upon request.

ELIGIBILITY AND COST

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium.

Eligibility requirements must be met each time a premium is paid to continue coverage.

Accident only coverage is available to all students. The cost of this coverage is \$55 per academic semester. Summer coverage is available for an additional charge of \$37.

All full time undergraduate and all residential students are required to enroll in the Accident and Sickness Benefits, or produce proof of comparable coverage. The cost of this coverage is \$234 per academic semester. Summer coverage is available for an additional charge of \$156. See the Student Insurance Coordinator for details.

BASIC ACCIDENT BENEFITS

When by reason of an accident occurring during the policy period, the Company will pay the following benefits toward expenses which are incurred within a 52 week period following the date of accident. The maximum basic benefit per accident is \$10,000.00.

1. Hospital room and board, not to exceed the normal semi-private room charge.
2. Hospital miscellaneous expenses are payable at 100% to a maximum of \$350.00 and 80% thereafter.
3. Surgery, performed by a legally qualified physician or surgeon, in accordance with the usual and customary charges for the surgical procedure performed, to a maximum of \$3000.00. Allowable surgical benefits are payable whether the surgery is performed in or out of the hospital.

BASIC ACCIDENT BENEFITS (Continued)

4. Anesthetist will be paid up to 25% of the surgeon's allowance.
5. Professional ambulance service, payable up to a maximum of \$100.00.
6. Employment of a registered graduate nurse (R.N.) while hospital confined.
7. Doctor's visits to a maximum of \$50 per day while hospital confined. Benefit is for non-surgical cases only.
8. Dental treatment to sound natural teeth if caused by any accident to a maximum of \$100.00 per tooth.
9. Consultant's fee, when hospital confined, payable up to \$100.00 per accident.
10. Outpatient expenses at a hospital, clinic or doctor's office payable up to \$1000.00 per accident. This benefit includes outpatient physician visits and prescription drugs.

BASIC SICKNESS BENEFITS

When by reason of a sickness contracted and commencing during the policy period, the Company will pay the following benefits toward expenses which are incurred within a 52 week period. The maximum basic benefit per sickness is \$10,000.00.

1. Hospital room and board, but not to exceed the normal semi-private room charge.
2. Hospital miscellaneous expenses are payable at 100% to a maximum of \$350.00 and 80% thereafter.
3. Surgery, performed by a legally qualified physician or surgeon, in accordance with the usual and customary charges for the surgical procedure performed, to a maximum of \$3,000.00. Allowable surgical benefits are payable whether the surgery is performed in or out of the hospital.
4. Anesthetist will be paid up to 25% of the surgeon's allowance.
5. Professional ambulance service payable up to a maximum of \$100.00.
6. Employment of a registered graduate nurse (R.N.) while hospital confined.
7. Doctor's visits to a maximum of \$50.00 per day while hospital confined.
8. Outpatient doctor's visits to a maximum of \$50.00 per day not to exceed 8 visits per sickness.
9. Consultant's fee, when hospital confined, payable up to \$100.00 per sickness.
10. Outpatient expenses (including x-rays, laboratory tests, prescription drugs or other outpatient miscellaneous services) payable up to \$750.00 per sickness.
11. Prostate antigen tests; diabetes equipment; supplies and outpatient self-management training; and colorectal screening are covered the same as any other Sickness.

SUPPLEMENTAL EXPENSE BENEFITS

If the Covered Charges for your Injury or Sickness exceeds the maximum we owe under the Basic Accident and Sickness Benefits we will pay 80% of the additional covered expenses up to an aggregate maximum of \$25,000 per condition. The services must be within fifty-two (52) weeks of the date of Injury or first treatment for Accident and/or Sickness Covered. Expense for daily hospital room and board will not be more than the usual semi-private room charge.

ILLINOIS COVERAGE MANDATES

The state of Illinois requires inclusion of certain benefits, including but not limited to the following: Initial prosthetic device and reconstructive surgery incident to mastectomy; mammograms at certain intervals; annual pap smear, outpatient contraceptive services, drugs and devices; treatment of temporomandibular joint disorder and treatment of serious mental illness. Please see the policy on file with the policyholder for complete details.

DEFINITIONS

Accident means a sudden, unexpected and unintended incident. "Covered Accident" means an Accident that results in Injury or loss covered by this Policy.

Hospital means a legally constituted institution having organized facilities for the care and treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call.

Injury means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness that are: (1) consistent with the symptom or diagnosis and treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient.

Physician means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term physician will not include the Covered Person, his spouse, children, brothers, sisters, parents, or any person residing in his household.

Pre-existing Condition means a condition for which a Covered Person received medical treatment, care or advice within 6 months before being insured under the Policy.

Sickness means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of the claim. Any complications or any conditions arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

Usual, Customary, and Reasonable Charges "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. "Area" means a county or larger geographically significant area as determined by the Company.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 12 months following a covered person's effective date of coverage under the Policy.

Credit for Prior Coverage: A Covered Person, whose coverage under prior Creditable Coverage ended no more than 63 days before coverage under the Policy became effective, will have any applicable pre-existing condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, we will credit only the days of such coverage after the break.

Pre-existing Condition: means a condition for which a Covered person received medical Treatment, care or advice within 6 months before being insured under the policy.

PREFERRED PROVIDER NETWORK

Utilizing the MultiPlan Nationwide Preferred Provider Network reduces the out of pocket cost for the Insured Person. MultiPlan consists of hospitals, physicians and other health care providers which are organized into a network for the purpose of delivering quality health care at a preferred fee. **You are not required to utilize a MultiPlan Provider.** A listing of area participants is available by contacting MultiPlan at (800) 557-6794 or online at: www.AUStudentInsurance.com, click on "Access Online Service", then click "Preferred Provider".

THE COMPANY

The plan is underwritten by the BCS Insurance Company.

Direct all inquiries to:



**ASSOCIATED
INSURANCE PLANS**
INTERNATIONAL, INC.

Post Office Box 189
Libertyville, Illinois 60048
(800) 452-5772 • FAX (847) 281-8813
Monday-Friday: 7:00 a.m.-7:00 p.m.
(e-mail) office@AIPInternational.com
www.AUStudentInsurance.com

Claims should be mailed to:
Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
www.visit-aci.com
Electronic Payor #: 22384

**AURORA UNIVERSITY
AURORA, ILLINOIS 60506**

Student Insurance Election Card 2009-2010

Student _____

(Please Print)

Student I.D. # _____

S. S. # _____

Date of Birth: _____

Date _____

I elect to have Accident & Sickness Protection added.

I elect to have Accident Protection.

I have read and understand the terms of the Student Insurance Plan now being offered to the students of our school.

Signed _____

(Student, Parent or Guardian)

RETURN THIS CARD TO:
STUDENT INSURANCE OFFICE
347 South Gladstone Avenue
Aurora, Illinois 60506

* If student is under 18 years of age, this form must be signed by the student's parent or legal guardian.