2008 - 2009

STUDENT HEALTH INSURANCE PROGRAM

FOR THE STUDENTS OF

NORTH PARK UNIVERSITY

Chicago, Illinois

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 North Park 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: CUH201524

The ID card below should be completed and retained, or you may download your permanent ID card through the student insurance information internet site:

STUDENT INSURANCE INFORMATION INTERNET SITE:
www.NPUInsurance.com

Detach and retain.

North Park University 2008-2009
Student Insurance Identification Card
Combined Insurance Company of America

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

Print name and school ID number

Policy Number: **CUH201524**

Direct all claim inquiries and correspondence to:
Administrative Concepts Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
800-452-5772
www.NPUInsurance.com

MultiPlan

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.

Pre-certification is NOT required.

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 15, 2008 or the date your premium payment is received, if later.

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.

NOTE: A Preferred Provider Network provision has been implemented for the 2008-2009 policy year. Multiplan is a national network available in the continental United States. Please select a preferred provider in order to receive the highest reimbursement for your medical expenses.
www.NPUInsurance.com

MULTIPLAN PREFERRED PROVIDER NETWORK

In order to use the services of a participating provider, you must present your insurance identification card.

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).

Services rendered by Network Providers allow the Insured Person to maximize the benefits offered under this plan.

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

A complete listing of participating providers is available on the web at: www.NPUInsurance.com

IMPORTANT: BASIC BENEFITS PAID AT 100% OF THE PREFERRED ALLOWANCE FOR NETWORK PROVIDERS, 80% OF THE REASONABLE AND CUSTOMARY EXPENSE FOR NON-NETWORK PROVIDERS; MAJOR MEDICAL BENEFITS PAID AT 80% OF THE PREFERRED ALLOWANCE FOR NETWORK PROVIDERS, 60% OF THE REASONABLE AND CUSTOMARY EXPENSE FOR NON-NETWORK PROVIDERS.

ELIGIBILITY

All students are eligible to participate in the Plan. Students who enroll may also enroll their eligible dependents. Eligible Dependents means: the student's legal spouse and unmarried children less than 19 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 19 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 19. Continued proof shall be furnished to the insurer on an annual basis thereafter.

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 15, 2008 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 September 1, 2009.

PREMIUM

	Annual	Spring & Summer	Summer Only
Student Only	$1,256	$ 942	$ 440
Spouse Add	$3,459	$2,572	$1,201
All Children Add	$2,512	$1,884	$ 880

DESCRIPTION OF BENEFITS

When an Insured Person incurs covered medical Expenses resulting from a covered Injury while the coverage is in force or requires medical treatment for a covered Sickness causing a loss commencing after the effective date of coverage, the Insurance Company will pay covered medical expenses incurred within a 52-week period, according to the following schedule of benefits shown below, subject to a $100 deductible per covered Injury or Sickness, per policy year.

BASIC ACCIDENT MEDICAL EXPENSE BENEFIT

The plan provides a maximum benefit of $2,000 per covered Injury, subject to the deductible which will be applied to benefits otherwise payable. **Unless otherwise specified below, benefits will be paid at 100% of the Preferred Allowance for services rendered by a Network Provider or at 80% of the Reasonable and Customary Expense for a Non-Network Provider.**

a. Medical and Surgical treatment by a physician.

b. Hospital confinement and services of a trained nurse (R.N.) while confined.

c. Miscellaneous hospital expenses; operating room, anesthetics, x-rays, drugs, medicines, and ambulance expense.

d. Dental treatment made necessary by injury to sound natural teeth, limit $200.

e. Injury sustained as a result of practice or play of intercollegiate athletics, limit $500.

BASIC SICKNESS MEDICAL EXPENSE BENEFIT

The plan provides a maximum benefit of $2,000 per covered Sickness, subject to the deductible which will be applied to benefits otherwise payable. **Unless otherwise specified below, benefits will be paid at 100% of the Preferred Allowance for services rendered by a Network Provider or at 80% of the Reasonable and Customary Expense for a Non-Network Provider. Covered Expenses will be paid as allocated below:**

Hospital Room and Board. Semi-private hospital room and board charges.

Intensive Care Room. The full cost of intensive care room.

Miscellaneous Hospital Medical Expenses. Such as prescribed drugs, dressings, laboratory tests, use of operating room, anesthetics and x-rays (while hospital confined) up to a maximum of $2,000.

In-Hospital Doctor's Calls. For non-surgical treatment, payable to a maximum of $100 for the first three days of confinement, and up to $50 for each subsequent day.

Consultant's Fees. When required by attending physician (in-hospital), up to $250

Surgical Benefits. When the Insured Person incurs expenses for surgery, the Insurance Company will pay 80% of Covered Charges to a maximum of $2,000 per Sickness of the payment for surgery.

Anesthetist's Expenses. 25% of the Paid Surgical Expense.

Outpatient Hospital Miscellaneous Expenses. Reasonable and Customary outpatient hospital charges incurred at the time of surgery requiring anesthetic are payable, not to exceed $2,000.

BASIC SICKNESS MEDICAL EXPENSE BENEFITS (CONTINUED)

Outpatient Laboratory, X-ray and Emergency Room/Acute Care Facility Expenses. When treatment is required due to a Medical Emergency, the Insurance Company will pay the Reasonable and Customary charges incurred for emergency room or acute care facility, including physician charges, not to exceed $2,000 per sickness.

Laboratory and X-ray Expenses. Reasonable and Customary charges will be payable to a maximum of $2,000 per Sickness.

Outpatient Doctor's Calls-Sickness. Payable up to $50 per visit, beginning with the second visit, not to exceed 10 visits per Sickness. **A referral from the Student Health Center will be applied as the first visit.**

Outpatient Prescription Medication. Benefits are payable up to $200 per sickness.

Outpatient Mental and Nervous Treatment. When required, beginning with the second such visit, 50% of the charges will be payable to a maximum of $50 per visit, not to exceed 10 visits.

ILLINOIS MANDATES

ALCOHOL AND DRUG ABUSE EXPENSE BENEFIT

If an Insured Person requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows:

BENEFITS FOR INPATIENT HOSPITAL CONFINEMENT

When the Insured Person is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit. Such confinement must be in a licensed or certified facility, including Hospitals.

BENEFITS FOR OUTPATIENT SERVICES

We will pay the Covered Percentage of the Covered Charges incurred for covered outpatient services for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or Drug Dependency.

Outpatient Treatment and Doctor services include charges for services rendered in a Doctor's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Doctor or a licensed psychologist who certifies every three (3) months that the Insured Person needs to continue such treatment.

BENEFITS FOR OUTPATIENT SERVICES (CONTINUED)

Alcohol Abuse This term means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Drug Abuse This term means a condition which is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Detoxification Facility This term means a facility that provides direct or indirect services to an acutely intoxicated individual to fulfill the physical, social, and emotional needs of the individual by:

(a) monitoring the amount of alcohol and other toxic agents in the body of the individual;
(b) managing withdrawal symptoms; and
(c) motivating the individual to participate in the appropriate addictions treatment programs for Alcohol or Drug Abuse.

MATERNITY EXPENSE BENEFIT

We will pay benefits for an Insured Person's Covered Charges for maternity care, including Hospital, surgical and medical care.

We cover charges for a minimum of forty-eight (48) hours of inpatient care following an uncomplicated vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending Doctor in consultation with the mother, makes an alternative decision on the length of inpatient stay. The decisions must be based on accepted medical practice.

For a mother and newborn child who remain in the Hospital for the minimum length of time stated above, We will pay for one home health care visit if prescribed by the attending Doctor.

For a mother and newborn child who have a shorter Hospital stay, We will pay for one home visit scheduled within twenty-four (24) hours after Hospital discharge; and an additional home visit if prescribed by an attending provider.

Newborn Infant Care – Newborn infant care is covered when the infant is confined in the Hospital and has received continuous Hospital care from the moment of birth. This does include: (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures. This benefit does not include circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth.

We cover such charges the same way We treat Covered Charges for any other Sickness.

PEDIATRIC PREVENTIVE CARE EXPENSE BENEFIT

We cover charges for preventive services rendered to a child enrolled as a dependent including physical examinations, immunizations, history measurements, sensory screening, neuropsychiatric evaluation and development screening and assessment at the following intervals: (a) six times during the first year after birth; (b) up to a maximum of three times during the next year; and (c) annually until age 6.

Such charges will not be subject to a Deductible, if any.

MAMMOGRAPHY EXAMINATION EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for screening by low-dose mammography exams for the presence of occult breast cancer. The charges must be incurred while the Insured Person is insured for these benefits.

Benefits will be paid for mammographic exam charges incurred for the following:

(a) One baseline Mammogram for a woman thirty-five through thirty-nine years of age;
(b) One Mammogram every twelve months for a woman forty years of age or older.

Low Dose Mammography means an X-ray examination of the breast using equipment dedicated specifically for mammography, including X-ray tube, filter, compression device, image receptor, with radiation exposure of less than one rad per breast with two views of an average size breast.

MASTECTOMY EXPENSE BENEFIT

We cover charges for prosthetic devices; and reconstructive surgery incident to a mastectomy.

Coverage for prosthetic devices and reconstructive surgery will be subject to the Deductible and Covered Percentage provisions shown in the Plan of Insurance and is limited to two years after performance of a covered mastectomy which had revealed no evidence of malignancy.

Mastectomy means the removal of all or part of the breast for reasons that are determined by a licensed Doctor to be Medically Necessary.

POST-MASTECTOMY EXPENSE BENEFIT

We cover charges for: (a) inpatient coverage following a mastectomy for a length of time determined by the attending Doctor to be Medically Necessary and in accordance with protocols and guidelines based on sound scientific evidence; and (b) a post-discharge Doctor's office visit or in-home nurse visit to verify the condition of the patient in the first 48 hours after discharge.

We cover such charges the same way We treat Covered Charges for any other Sickness.

CYTOLOGIC SCREENING (PAP SMEAR) EXPENSE BENEFIT

If an Insured Person requires a Cytologic Screening (Pap smear), We will pay the Covered Percentage of the Covered Charges incurred for one annual Cytologic Screening. Such benefit will include the examination, laboratory fee and the Doctor's interpretation of the laboratory results.

INFERTILITY EXPENSE BENEFIT

We cover charges for the diagnosis and treatment of infertility including, but not limited to: in vitro fertilization, uterine embryo lavage, embryo transfer, artificial insemination, gamete intrafallopian tube transfer, zygote intrafallopian tube transfer, and low tubal ovum transfer.

Benefits, for the above procedures will only be paid regardless of the Experimental or Investigational nature of such procedures. We cover such charges the same way We treat Covered Charges for any other Sickness subject to the following conditions:

(1) The patient must have been unable to attain or sustain a successful pregnancy through reasonable, less costly medically appropriate infertility treatments for which coverage is available under this Policy.

(2) The patient must not have previously undergone four (4) completed oocyte retrievals in her lifetime. However, if a live birth follows a completed oocyte retrieval, then two (2) more completed oocyte retrievals shall be covered in her lifetime.

3) The procedures must be performed at a medical facility that conforms to the American College of Obstetric and Gynecology guidelines for in vitro fertilization clinics; or to the American Fertility Society minimal standards for programs of in vitro fertilization.

PROSTATE-SPECIFIC ANTIGEN EXPENSE BENEFIT

If an Insured Person requires a Prostate-Specific Antigen test, We will pay the Covered Percentage of the Covered Charges incurred for one annual digital rectal examination and a Prostate-Specific Antigen Test, for male insureds upon the recommendation of a Doctor licensed to practice medicine in all its branches for:

(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.

DIABETES EXPENSE BENEFIT

We cover charges for Medically Necessary outpatient self-management training and education, equipment, and supplies for the treatment of type 1 diabetes, type 2 diabetes, and gestational diabetes mellitus.

Diabetes Self-Management Training, including medical nutrition education, shall be limited to the following:

(a) up to three (3) Medically Necessary visits to a qualified provider upon initial diagnosis of diabetes by the patient's Doctor or, up to three (3) Medically Necessary visits to a qualified provider within one year after that effective date;

(b) up to three (3) Medically Necessary visits to a qualified provider upon a determination by the patients Doctor that a significant change in the patient's symptoms or medical condition has occurred. A "significant change" in condition means symptomatic hyperglycemia, severe hypoglycemia, onset or progression of diabetes, or a significantly different treatment regimen.

Covered Charges for the following equipment and supplies include: blood glucose monitors and blood glucose monitors for the legally blind; cartridges for the legally blind; lanets and lancing devices; insulin; syringes and needles; test strips for glucose monitors; FDA approved oral agents used to control blood sugar; and glucagons emergency kits.

DIABETES EXPENSE BENEFIT (CONTINUED)

Covered Charges also include regular foot care exams by a Doctor, or by a referral from a Doctor.

If authorized by a Doctor, Diabetes Self-Management Training may be provided as part of an office visit, group setting, or home visit.

We cover such charges the same way We treat Covered Charges for any other Sickness.

Diabetes Self Management Training means instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes self-management training shall include the content areas listed in the National Standards for Diabetes Self Management Education Programs as published by the American Diabetes Association, including Medical Nutrition Therapy.
Medical Nutrition Therapy means "medical nutrition care" in the Dietetic and Nutrition Services Practice Act.

COLORECTAL CANCER SCREENING EXPENSE BENEFIT

If an Insured Person requires a Colorectal Cancer Screening, We will pay the Covered Percentage of the Covered Charges incurred for such exams as follows:

(a) Colorectal Cancer Screening with sigmoidoscopy or fecal occult blood testing once every 3 years for persons who are at least 50 years old; or
(b) Colorectal Cancer Screening with sigmoidoscopy or fecal occult blood testing once every 3 years for persons who are at least 30 years old if the Insured Person is classified as high risk or Colorectal Cancer because the person or a first degree family member of the person has a history of Colorectal Cancer.

MULTIPLE SCLEROSIS PREVENTATIVE PHYSICAL THERAPY EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred by an Insured Person requiring Preventative Physical Therapy as a result of a diagnosis of multiple sclerosis.

MAJOR MEDICAL BENEFITS

When Covered Expenses exceed $2,000 per covered Injury or Sickness, **benefits will be paid at 80% of the Preferred Allowance for services rendered by a Network Provider and 60% of the Reasonable and Customary Expense for Non-Network Providers for Expenses incurred within 52 weeks from the date of the covered Injury or treatment of the covered Sickness,** up to a maximum of $30,000 (in the aggregate for both Basic Benefits and Major Medical Benefits combined).

EXCLUSIONS

The Policy will not pay benefits for:

(1) Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
(2) Pre-existing Conditions as defined in this Policy;
(3) Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;

EXCLUSIONS (CONTINUED)

(4) Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports in excess of $500;
(5) Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery, which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, reconstructive surgery because of congenital disease or anomaly of a covered Dependent child, which has resulted in a functional defect;
(6) Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
(7) Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
(8) Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision, when applicable;
(9) Injury or Sickness resulting from declared or undeclared war; or any act thereof;
(10) Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
(11) Injury due to voluntary participation in a riot;
(12) Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
(13) For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
(14) Expense incurred for eye examinations, eyeglasses, and contact lenses (except for sclera shells which are intended for use as corneal bandages), including eye refractions, multiphasic testing, radial keratotomy, hearing aids or supplies related thereto except as required for repair caused by a covered Injury;
(15) Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
(16) Expenses for any service or supply not specified in this Policy as a covered service;
(17) An amount of a charge in excess of the Reasonable and Customary Expense;
(18) Services not Medically Necessary;
(19) Accident occurring in consequence of riding as a passenger or otherwise in any 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;
(20) Treatment of mental or nervous disorders, except as specifically provided;
(21) Treatment of alcohol and substance abuse, except as specifically provided;
(22) Voluntary or elective abortion, except as specifically provided;
(23) Illegal drugs;

PRE-EXISTING CONDITION LIMITATION

"Pre-existing Condition" is a Sickness, Injury, or related condition which was contracted or which manifested itself, or for which a licensed Doctor was consulted; or for which treatment or medication was prescribed within twelve (12) months prior to the Effective Date of the Insured Person's coverage under this Policy.

The Pre-existing Condition Waiting Period is twelve (12) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such twelve (12) consecutive month period.

Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage, the Pre-existing Condition Waiting Period will have to be satisfied again.

DEFINITION

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

Insured Person means an Insured Student and his or her covered Dependent(s) while insured under the Policy.

Medical Emergency means the unexpected onset of an Injury or Sickness which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

(1) 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;

(2) serious impairment to bodily functions; or

(3) serious dysfunction of any bodily organ or part.

A Medical Emergency does not include elective or routine care.

Medically Necessary means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or 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 shall be considered needed if it:

(a) is ordered by a licensed Doctor; and

(b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered.

A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

Reasonable and Customary Expenses means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy.

All sicknesses due to the same or a related cause are considered one Sickness.

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.NPUInsurance.com
Click "Print ID Card". You will need to provide your name, student identification number, and your 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.

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. A listing of Preferred Providers is available at:
www.NPUInsurance.com

3. Complete a claim form. A claim form is available at:
www.NPUInsurance.com
If your provider has already mailed the bills to Administrative Concepts, Inc., you may complete the claim form and email the claim form. If you have not yet mailed the medical bills, 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 Rd., Suite 1005
Wayne, PA 19087-1802
(800) 452-5772

Written notice of claim must be given within 30 days after the occurrence, or commencement of any loss covered by the Policy. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment.

4. Any additional medical bills submitted for reimbursement 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.**

5. You may check the status of a claim you have already filed at: **www.NPUInsurance.com** and click on "Check Claims Online".

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

1. **ONLINE INQUIRY**:
   a) Go to **www.NPUInsurance.com** and obtain your permanent ID card.
   b) After obtaining your ID card, click on "Check Claims Online".
   c) You will need to set up an account by providing your first and last name, your birthdate, and the policy number. This information should be taken directly from your permanent ID card.

2. **TELEPHONE INQUIRY**: Call Administrative Concepts, Inc. at (800) 452-5772 between the hours of 8am to 4pm Central Standard Time.

THE UNDERWRITING COMPANY:

COMBINED INSURANCE

Policy Number: CUH201524

NOTICE OF HEALTH PLAN PRIVACY PRACTICE

Under HIPAA's Privacy Rule we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of Combined Insurance Company of America's Privacy Notice, write to 5050 Broadway, Chicago, IL 60640. Attn: HIPAA Privacy Office or call 1-800-225-4500, select HIPAA.

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 7am to 7pm Central Standard Time, or email us through the Insurance Information Internet Site, **www.NPUInsurance.com**. We appreciate hearing from you with your comments, questions, and concerns.

NORTH PARK UNIVERSITY

Chicago, Illinois

www.NPUInsurance.com

Policy Number: CUH201524

YES

ENROLLMENT CARD • 2008-2009 • STUDENT HEALTH INSURANCE

NORTH PARK UNIVERSITY - CHICAGO, ILLINOIS - POLICY CUH201524

UNDERWRITTEN BY: COMBINED INSURANCE COMPANY OF AMERICA, CHICAGO, IL

August 15, 2008 through September 1, 2009

Name of Student _____ ☐ Male ☐ Female Date _____
(First Name) (Middle Initial) (Last Name)

Social Security #: _____ Date of Birth: _____ I.D. # _____

Home Address _____
(Street) (City) (State) (Zip)

Do you have additional insurance? ☐ Yes ☐ No. If yes through which Insurance Company _____

☐ **I want to purchase coverage for myself. I am enrolling for this term: ☐ Annual ☐ Spring & Summer Semesters ☐ Summer Semester**

I wish to purchase the additional coverage checked: ☐ **I want to include my Spouse.** ☐ **I want to include all of my Children.**

_____, _____, _____ _____, _____, _____
(Name) Date of Birth Social Security # (Name) Date of Birth Social Security #

_____, _____, _____ _____, _____, _____
(Name) Date of Birth Social Security # (Name) Date of Birth Social Security #

IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT. To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for information. In other situations, We will ask you for written authorization to disclose information about you.

Signature of Student _____ Date: _____

NORTH PARK UNIVERSITY

Chicago, Illinois

2008-2009 Student Health Insurance Waiver Card - Policy CUH201524

I.D. # _____

Student _____ Date _____
(First Name) (Middle Initial) (Last Name)

I do not wish to participate in the Student Health Insurance Plan. Therefore, please do not add the charge for this insurance to my bill.

I presently have coverage through _____
(Name of Company) (Policy Number)

NO

Signed _____
(Student, Parent, or Guardian)

This card must be returned to the Business Office no later than August 15, 2008 if you do not wish to be insured, otherwise the premium will be added to your bill and must be paid.