

2007 • 2008

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN FOR DOMESTIC AND INTERNATIONAL STUDENTS OF SAINT XAVIER UNIVERSITY



Policy Number
DSP0001607

THE COMPANY

The plan is insured by Delos Insurance Company

Direct all inquiries regarding enrollment to:
the Plan Administrator

Associated Insurance Plans International, Inc.
28085 Ashley Circle, Suite 201
Post Office Box 189
Libertyville, IL 60048

Pre-Certification is not required
Policy benefits are not guaranteed

Student Insurance Information Internet Site:

www.SaintXavierInsurance.com

(800) 452-5772 • Fax (847) 537-6958

email: office@AIPInternational.com

Please contact between the hours of 9:00 a.m. to 5:00 p.m. Central Standard Time.

2007-2008
Student Insurance Identification Card
Saint Xavier University
www.SaintXavierInsurance.com

Print name and school ID number

is entitled to the benefits provided under the policy issued by Delos Insurance Company, for the entire period for which premium has been paid, 24 hours per day, anywhere in the world. Coverage expires at 12:00 a.m. on the last date for which premium has been paid. Possession of this card does not guarantee benefits. Contact the Plan Administrator to verify coverage at (800) 452-5772.

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

Policy Number: DSP0001607

Office visits: \$30 co-pay

Emergency Room: \$100 co-pay

Direct all claim inquiries Administrative Concepts, Inc. Payor #: 22384

and correspondence to: 997 Old Eagle School Rd., Suite 215

Wayne, PA 19087-1706

(888) 293-9229

8:00a.m. - 4:00p.m.

Central Standard Time

medco
Medco Prescription Services \$15/25
Grp# STXAVIE

Pharmacy Locations/
Questions (800) 400-0136

Beech Street.
A CONCENTRA COMPANY

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

Detach and retain.

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., Central Standard Time on August 20, 2007. The Annual Policy terminates at 11:59 a.m. Central Standard Time on August 19, 2008 or at the end of the period through which the premiums are paid. Coverage is effective 24 hours a day on a worldwide basis.

PERIODS OF COVERAGE

If paying premiums other than Annual, coverage will be in effect as shown below.

Full Policy Year	August 20, 2007 to August 19, 2008
Enrollment Ends for Dependents	September 30, 2007
Second Semester & Summer New Students Only	January 7, 2008 to August 19, 2008
Enrollment Ends for Dependents	February 15, 2008
Summer Semester New Students Only	May 19, 2008 to August 19, 2008
Enrollment Ends for Dependents	June 15, 2008

ELIGIBILITY

Enrolled Students and scholars under the age of 70 attending Saint Xavier University (the Participating Organization) are required to participate in the insurance program.

Unless Students submit an insurance waiver through www.SaintXavierInsurance.com, they will automatically receive the school's health insurance and the annual fee for health insurance coverage will be charged to the Student's account. The deadline for submission of a waiver is August 31, 2007.

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 the Program, if required; (3) for whom premium has been paid; and (4) while covered under the Program. However, an Insured Student does not include any person covered under the Program solely as an enrolled Dependent as defined above.

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 (and dependents) 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 less any claims paid.

DEPENDENT ELIGIBILITY

Eligible students who enroll in the plan may also enroll their eligible dependents. Eligible dependents are the Insured Student's spouse residing with the Insured Student; or the Insured Student's unmarried Children under the age of 19 years or to age 23, if they are full-time students at an accredited school and dependent on the Insured Student for at least 50% of their financial support. Children must be fully supported by the Insured Student.

DEPENDENT ELIGIBILITY (CONTINUED)

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.

Within 31 days after the child reaches the age limit, the Insured Student must send us proof of the child's dependency or handicap. We may ask for more proof of the child's dependency and handicap, but We will not ask for proof more frequently than annually after the two year period following the child's attainment of the limiting age.

Any Dependent on active duty in any military, naval, or air force of any country is not eligible for coverage under this Policy.

Dependent eligibility expires concurrently with that of the Insured Student.

2007-2008 INSURANCE RATES

Premiums are NOT pro-rated other than shown.

	Annual	Second & Summer Semesters
Student Only	\$1216	\$ 829
Additional for Spouse	\$2432	\$1664
Additional for each Child	\$1824	\$1251
	Summer	Monthly Auto Debit
Student Only	\$ 329	N / A
Additional for Spouse	\$ 667	\$213
Additional for each Child	\$ 503	\$162

* Monthly payment of premium is permitted for dependents with an automatic debit from your checking, savings, or credit card account. You must complete the automatic debit authorization form along with an application.

DEPENDENT ENROLLMENT PROCESS

Enrollment applications may be obtained from the Student Health Insurance Information Internet Site at:

www.SaintXavierInsurance.com

1. You may enroll on-line at: **www.SaintXavierInsurance.com** with an electronic check or major credit card, or
2. Application and insurance payment may be mailed directly to:

STUDENT INSURANCE PLAN
 28085 Ashley Circle, Suite 201
 Post Office Box 189, Libertyville, IL 60048
3. You may call and enroll over the telephone using a Major Credit Card. (800) 452-5772
4. You can email questions to us at: **office@AIPInternational.com**
NOTE: Renewal notices will be mailed to the address provided. However, 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 Plan Administrator, (800) 452-5772, or by sending an email through the Internet Site 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. Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child for dependent 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. To continue the newborn or adopted child's dependent benefits past the first 31 days, the Insured Student must notify Associated Insurance Plans International, Inc. in writing within 31 days of the child's birth or placement and remit any additional premium due.

LATE ENROLLMENT FOR DEPENDENTS

An Eligible Student may add his or her Dependent as a late enrollee:

- (a) When he or she marries. The application for coverage must be submitted within 31 days of the date of marriage. Coverage will be effective on the date of the marriage. Payment for the full semester is required even if the spouse is enrolled after the term has begun;
- (b) When he or she acquires a Dependent child through birth, adoption or guardianship decree. The application must be submitted within 31 days of the date the child is born, adopted or acquired through decree. Coverage will be effective as of the date of birth, adoption or guardianship;
- (c) When his or her Dependent arrives from a foreign homeland. The application for coverage must be submitted within 31 days of the date of the Dependent's arrival from the foreign homeland. Coverage will be effective as of the date of the Dependent's arrival following direct travel from the homeland.

If the Eligible Student does not add a new Dependent within 31 days of the date the Dependent becomes eligible for coverage, he or she must wait until the following school term to add the Dependent for coverage.

TERMINATION DATE OF INSURED PERSON'S COVERAGE

The insurance for an Insured Person shall terminate on the first of the following dates:

- (a) On the date this Policy is terminated; or
- (b) On the payment due date if the required payment for the Insured Person is not paid, except as a result of inadvertent error; or
- (c) As of the date the Insured Person enters military service, in which case a pro-rata refund of insurance payment will be made to such Insured Person; or
- (d) On the date the Insured Person no longer qualifies under the Description of Class as shown in the Schedule of Eligible Classes; or

Termination of Insurance for an Insured Person shall be without prejudice to any claim which starts prior thereto.

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.**

CONTINUATION OF COVERAGE

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

CERTIFICATION OF HEALTH PLAN COVERAGE

If your coverage terminates, the Insured should request a Certification of Health Plan Coverage from Associated Insurance Plans International, Inc. This request can be made by phone or in writing through the Student Health Insurance Information Internet site: www.SaintXavierInsurance.com. This request must include the name of the school and the name of each person who is no longer eligible under the Plan. If mailed, direct your request to Associated Insurance Plans International., 28085 Ashley Circle, Suite 201, Post Office Box 189, Libertyville, IL 60048, (800) 452-5772.

BEECH STREET PREFERRED PROVIDER NETWORK

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

When an Insured Person uses the services of a Beech Street 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 Beech Street Preferred Provider Network, expenses will be payable at 60% 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 Delos Insurance Company Medical Identification Card that is provided to all students insured under the Saint Xavier University 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

MEDCO HEALTH - PRESCRIPTION DRUG CARD

Prescriptions purchased from the Medco 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 MEDCO Pharmacy Program. The MEDCO Pharmacy Network includes national chains such as CVS and Walgreens, as well as local pharmacies. When you need to have a prescription filled, present your insurance ID card at a participating pharmacy. You will pay a co-payment for your medications. The pharmacy will submit additional charges to the Insurance Company. The plan pays a maximum of \$1,500.00 per policy year towards prescription medications.**

\$15.00 co-pay generic medications, \$25.00 co-pay brand medications. Co-payments are for a 30 day supply only.

SCHEDULE OF BENEFITS
\$50,000 MAXIMUM BENEFIT PER INJURY OR SICKNESS
DEDUCTIBLE: \$ 300 (Waived for treatment received at Student Health Services)

	PPO Allowances	Another Provider/ 60% R&C
Student Health Service: (Deductible does not apply)	100%	n/a
Immunizations: When received at Student Health Service, \$200 per policy year, \$10 copayment per immunization	100%	n/a
Wellness Benefit: \$300 per policy year subject to Plan Deductible	80%	60%
Inpatient Hospital Services: Reasonable & Customary Charges for Room and Board Expenses, Doctor's Fees and Miscellaneous Hospital Expenses, subject to an additional deductible of \$100 per confinement	80%	60%
Outpatient Hospital Services including Emergency Accident and Sickness Care: Reasonable & Customary Charges subject to a \$100 copayment per emergency room visit, waived if admitted as an inpatient	80%	60%
Pre-Admission Testing: Reasonable & Customary Charges	80%	60%
Surgical/Medical Services: Reasonable & Customary charges for Surgery, Obstetrical, Outpatient Surgery, Medical Services, multiple Surgical Procedures, and Second Surgical Opinion	80%	60%
High Cost Procedure:	80%	60%
Anesthesia Expense: 30% of Surgical Allowance	n/a	n/a
Assistant Surgeon Expense: 30% of Surgical Allowance	n/a	n/a
Hospital Outpatient Department Expense: \$25 copayment per visit, not to exceed \$1,000 per injury or Sickness	80%	60%
Outpatient Diagnostic Services: Reasonable & Customary charges for Radiology, Ultrasound and Nuclear Medicine, Laboratory and Pathology, ECG, EEF and other Electronic Diagnostic Medical Procedure, \$25 copayment per visit	80%	60%

Home Health Care: A maximum number of 40 visits per calendar year, \$50 Deductible, not to exceed \$300 per Policy Year	80%	60%
Outpatient Doctor's Visit: \$30 copayment per visit	80%	60%
Outpatient Physical/Occupational therapy: \$30 copayment per visit, not to exceed 10 visits per Injury or Sickness	80%	60%
Maternity Care Services: Same as Inpatient and Outpatient Hospital Services, and Surgical Medical Services (abortion is not covered, except in circumstances that are life-threatening to the mother)	80%	60%
Mental and Nervous Conditions:	80%	60%
Inpatient: Same as Inpatient Hospital Services. not to exceed \$10,000 per Policy Year, \$50 copayment per confinement		
Outpatient: 20 visits per Policy Year, subject to a \$30 copayment per visit		
Alcohol and Chemical Dependency:	80%	60%
Inpatient: Same as Inpatient Hospital Services. Not to exceed \$10,000 per Policy Year		
Outpatient: 20 visits per Policy Year, subject to a \$30 copayment per visit		
Ambulance Service: \$300 maximum per Injury or Sickness	n/a	n/a
Dental Services: Accidental Injury, only to sound, natural teeth	80%	60%
Durable Medical Equipment and Prosthetic Appliances: \$200 maximum per Policy Year	80%	60%
Temporomandibular Joint Dysfunction: Reasonable & Customary charges	80%	60%
Preventative Mammography: Reasonable & Customary charges	80%	60%
Mastectomy Expense and Post Mastectomy Expense: Reasonable & Customary Charges	80%	60%
Cytologic Screening (PAP Smear): Reasonable & Customary charges (includes charge for office visit, breast exam, weight check and Pap Smear)	80%	60%
Diabetes Treatment: Reasonable & Customary Charges	80%	60%
Well Child Care, including Immunizations and age appropriate Screening Tests: Subject to plan deductible Reasonable & Customary charges	80%	60%
Medco Pharmacy Drug Card: \$1,500 per policy year, \$15 copayment generic, \$25 copayment brand	n/a	n/a

DEFINITIONS

Accident means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

Children includes an Insured Student's biological children; step-children; adopted children from the date of placement and who depend on the Insured Student for financial support.

Claim Form is a form that must be completed and sent to the claim office when any medical/dental expenses are incurred. This claim form is available at www.SaintXavierInsurance.com

Coinsurance means the percentage of Reasonable and Customary Expenses for which the Insured Person is responsible for a covered service.

Copayment means the specified dollar amount an Insured Person must pay for specified charges. The copayment is separate from and not a part of the Deductible or Coinsurance.

Covered Charge or Expense as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

Covered Percentage means that part of the Covered Charge that is payable by the Company after the Deductible or Copayment has been met.

Deductible means the amount of Expenses for covered services and supplies which must be incurred by the Insured Person before specified benefits become payable.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; (c) a certified nurse midwife while acting within the scope of that certification.

Hospital means a facility which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located. Hospital does not include a place run mainly: (a) for alcoholics or drug addicts; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

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

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

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

Insured Student means a student of Saint Xavier University who is eligible and insured for coverage under this Policy.

DEFINITIONS (CONTINUED)

Loss means medical expense covered by this Policy as a result of Injury or Sickness as defined in this Policy and other expenses specifically covered.

Medical Emergency means the sudden and, at the time, unexpected onset of an Injury or Sickness that manifests itself by symptoms of sufficient severity that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that immediate medical care is required, which may include, but is not limited to:

- (a) placing the person's health in sufficient jeopardy;
- (b) serious impairment to a bodily function;
- (c) serious dysfunction of any bodily organ or part;
- (d) inadequately controlled pain; or
- (e) with respect to a pregnant woman if she is having contractions:
 - a. that there is inadequate time to effect to safe transfer to another Hospital before delivery; or
 - b. that transfer to another Hospital may pose a threat to the health or safety of the woman or unborn child.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted medical practice. A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not the appropriate treatment for the Insured Person or provider;
- (c) it exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

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

Policyholder means the institution indicated on the face page of this Policy.

Policy Year means the 12 month period beginning on the Policy Effective Date.

Reasonable and Customary Expense 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.

We, Us or Our means Delos Insurance Company.

You, Your or Yours means the Insured Person.

PREGNANCY

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

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

REPATRIATION OF BODY REMAINS EXPENSE BENEFIT

This benefit applies only to Domestic Students while Studying Abroad, International Students, and their Dependents. In the event of the death of an Insured Person, We will pay the actual charges for the Covered Expenses for the preparation and transportation of the Insured Person's remains to his or her Home Country. This will be done in accordance with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit. The benefit will be paid up to a maximum of \$7,500. You must first seek approval from the Company Claim Office, (888) 293-9229.

EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

This benefit applies only to Domestic Students while studying abroad, International Students and their Dependents. This benefit will pay benefits for the Covered Percentage of the Covered Charges incurred, if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. The benefit will be paid up to a maximum of \$10,000. You must first seek approval from the Company Claim Office, (888) 293-9229.

INTERNATIONAL ASSISTANCE PROGRAM

The International Assistance Program (IAP) is included in the Student Insurance Plan that provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

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

Contact On Call International for any of these services:

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

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

Contact our website: www.SaintXavierInsurance.com

and click on "On Call International"

EXCLUSIONS

The Plan does not cover nor provide benefits for unless otherwise provided within the Schedule of Benefits:

1. Services normally provided without charge by the Participating Organization student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Participating Organization;
2. Preventative medicines, serums, immunizations or vaccines, except as specifically provided;
3. Organ transplants, except as specifically provided;
4. Pre-existing Conditions as defined in this Policy.
5. 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;
6. 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;
7. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
8. 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, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
9. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
10. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
11. 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 sound natural teeth;
12. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
13. 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;
14. Injury due to participation in a riot;
15. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasic or other vision procedures except as required for repair caused by a covered Injury;
16. Well baby care, including routine exams and immunizations, except as specifically provided;
17. Expenses incurred for allergy testing and allergy treatment;

EXCLUSIONS (CONTINUED)

18. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
19. An amount of a charge in excess of the Reasonable and Customary Expense;
20. Elective Treatment or elective surgery, except as specifically provided;
21. Services not Medically Necessary;
22. 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;
23. Treatment of mental or nervous disorders except as specifically provided;
24. Treatment of alcohol and substance abuse except as specifically provided;
25. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
26. Suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
27. Voluntary or elective abortion, pregnancy of a dependent child, except as specifically provided;
28. Nicotine addiction;
29. Patient controlled anesthesia.

PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" means a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) months immediately preceding the Effective Date of the Insured Person's coverage under this Policy. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

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.

The Pre-existing Condition Waiting Period will be reduced by the aggregate period of Creditable Coverage of the Insured Person, if the Creditable Coverage was continuous to a date not more than 63 days before the Effective Date of the coverage.

Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage of more than 63 days, the Pre-existing Condition Waiting Period will have to be satisfied again.

The Pre-existing Condition Waiting Period will not apply:

- (a) To pregnancy.
- (b) In the case of an Insured Person who, as of the last day of the 30-day period beginning on the date of his birth, is covered under Creditable Coverage.

PRE-EXISTING CONDITIONS LIMITATION (CONTINUED)

- (c) In the case of a child who is adopted or placed for adoption before attaining the age of 18 years and who, as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, whichever is earlier, is covered under Creditable Coverage. The provisions of this paragraph do not apply to coverage before the date of adoption or placement for adoption.
- (d) In the case of a condition for which medical advice, diagnosis, care or treatment was recommended or received for the first time while the Insured Person held Creditable Coverage, and the medical advice, diagnosis, care or treatment was a benefit under the plan, if the Creditable Coverage was continuous to a date not more than 63 days before the Effective Date of the new coverage.

The provisions of paragraphs (b) and (c) do not apply to an Insured Person after the end of the first 63-day period during all of which the Insured Person was not covered under any Creditable Coverage.

Definition

“Creditable Coverage” means health benefits or coverage provided to a person pursuant to:

- a) A group health plan;
- b) Health insurance coverage;
- c) Part A or Part B of Title XVIII of the Social Security Act;
- d) Title XIX of the Social Security Act, other than coverage consisting solely of benefits under Sec. 1928 of that Title;
- e) The Civilian Health and Medical Program of Uniformed Services, CHAMPUS, Chapter 55 of title 10, U.S.C.;
- f) A medical care program of the Indian Health Service or of a tribal organization;
- g) A State health benefit risk pool;
- h) A health plan offered pursuant to the Federal Employees Health Benefits Program, FEHBP, under chapter 89 of title 5, U.S.C.;
- i) A public health plan as defined in 45 C.F.R. Sec. 146.113, authorized by the Public Health Service Act, 42 U.S.C. Sec. 300gg(c)(1)(I);
- j) A health benefit plan under Sec. 5(e) of the Peace Corps Act, 22 U.S.C. Sec. 2504(e).

EXCESS PROVISION

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 an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term "Expense", but only while they are incurred during the 30 day period following such termination of insurance.

If an Insured Person is not confined to a Hospital on the date his or her insurance terminates, charges incurred during the next 31 days shall also be included in the term expense, but only for a Sickness or Injury for which covered expenses were incurred before the termination date.

SUBROGATION AND RECOVERY RIGHTS

If, after payments have been made under this Policy, any person has the right to recover damages from a responsible third party, Our right will be subrogated to that person's right to recover. The Insured Person will do what ever is necessary to enable Us to exercise Our right and will do nothing after Loss to prejudice it. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

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

PLEASE REVIEW IT CAREFULLY.

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

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

For Health Care Payment Purposes: For example, We may use and disclose PHI to administer and process payment of benefits under your insurance coverage, determine eligibility for coverage, claims or billing information, conduct utilization reviews, or to another entity or health care provider for its payment purposes.

For Health Care Operations Purposes: For example, We may use and disclose PHI for underwriting and rating of the plan, audits of your claims, quality of care reviews, investigation of fraud, care coordination, investigate and respond to complaints or appeals, provider treatment review and provision of services.

For Treatment Purposes. For example, We may use and disclose PHI to health care providers to assist in their treatment of you. We do not provide health care treatment to you directly.

For Health Services. For example, We may use your medical information to contact you to give you information about treatment alternatives or other health related benefits and services that may be of interest to you as part of large case management or other insurance related services.

For Data Aggregation Purposes. For example, We may combine PHI about many insureds to make plan benefit decisions, and the appropriate premium rate to charge.

To You About Dependents. For example, We may use and disclose PHI about your dependents for any purpose identified herein. We may provide an explanation of benefits for you or any of your dependents to you.

To Business Associates. For example, We may disclose PHI to administrators who are contracted with Us who may use the PHI to administer health insurance benefits on our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits.

If your state has adopted a more stringent standard regarding any of the above uses or disclosures of your PHI, those standards will be applied.

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

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

Your Rights Regarding PHI That We Maintain About You

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

- You have the right to inspect and copy your PHI. If you request a copy of the information, We may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- You have the right to ask Us to amend the PHI that is contained in a “designated record set”, e.g., information used to make enrollment, eligibility, payment, claims adjudication and other decisions. You have the right to request an amendment for as long as we maintain the PHI. Requests must be made in writing and include the reason for the request. We may deny the request if the PHI is accurate and complete or if we did not create the PHI.

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

Complaints

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

Changes To This Notice

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

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

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

**c/o Associated Insurance Plans International, Inc.,
Post Office Box 189, Libertyville, IL 60048
Attn: HIPAA Privacy Office**

OPTIONAL DENTAL, VISION AND PRESCRIPTION DRUG DISCOUNT CARD

A Separate dental, vision and prescription drug discount plan is available on an optional basis. Please call (800) 452-5772 to request a brochure or visit our website and click on "Dental, Vision, Prescription Drug Discount Card", www.SaintXavierInsurance.com.

CLAIM PROCEDURES

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. You must complete a claim form. Claim forms may be obtained at the Student Health Center, or on the Student Health Insurance Information Internet Site:

www.SaintXavierInsurance.com

4. 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.**
5. Mail the completed claim form and medical bills as soon as possible to:

Administrative Concepts, Inc.
997 Old Eagle School Road, Suite 215
Wayne, PA 19087-1706
(888) 293-9229

Please contact between 8:00 a.m. and 4:00 p.m. C.S.T.

6. You may check the status of a claim you have already filed at:

www.SaintXavierInsurance.com

and click on "Check Claims Online".

APPEALS

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

HOW DO I 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

Access Online Services and "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 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 8:00 a.m. to 4:00 p.m. CST.

HOW DO I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?

Please call the Administrator, at (800) 452-5772, Monday through Friday, between the hours of 9:00 a.m. to 5:00 p.m. Central Standard Time, or email us through the Student Insurance Information Internet site:

www.SaintXavierInsurance.com

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

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.

COMPLAINT RESOLUTION

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

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.

SAINT XAVIER UNIVERSITY • DEPENDENT INSURANCE ENROLLMENT CARD • 2007-2008 • DELOS INSURANCE COMPANY

Student: _____ (First) _____ (Middle) _____ (Last) Student I.D. No.: _____ Social Security No.: _____

Billing Address: _____ (Street) _____ Telephone: _____

_____ (City) _____ (State) _____ (Zip) _____ (Month) / _____ (Day) / _____ (Year) _____ (Date of Birth) _____ (Male) _____ (Female)

I wish to enroll my dependent 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 **Delos Insurance Company**. Mail premium and enrollment form to 28085 Ashley Circle, Suite 201, Post Office Box 189, Libertyville, IL 60048.

DO YOU HAVE ADDITIONAL INSURANCE?

YES NO

If YES name of Insurance Company _____

	Annual 8-20-07 to 8-19-08		Second & Summer Semesters 1-7-08 to 8-20-08		Summer Semester 5-19-08 to 8-19-08		Monthly	
	Spouse Only	<input type="checkbox"/> \$2,432	<input type="checkbox"/>	<input type="checkbox"/> \$1,664	<input type="checkbox"/>	<input type="checkbox"/> \$ 667	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/> \$1,824	<input type="checkbox"/>	<input type="checkbox"/> \$1,251	<input type="checkbox"/>	<input type="checkbox"/> \$ 503	<input type="checkbox"/>	<input type="checkbox"/>	\$ 162

_____ (Name of Spouse) _____ (Name of Child) _____ (Name of Child)

_____ (Date of Birth) _____ (Social Security) _____ (Date of Birth) _____ (Social Security)

Please charge coverage for my dependent's Health Insurance.

VISA DISCOVER MASTERCARD AMEX Card Number _____ Expiration Date _____ Security Code _____

Print name of cardholder _____ Cardholder signature _____

Please Charge \$ _____ for Student Health Insurance.

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

SAINT XAVIER UNIVERSITY • DEPENDENT INSURANCE AUTOMATIC PAYMENT AUTHORIZATION 2007-2008

I request and authorize Delos 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. **This Authorization will remain in effect until August 20, 2008.**

DRAFT DATE: _____ (Will be debited on the 21st of each month) _____ DRAFT AMOUNT: _____ Check One: Checking Account Savings Account

NAME OF BANK WHERE ACCOUNT IS AUTHORIZED _____

ADDRESS OF BANK _____

CITY _____

STATE _____

ZIP CODE _____

NAME OF INSURED, APPLICANT (PRINT) _____

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

RELATIONSHIP TO INSURED _____

DEPOSITOR SOCIAL SECURITY NUMBER _____

DEPOSITOR DRIVERS LICENSE NUMBER _____

DEPOSITOR STATE _____

SIGNATURE OF DEPOSITOR _____

DATE _____

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

VISA DISCOVER MASTERCARD AMEX

Please automatically charge my Dependent Insurance premiums to my credit card for this entire policy year. (Premiums will be charged on the date due as specified in the brochure)

Card Number _____ Expiration Date _____

Last 3 numbers on the reverse side of the credit card. Located within the signature box. _____

(For Authorization Purpose)

Print name of cardholder _____

Cardholder phone number _____

Amount authorized to debit _____ for Student Health Insurance. Cardholder signature _____

Today's Date _____