

Student Health Insurance

2010-2011



Contra Costa Community College District International

Contra Costa College
Diablo Valley College
Los Medanos College
IEC at DVC

Underwritten by:
QBE Insurance Corporation
Policy #SCH00036-10

Brokered by:
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division

WHEN COVERAGE BEGINS

Insurance under the Policy will become effective at 12:01 a.m. on the later of:

- ♦ The Policy effective date;
- ♦ The beginning date of the term for which premium has been paid;
- ♦ The day after the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent or College; or
- ♦ The day after the date of postmark if the Enrollment Form is mailed.

IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by QBE Insurance Corporation.

The below enrollments will be allowed a 30 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 30 days. No policy shall ever start prior to the term start date:

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within 30 days of the prior policy termination date.

WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 12:01 a.m. on *the earlier of*:

- ♦ Date the policy terminates for all Insured Persons; or
- ♦ End of the period of coverage for which premium has been paid; or
- ♦ Date the Insured Person ceases to be eligible for the insurance; or
- ♦ Date the Insured Person enters military service.

Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.

PLAN COST

	ANNUAL 8/10/10 - 8/10/11	FALL 8/10/10 - 1/7/11	SPRING/ SUMMER 1/7/11 - 8/10/11	SUMMER 5/23/11 - 8/10/11
Student	\$748	\$307	\$441	\$163
Spouse	\$2,031	\$833	\$1,198	\$440
Per Child	\$1,361	\$559	\$802	\$296

NOTE: The above rates apply to DVC, Contra Costa and Los Medanos students ONLY. IEC@DVC students, please refer to your school for rate information.

IEC @ DVC PLAN COST

Student	\$130
Spouse	\$343
Per Child	\$231

Note: IEC rates are subject to change after 1/1/11 due to IEC administrative fee changes.

HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

All international students, visiting faculty, scholars or other persons possessing and maintaining a current passport and valid visa status (F-1, J-1 or M-1, etc.), engaged in educational activities at the College and/or at IEC@DVC (International Education Center at Diablo Valley College) who are temporarily located outside their home country and have not been granted permanent residency status, are required to be insured under the Policy. Waiver may only be granted to people already insured under equivalent plans. Coverage is available for students engaged in "Practical Training." Contact the International Students Office for more information. (A person who is an immigrant or permanent resident alien is not eligible for coverage under the international plan.)

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first 45 consecutive days following their effective date for the term purchased and/or pursuant to their visa requirements for the period for which coverage is purchased, except in the case of medical withdrawal or during school authorized breaks.

QBE Insurance Corporation maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever QBE Insurance Corporation discovers that the Policy eligibility requirements have not been met, its only obligation is a pro-rata refund of premium.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Contra Costa Community College District Student Health Insurance Plan. These students must provide Wells Fargo Insurance Services with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Insurance Services within 30 days from loss of prior coverage.

DEPENDENT COVERAGE - Eligible Insured Students may also purchase Dependent coverage at the time of student's enrollment in the plan; or within 31 days of one of the following qualified events: marriage, birth, adoption or arrival in the U.S. Eligible dependents are the spouse/domestic partner (same or opposite sex) who resides with the Insured Student and unmarried children under nineteen years of age who are not self-supporting and reside with the Insured Student. Dependents of an Eligible International student or visiting faculty member must possess a valid passport and a proper visa (F-2, J-2, or M-2). A "Newborn" will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the student is covered under this plan. Coverage may be continued for that child when Administrative Concepts Inc. is notified in writing within 31 days from the date of birth and by payment of any additional premium. **Dependents must be enrolled for the same term of coverage for which the Insured Student enrolls. Dependent coverage expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage.**

PRE-EXISTING CONDITION

Pre-Existing Condition limitation: Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expenses unless the Covered Person has been covered under the Policy for six consecutive months. This limitation is subject to all other policy limitations; including benefits listed under the Outpatient section. See the definition of Pre-Existing Conditions in the definition section of this Brochure.

Special Rules as to a Pre-Existing Condition

If a Covered Person had Creditable Coverage and such coverage terminated within 63 days prior to the date they become eligible for coverage under the Policy, any period of time that they had the Creditable Coverage may be counted toward the above requirement provided that coverage under the Policy is applied within 30 days of the person's eligibility.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under the Policy; and prior student health insurance policies issued to the school; will be covered for any Pre-Existing Condition; which manifests itself while continuously insured; except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage; including dependent coverage; by the specified enrollment deadline dates (see page 2) in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage of 63 days or greater occurs; the Pre-Existing Conditions Limitation will apply.

PREMIUM REFUND

REFUNDS- A refund of premium will be granted for the reasons below only. No other refunds will be granted.

1. If you withdraw from school within the first 45 days of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after 45 days of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium.
2. If you enter the armed forces of any country you will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, upon written request received by WFIS within 45 days of entry into service.

Refund requests should be directed to Wells Fargo Insurance Services at 800-853-5899. Approved refunds will be assessed a \$25 processing fee.

PREFERRED PROVIDER NETWORK

QBE Insurance Corporation has arranged for you to access the Humana-ChoiceCare Network. It is to your advantage to utilize a Preferred Provider because savings can be achieved from the Preferred Allowances these providers have agreed to accept as payment for their services. Students are responsible for informing their Doctors of potential out-of-pocket expenses for a referral to both a Preferred Provider and a Non-Preferred Provider. To find a preferred provider, go to www.choicecarenetwork.com or call (877) 877-0715.



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.

Application means any enrollment form required by the Policyholder for coverage under this Policy.

Complications of Pregnancy means conditions which require Hospital stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- acute nephritis or nephrosis; and
 - cardiac decompensation or missed abortion; and
 - similar medical and surgical conditions of comparable severity; and
 - non-elective caesarean section; and
 - termination of an ectopic pregnancy; and
 - spontaneous termination when a live birth is not possible.
- (This does not include elective abortion.)

Not included are: (a) false labor, occasional spotting or doctor prescribed rest during the period of pregnancy; (b) morning sickness; (c) hyperemesis gravidarum and preeclampsia; and (d) similar conditions not medically distinct from a difficult pregnancy.

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 Covered 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.

Dependent means: (a) the Insured Student's spouse or (b) the Insured Student's unmarried Children under the age of {18} years or to age {23}, if they are full-time students at an accredited school. Children must be fully supported by the Insured Student. 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 the 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 child's or adoptive child's dependent benefits past the first 31 days, the Insured Student must notify Us in writing within 31 days of the child's birth or placement.

The term children includes an Insured Student's biological children, adopted children from the date of placement in the Insured Student's home and step-children who depend on the Insured Student for their full support.

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 mental or physical handicap; and (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.

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 of residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

Effective Date means the first date a student becomes covered under the Policy.

Elective Treatment means medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person's Effective Date of coverage.

Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; impotence (organic or otherwise); submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations.

Experimental or Investigational Care means a service or supply:

- (a) that We, in Our discretion, determine is not commonly and customarily recognized as being safe and effective for the particular diagnosis or treatment; or
- (b) which requires approval by any governmental authority and such approval has not been granted before the service or supply is furnished.

We may rely upon the advice of medical consultants and commonly recognized national medical organizations in determining which services or supplies are experimental or investigational.

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 surgery; and
- (d) it is supervised by a Doctor; and
- (e) it operates and is licensed 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 a related cause are considered one Injury.

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

DEFINITIONS (CONTINUED)

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

International Student is a student classified as a Non-Immigrant. For example, students holding visa types: "F" (Student), "J" (Exchange Visitor), "B" (Tourist), or "A" (Diplomat).

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 significant 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:
 1. that there is inadequate time to effect to safe transfer to another Hospital before delivery; or
 2. 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 current 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's diagnosis or symptoms;
 - (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.
- The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

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

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

Per Condition Aggregate Maximum means the total amount of benefits payable for each Injury or Sickness under this Student Health Insurance Policy or Policies issued to the Policyholder with respect to the Policyholder immediately before this Policy.

Policy Effective Date means the date the Policy takes effect as shown on the face page of the Policy.

Policy Termination Date means the date the Policy ends as shown on the face page of the Policy.

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.

Pre-Existing Condition means a condition for which the Insured Person has not received any diagnosis, medical advice, care or treatment, including use of prescription drugs, from a Doctor within the 6-month period immediately preceding his effective date of coverage.

Benefits for a Pre-Existing Condition may be limited. Please read the General Exclusions and Limitations section for any applicable limitations.

Preferred Allowance means the amount a Network Provider will accept as payment in full for Covered Charges.

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.

We, Us and Our mean QBE Insurance Corporation, domiciled in Pennsylvania.

You and Your mean the Insured Person.

PRE-CERTIFICATION PROGRAM

Pre-Admission and Outpatient Certification is designed to help you receive quality cost effective medical care. All requests for certification must be obtained by contacting Administrative Concepts Inc. The following inpatient services require pre-certification:

- ♦ All inpatient admissions; including length of stay; to a hospital; convalescent facility; skilled nursing facility; a facility established primarily for the treatment of substance abuse; or a residential treatment facility.
- ♦ All inpatient maternity care; after the initial 48/96 hours.
- ♦ **Pre-Certification does not guarantee the payment of benefits for your inpatient admission.** Each claim is subject to medical policy review; in accordance with the exclusions and limitations contained in the Policy; as well as a review of eligibility; adherence to notification guidelines; and benefit coverage under the student Accident and Sickness Plan.
- ♦ If you do not secure pre-certification for non emergency inpatient admissions; or provide notification for emergency admissions; your Covered Medical Expenses will be subject to a \$200 per admission Deductible.

Notification of Emergency Admissions:

The patient, patient's representative; Doctor or hospital must telephone within one (1) business day following inpatient (or partial hospitalization) admission.

Administrative Concepts Inc.

994 Old Eagle School Road, Suite 1005

Wayne, PA 19087-1802

(866) 317-9040 (Toll-Free)

SCHEDULE OF MEDICAL EXPENSE BENEFITS

Covered Persons are responsible for a \$50 Deductible per Accident or Illness per Policy Year. Benefits are payable for eligible medical expenses resulting from a covered accidental Bodily Injury when the first treatment is received within 90 days after the Injury, or resulting from Covered Expenses for an Illness, and any eligible follow-up expense incurred during the term of the Policy. Covered Expenses must be for treatment by or under the written order of a licensed doctor and will not exceed an Aggregate Benefit Payable of \$250,000 per Accident or Illness, per Student (\$50,000 per Accident or Illness, per Dependent).

The exact provisions governing this insurance are contained in the Master Policy issued to the College and may be reviewed at the International Office during business hours.

INPATIENT HOSPITAL EXPENSES	In Network	Out of Network
Room and Board Expense, daily semi-private room rate; general nursing care provided by Hospital.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Intensive Care Unit Expense	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Miscellaneous Hospital Expense, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services & supplies.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Licensed Nurse Expense	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Doctor Hospital Visit Expenses, limited to one visit per day	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)	In Network	Out of Network
Surgical Expense	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Anesthetist & Assistant Surgeon Expense	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Ambulatory Surgical Expense, Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
OUTPATIENT EXPENSES	In Network	Out of Network
Doctor's Office Visits Expense, limited to one visit per day.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Acupuncture Expense, limited to one visit per day.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Diagnostic X-ray & Laboratory Expense	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Radiation and Chemotherapy Expense	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Physical Therapy Expense, limited to one visit per day.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Chiropractic Care Expense, benefits limited to maximum of \$500 per policy year.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Emergency Room Visit Expense, <i>Copayment/Deductible waived if admitted.</i>	100% of the Preferred Allowance after a \$50 Co-pay per visit.	100% of the Reasonable and Customary Charge after a \$50 Deductible per visit.

SCHEDULE OF MEDICAL EXPENSE BENEFITS (CONTINUED)

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS	In Network	Out of Network
Inpatient Expense — Mental Health benefit payable up to a maximum of 35 continuous days. Includes the charges made for treatment received during partial hospitalization or intensive outpatient in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization or intensive outpatient treatment may be exchanged for 1 day of full hospitalization	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Outpatient Expense — Mental Health benefit limited to a maximum of 20 visits per Policy Year.	50% of the Preferred Allowance	50% of the Reasonable and Customary Charge
Inpatient-Alcohol and Substance Abuse, benefit payable up to a maximum of 35 continuous days.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Outpatient-Alcohol and Substance Abuse, benefit limited to a maximum of 20 visits per Policy Year.	50% of the Preferred Allowance	50% of the Reasonable and Customary Charge
ADDITIONAL EXPENSES	In Network	Out of Network
Maternity Expense	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Elective Abortion Expense, benefits limited to \$500 per policy year.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Durable Medical Equipment	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Consultant Doctor Expense	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Routine Newborn Care, benefit is limited to \$750 per Policy Year, per child.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Ambulance Expense, benefit is limited to a maximum of \$1,000 per condition.	100% of Actual Charge	
Well Child/Baby Care Expense, includes routine preventive and primary care services are services rendered to a covered dependent child of a covered person; from the date of birth through the attainment of sixteen (16) years of age. Benefits limited to \$750 maximum per Policy Year for routine care.	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge
Dental Expense, benefits limited \$100 per tooth for treatment made necessary for injury to sound, natural tooth; maximum of \$500 per Policy Year.	100% of Actual Charge	
PRESCRIPTION DRUG BENEFIT	In Network	Out of Network
Prescription Drug Expense, includes diabetic testing supplies; prescription contraceptives. Medication not covered by this benefit include, but are not limited to: allergy sera; drugs whose sole purpose is to promote or stimulate hair growth; appetite suppressants; smoking deterrents; immunization agents and vaccines; and non-self-injectables. Deductible does not apply.	50% of the Preferred Allowance	Not Covered
Women's Health Care Expense, (includes one baseline mammogram for women between 35-40. Women 40 and older have coverage for a mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older)	100% of the Preferred Allowance	75% of the Reasonable and Customary Charge

GENERAL PROVISIONS

The State of California mandates coverage for the following: 1) equipment, supplies and outpatient self-management training for diabetes; 2) phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor; 3) treatment of severe mental illness; 4) anesthesia and facility charges for dental procedures under certain circumstances; 5) mammograms;

6) prostate, colorectal and cervical cancer screening and generally medically accepted cancer screening tests; 7) breast cancer screening, diagnosis, and treatment; 8) a second opinion requested by an Insured or Doctor; 9) participation in the Expanded Alpha Feto Protein (AFP) Program; 10) prosthetic devices to restore a method of speaking incidental to laryngectomy; 11) diagnosis, treatment and management of osteoporosis; 12) clinical trials for cancer; 13) HIV Testing; 14) AIDS vaccine; 15) reconstructive surgery under certain circumstances; 16) telemedicine medical services; 17) prescription contraceptive drugs or devices (if there is a prescription drug benefit); and 18) maternity services as provided by CA Insurance Code section 10123.87 (a). Please see the Policy on file with the University for further details.

COORDINATION OF BENEFITS

If the Covered Person is insured under more than one group health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy.



EXCLUSIONS & LIMITATIONS

This list is only a partial list. Please refer to the School's Master Policy on file at the school for a complete list of exclusions.

This Policy does not cover nor provide 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. 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. Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate 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. Correction of congenital defects except as specifically provided;
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 natural teeth;
12. 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;
13. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with Experimental or Investigational Care for the terminally ill;
14. 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;
15. Injury due to participation in a riot;
16. 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;
17. Personal hygiene/convenience items; telephone consultations, missed appointments, photocopies or medical records, or completion of claim forms; expenses incurred for custodial care or services not needed to diagnose or treat an Injury or Sickness, including but not limited to services related to the activities of daily living;
18. For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;
19. Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns; calluses; bunions, except open cutting operations; routine care of toenails, except for the removal of the nail root and necessary services in treatment of metabolic or peripheral-vascular disease; treatment of the instability and imbalance of the feet; and any tarsalgia, metatarsalgia. Expenses incurred for the care and treatment of Injury, infection, or disease are not excluded;
20. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
21. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
22. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
23. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
24. 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 lasix or other vision procedures except as required for repair caused by a covered Injury;
25. Well baby care, including routine exams and immunizations, except as specifically provided;
26. Routine periodical physical examinations, except as specifically provided;
27. Expenses incurred for allergy testing and allergy treatment;
28. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
29. Expenses for any service or supply not specified in this Policy as a covered service;
30. An amount of a charge in excess of the Reasonable and Customary Expense;
31. Elective Treatment or elective surgery, except as specifically provided;
32. Services not Medically Necessary;
33. Oral contraceptives and other forms of contraception used for contraceptive purposes only, except as specifically provided;
34. 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;
35. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
36. Suicide, attempted suicide, or intentionally self-inflicted injury while sane, or insane, not in excess of \$5,000 per Policy Year;
37. Expense incurred for: breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
38. Voluntary or elective abortion, except as specifically provided;

EXCLUSIONS & LIMITATIONS (CONTINUED)

39. Expense incurred for: topical acne treatments, moles, non-malignant warts or lesions, fertility medication; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit;
40. Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for any indication, or for any drug which the FDA has determined to be contraindicated for a particular condition;
41. Alternative health care, including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolling type services;
42. Expenses incurred for services or supplies for the diagnosis and treatment of sleep disorders, including but not limited to apnea monitoring and sleep studies;
43. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury;
44. Services, supplies and facility that are provided mainly for a rest cure, maintenance or custodial care;
45. Any treatment, service or supply in excess of the maximum benefit specified in this Policy;
46. Nicotine addiction.

Any exclusion above will not apply to the extent that coverage is specifically provided by name in this Policy; or coverage of the charges is required under any law that applies to the coverage.

If any discrepancy exists between this brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

EXTENSION OF BENEFITS

When, as result of an Injury or Sickness, an Insured incurs covered expenses upon the recommendation and approval of a licensed physician, the Company will pay the amount of the covered medical expenses actually incurred up to 1) or 2), whichever occurs first: 1) The maximum dollar amount stated in the policy; or 2) The termination date of the policy subject to the following Extension of Benefits: If an Insured is hospitalized for a Sickness or Injury on the date of termination, benefits will continue as long as he or she is continuously hospitalized for such Sickness or Injury, up to a maximum of 13 weeks. This Extension of Benefits provision is applicable only to the extent that the Insured will not be covered under this or any other student health insurance policy in the ensuing term of coverage.

HOW DO I FILE A CLAIM?

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by:

Administrative Concepts Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(866) 317-9040 (Toll-Free)
www.visit-aci.com

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m. (PST), Monday through Friday, for any questions.

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Doctor concerned unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Administrative Concepts Inc. within 180 days from the date appearing on the Explanation of Benefits (EOB).
5. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed; according to the benefits of your Student Accident and Sickness Insurance Plan.

PRESCRIPTION DRUG CLAIM PROCEDURE

Prescriptions must be filled at a Medco Health Participating Pharmacy. Insured Persons will be given one insurance ID card which includes prescription drug information and should be shown to the Pharmacy as proof of coverage. A directory of participating pharmacies is available by calling Medco Health at 800-400-0136.

Before you receive your permanent insurance ID card, and if you need to have a prescription filled, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID card will include instructions on how to file for reimbursement for prescriptions filled before you received your card. Claim forms can be obtained from www.medcohealth.com. After you receive your permanent insurance ID card, no claim forms need to be completed.

After you receive the card you may call the toll-free customer service number listed on your card for assistance with pharmacy locations (800-400-0136). This number is effective for enrolled members only. You can access Medco Health on the World Wide Web at www.medcohealth.com. Not all medications are payable. Expenses incurred for the following are excluded under this Plan: allergy sera, drugs whose sole purpose is to promote or stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non self-injectables.

ON CALL INTERNATIONAL

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 at 800-407-7307 or collect at 603-898-9159.

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: 1-800-407-7307 or
Call Collect Worldwide: 1-603-898-9159 or
Go to our website: www.oncallinternational.com

SUMMARY OF PRIVACY POLICY

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about Insureds and we are committed to protecting the privacy of Insureds. We do not disclose any non-public information about Insureds to anyone, except as permitted or required by law. We do not sell or otherwise disclose Insured's personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about Insureds from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. Insureds have the right to access, review and correct all personal information collected. Insureds may review this Privacy Policy in its entirety, by writing to the address below.

QBE Insurance Corporation
Wall Street Plaza
88 Pine Street, 4th Floor
New York, NY 10005



NOTES

WELLS FARGO INSURANCE SERVICES USA, INC. PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

CLAIMS ADMINISTERED BY:
Claims and Coverage Questions

Administrative Concepts Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(866) 317-9040
www.visit-aci.com

**EMERGENCY TRAVEL
ASSISTANCE:**
*(Provide this information to your
Emergency Contact)*

OnCall International
Toll-free from U.S. or Canada: 800-407-7307
Collect from anywhere in the world: 603-898-9159
<http://www.oncallinternational.com>

PREFERRED PROVIDER:
To Find a Doctor or Provider

Humana-ChoiceCare Network
(877) 877-0715
www.choicecarenetwork.com

24-HOUR NURSE ADVICE:

OnCall International
Toll-free from U.S. or Canada: 800-407-7307
Collect from anywhere in the world: 603-898-9159
<http://www.oncallinternational.com>

PRESCRIPTIONS:

Medco
(800) 400-0136
www.medco.com

THE PLAN ADMINISTERED BY:
*Eligibility, Enrollment and
General Questions*

**Wells Fargo Insurance Services USA, Inc.
Student Insurance Division**
CA License No. 0D08408
11017 Cobblestone Drive, Suite 100
Rancho Cordova, CA 95670
(800) 853-5899 or (916) 231-3399
Fax: (916) 231-3398
studentinsurance.wellsfargo.com

IMPORTANT NOTE

Please keep this Brochure; as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy; the Master Policy will govern and control the payment of benefits.

