



**DOMINICAN  
UNIVERSITY**  
of CALIFORNIA  
1890

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**2007–2008  
STUDENT  
ACCIDENT AND SICKNESS  
INSURANCE  
PLAN**

*underwritten by*  
**DELOS  
INSURANCE COMPANY**  
Policy Number DSP00017-07

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This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of blanket injury and sickness insurance underwritten by Delos Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number DSP00017-07) has been issued to your school which contains the benefits and provisions which apply to the plan of insurance sponsored by your school. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference.

**Your permanent ID Card is inside. Please detach and retain for proof of coverage. No other will be issued.**

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## ATTENTION

Your permanent health insurance ID card is on the back cover of this brochure. Please detach and retain for proof of coverage. No other will be issued.

A separate card for prescriptions will be mailed to you by Express Scripts, but you may use this card to obtain prescriptions in the meantime.

**Insured Students should carry their ID card at all times.**

## Student Health Center

The Student Health Center is open five days a week during fall and spring semesters when classes are in session. Daily hours are posted on the office door and on the voice mail message.

**For information and appointments,  
call 415-485-3208**



**DOMINICAN  
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Dear Dominican Student,

Dominican University is concerned that its students have assistance available to alleviate unexpected medical or hospital expenses arising from injury or sickness while they are enrolled at the University. To guarantee that students will receive that assistance, the University requires that all registered students carrying six (6) units or more be insured under the Dominican University Student Accident and Sickness Insurance Plan unless proof of other comparable coverage is presented at the time of registration.

Please read the terms of the Policy described in this brochure and retain the brochure for your future reference.

## ELIGIBILITY

All registered students carrying six (6) units or more are automatically covered under this plan unless proof of other comparable coverage is presented to Business Services at the time of registration. Students have until September 10, 2007 to waive coverage for the Annual or Fall term, and new students have until February 11, 2008 to waive coverage for the Spring term. **There will be no cancellations for return of premium after the registration period (see Waiver Deadline Dates listed on page 2).** Should your proof of coverage not be presented to Dominican University by the Waiver Deadline Dates listed, your coverage will remain in effect for the balance of that term.

In the event the insured student withdraws from the University after the 30 days immediately following the first day of classes, coverage will remain in effect for the balance of the purchased term and no return of premium is available.

**Coverage for dependents, including newborn children, is not available under this plan.**

The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium less any claims paid.

## TERMS OF COVERAGE

If the eligibility requirements are met, coverage begins at 12:01 a.m. on the effective date reported as the term of coverage by the University or the Administrative Agent. Coverage terminates at 12:01 a.m. on the earliest of the following dates:

1. The date the Policy is terminated by the University;
2. The last day of the Term of Coverage for which premium is paid;
3. The date an Insured Student enters full-time active military service.

There is no continuation coverage for this plan for students who are no longer eligible.

**We do not send termination or renewal notices. It is the Insured Student's responsibility to renew coverage in a timely manner, subject to continuing eligibility.**

**Eligibility requirements must be met each time premium is paid to renew coverage.**

## COSTS OF COVERAGE

	ANNUAL	FALL	SPRING
	8/15/07 to 8/15/08	8/15/07 to 1/17/08	1/17/08 to 8/15/08
<b>WAIVER DEADLINE</b>	<b>9/10/07</b>	<b>9/10/07</b>	<b>2/11/08</b>
<b>STUDENT</b>	\$ 999.00	\$ 419.50	\$ 579.50

## PREMIUM REFUNDS

There are no premium refunds, except in the case the Insured Student returns to the home country or country of regular domicile, or when the Insured Student enters full-time active military service, in which case a pro-rata refund will be issued only upon written proof from the University.

## PREFERRED PROVIDER ORGANIZATION

*Please read the following information so you will know from whom or what group of providers health care may be obtained.*

This plan has incorporated into the coverage access to the California Foundation for Medical Care network of Hospitals and Doctors (PPO), which is available for local and statewide medical care.



Access to the First Health Network PPO network is available for medical care nationwide, when seeking treatment outside of California.



### In California

A complete listing of the PPO hospital and Doctor facilities in California is available by calling **1-800-334-7341** or by accessing the internet website: **www.cfmnet.org**.

### Outside of California

For a complete listing of the PPO Hospital and Doctor facilities outside of California, call **1-800-226-5116** or access the internet website: **www.myfirsthealth.com**.

If an Insured Student is being treated by a Preferred Provider for an acute, serious chronic condition, pregnancy, or a terminal illness, and the Provider's contract terminates with the PPO, the Insured Student may be eligible under certain conditions to continue treatment with the Provider at the PPO rate. Contact the claims administrator for details.

*Please be aware that if an Insured Student is treated at a PPO hospital, it does not mean that all providers at that hospital are PPO providers. In addition, if an Insured Student is referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which the Insured Student is referred is also a PPO provider.*

## PRE-CERTIFICATION FOR HOSPITALIZATION

The treating licensed doctor must consult with the Company prior to any hospitalization. It is the Insured Student's or the Insured Student's representative's responsibility, not the attending doctor's, to contact the Utilization Review Organization. In the case of life- and/or organ-threatening situations, the consultation must take place as soon as reasonably possible. If such prior notification is not given, the Company will reduce payment for such claims by \$750 of the covered expenses. To pre-certify a hospitalization or diagnosis or treatment method, call the First Health Network at **1-800-572-5508**.

## CONTINUED STAY REVIEW

The Utilization Review Organization will contact the Insured Student's doctor periodically for a review of the medical information to determine the need for continued inpatient hospital care. Additional days will be certified if they are determined to be necessary. If the Insured Student incurs additional inpatient charges that are not certified, these charges will not be covered.

## MEDICAL EVACUATION EXPENSE

When, as a result of an Injury or Sickness, an Insured Student is hospitalized, the Company will pay for evacuation to the home country or to a facility operated pursuant to the law of the home country for the care and treatment of injured or ill persons, or to another medical facility in the U.S. Such action must be upon the recommendation of the attending doctor and approved by the Claims Administrator of the Policy. The Company will pay the actual expense incurred, but not to exceed the maximum aggregate benefit of \$10,000. Medical evacuation to the home country will terminate any further coverage under the Policy.

## REPATRIATION OF REMAINS EXPENSE

In the event of the Insured Student's death while insured under the Policy, the Company will pay the actual expense incurred for preparation and transportation of the remains back to the home country or country of regular domicile. If applicable such action will be in accordance with any international requirements. The Company will pay the actual expenses but not to exceed the maximum aggregate benefit of \$10,000. All expenses must be approved by the Claims Administrator of the Policy before the remains are prepared for transportation.

## MEDEX PROGRAM

The following description of the MEDEX Program has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the Student Health Insurance Plan described herein.

### MEDEX MEMBERSHIP SERVICES

As a student participating in this Student Health Insurance Plan, you are automatically enrolled as a Member in the MEDEX Program.

As a participant, MEDEX will provide the assistance services which are reasonably required by a Member residing as an expatriate and/or traveling outside their home country of residence as a direct result of the Member's requiring Emergency Medical Services or suffering death during the period of membership. All evacuations, returns to residence after stabilization and/or repatriation of mortal remains are coordinated by and subject to the prior approval of MEDEX and/or its Regional Medical Advisor. Assistance Services include:

### **Worldwide 24-Hour Toll-Free Assistance (or collect calls)**

MEDEX is available at any time to provide assistance with any medical and travel problem. Call 1-800-527-0218 or 1-410-453-6330.

### **Emergency Medical Evacuation**

In the event a Member is involved in an Accident or suffers a sudden, unforeseen illness requiring Emergency Medical Services and adequate medical facilities are not available, MEDEX will coordinate a medically supervised evacuation to the nearest facility determined by MEDEX to be capable of providing appropriate care.

### **Repatriation of Mortal Remains**

MEDEX will assist in obtaining the necessary clearances for cremation or preparation for the return of a Member's mortal remains.

### **Emergency Medications, Vaccine, and Blood Transfers**

If legally permissible, MEDEX will coordinate the transfer of medications, vaccines or blood upon the prescribing doctor's authorization. The Member will be responsible for the cost of any medication, vaccine or blood and the transportation costs.

### **Legal Referral Assistance**

Should a Member require legal assistance, MEDEX will direct the Member to an attorney as well as render assistance in securing bail bonds or other legal instruments. The Member will be responsible for any contracted legal fees.

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MEDEX (continued from page 5)

#### **Translation Services**

MEDEX Multilingual Assistance Coordinators are available to provide immediate translation assistance or can provide referrals to local interpreter services.

#### **Hospital Deposit & Emergency Cash Advance**

Upon securing payment from the Member or obtaining the Member's guarantee to reimburse, MEDEX will either wire funds or guarantee required emergency hospital admission deposits, or will assist in arranging cash transfers of the Member's funds. MEDEX will not be responsible for the payment of the cost of Emergency Medical Services.

#### **Transportation to Join Disabled Member**

After emergency evacuation coordinated by MEDEX, and if a Member is alone and is hospitalized at the evacuation destination for more than seven (7) days, MEDEX can arrange transportation to the evacuation destination for a single person designated by the Member.

#### **24-Hour Worldwide Medical Referrals**

MEDEX provides 24-hour assistance in finding appropriate medical care. Medical referrals are tailored based on the specialty required, the Member's location, language preference, time, etc.

#### **Evaluation and Monitoring of Treatment**

MEDEX services include access to Regional Medical Advisors who continually consult with the treating doctors and assess the quality of care and treatment plans for enrolled Members. The evaluation and monitoring begins with the first call to MEDEX and continues through the recovery period.

#### **Assistance with the Coordination of Rehabilitation After an Evacuation**

MEDEX helps Members coordinate any ongoing rehabilitation needs following an evacuation.

#### **Emergency Message Transmittals to Family Members**

MEDEX can receive and transmit emergency messages between the Member or their family and other involved persons.

#### **Arrangement for the Replacement of Medications and Eyeglasses**

MEDEX helps get a Member's lost, stolen, forgotten or depleted prescriptions and eyeglasses replaced quickly.

A toll-free or collect call immediately links you to MEDEX's highly trained, multilingual assistance coordinators, 24 hours a day, every day of the year. Call:

1-800-527-0218 or 1-410-453-6330  
Program Number: 995

## **EXTENSION OF BENEFITS**

When, as result of an Injury or Sickness, an Insured Student incurs covered expenses upon the recommendation and approval of a licensed doctor, the Company will pay the amount of the covered medical expenses actually incurred up to the following, 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 Student is hospitalized due to Sickness or Injury on the date of termination, benefits will continue as long as the Insured Student 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 Student will not be covered under this or any other student health insurance policy in the ensuing term of coverage.

## **GENERAL EXCLUSIONS**

This policy will not cover charges or expenses for:

1. Treatment, services or supplies which:
  - a. Are not Medically Necessary;
  - b. Are not prescribed by a doctor as necessary to treat a Sickness or Injury;
  - c. Are determined to be experimental/investigational in nature by the Company;
  - d. Are received without charge or legal obligation to pay;
  - e. Would not routinely be paid in the absence of insurance;
  - f. Are received from any family member;
2. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
3. Charges for treatment of any Injury or Sickness due to Your commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
4. Injury due to participation in a riot;
5. Suicide, attempted suicide, or intentionally self-inflicted injury;
6. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
7. Cosmetic surgery, except as the result of covered Injury occurring while Your insurance under the Policy is in force. 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;

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**EXCLUSIONS (continued from page 7)**

8. Injuries incurred by You while intoxicated or under the influence of any drug unless taken as prescribed by a Doctor;
9. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
10. 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;
11. 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, or infection, [or disease] are not excluded;
12. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
13. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit. This exclusion does not apply to treatment resulting from Injury to natural teeth;
14. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
15. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
16. Injury resulting from motor vehicle accident to the extent that benefits are payable under any part of automobile no-fault plans, except where prohibited by law;
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. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction

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**EXCLUSIONS (continued from page 8)**

- of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
19. Physical therapy unless recommended by the Student Health Center;
20. 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;
21. 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;
22. Routine periodical physical examinations, except as specifically provided;
23. 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;
24. Expense incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance.

## SCHEDULE OF BENEFITS

The Company will pay for the expenses listed below, up to the \$250,000 lifetime aggregate maximum benefit per Injury or Sickness. When an Insured Student has incurred \$5,000 of out-of-pocket Covered Charges, including any applicable deductibles and copays, the Company payments will increase to 100% of Reasonable and Customary Expenses (R&C) up to the lifetime aggregate maximum benefit of \$250,000 per Injury or Sickness

**COVERED CHARGES are limited to the following:**

### INPATIENT HOSPITAL EXPENSE BENEFITS (REQUIRES PRE-CERTIFICATION, PLEASE SEE PAGE 3)

<b>Hospital room and board</b> , up to semi-private room rate	After a \$250 copay per admission; 90% of the PPO charges if PPO is utilized, or 70% of R&C
<b>Miscellaneous Hospital Expenses</b>	90% of the PPO charges if PPO is utilized, or 70% of R&C

### SURGICAL EXPENSE BENEFITS (INPATIENT OR OUTPATIENT)

<b>Surgery</b>	90% of the PPO charges if PPO is utilized, or 70% of R&C
<b>Anesthesia</b>	90% of the PPO charges if PPO is utilized, or 70% of R&C

### OUTPATIENT EXPENSE BENEFITS

<b>Emergency Room</b> (copay waived if admitted to hospital)	After a \$50 copay per admission; 90% of R&C
<b>Laboratory Testing</b> , including STD screening	After a \$25 copay per visit; 90% of the PPO charges if PPO is utilized, or 70% of R&C
<b>Diagnostic X-ray and Radiation Therapy</b>	After a \$25 copay per visit; 90% of the PPO charges if PPO is utilized, or 70% of R&C
<b>Doctor Office Visit</b>	After a \$25 copay per visit; 90% of the PPO charges if PPO is utilized, or 70% of R&C
<b>Physical Therapy</b>	After a \$25 copay per visit; 90% of the PPO charges if PPO is utilized, or 70% of R&C

### MENTAL AND NERVOUS CONDITIONS\*

<b>Inpatient Mental and Nervous Expenses*</b> (including alcohol and drug abuse)	After a \$250 copay per admission; 90% of expenses incurred up to 10 continuous days, 50% thereafter to a maximum of 35 additional days per Policy year
<b>Outpatient Mental and Nervous Expenses*</b> (including alcohol and drug abuse)	After a \$25 copay per visit; 90% of the PPO charges if PPO is utilized, or 70% of R&C; Maximum of 20 visits per Policy year

### OTHER EXPENSES

<b>Ambulance</b>	After a \$50 copay per trip; 90% of R&C
<b>Prescription Drugs</b> , including prescription contraceptives <b>Must be filled at an Express Scripts pharmacy</b> To locate an Express Scripts pharmacy, access the website: <b>www.Express-Scripts.com</b> , or call <b>1-800-447-9638</b>	After a \$15 copay for generic or \$25 copay for brand name drugs, 100%; \$2,000 Maximum per Policy year; The copays apply to each 30-day supply

\*The following severe mental illness conditions will have benefits paid the same as any other medical condition: a) schizophrenia; b) schizoaffective disorder; c) bipolar disorder (manic-depressive illness); d) major depressive disorders; e) panic disorder; f) obsessive-compulsive disorder; g) pervasive developmental disorder or autism; h) anorexia nervosa; and i) bulimia nervosa.

California mandates coverage for the following benefits: 1) general anesthesia and hospital charges for dental procedures under certain circumstances; 2) annual cervical cancer screening; 3) participation in the Expanded Alpha Feto Protein (AFP) program; 4) diagnosis, treatment and management of osteoporosis, including bone mass measurement; 5) generally medically accepted cancer screening tests; 6) second opinion expense; 7) screening, diagnosis and treatment of breast cancer; 8) mammograms; 9) prosthetic device to restore a method of speaking after laryngectomy; 10) screening and diagnosis of prostate cancer; 11) reconstructive surgery to correct or repair abnormal bodily structures; 12) testing and treatment of PKU; 13) treatment of severe mental illness, the same as any other sickness; 14) treatment, equipment and supplies for diabetes; 15) routine patient care costs for phase, I, II, III or IV clinical trials for cancer; and 16) vaccine for acquired immune deficiency syndrome (AIDS) that has been approved by the FDA and that is recommended by the US Public Health Service. Please see the Policy on file with the University for further details.

## PRE-EXISTING CONDITIONS LIMITATION

A Pre-Existing Condition is a Sickness, Injury or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a Doctor during the six (6) consecutive months prior to the Effective Date of the Insured's coverage under the policy.

The Pre-Existing Condition waiting period is six (6) months. Coverage will not be provided for a Pre-Existing Condition until the waiting period has elapsed. The Pre-Existing Condition waiting period applies to all persons covered under the policy and begins on the Insured's Effective Date.

If the Insured receives treatment or service for a Pre-Existing Condition: 1) the Company will not pay benefits for such condition until the day after a six (6) consecutive month period has passed from the Insured's effective date; and 2) the Company will pay only for loss or expense incurred after such six (6) consecutive month period.

A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 62 days prior to the Effective Date of the new coverage.

Payment will be in accord with the provisions of the policy. If the Insured has a lapse in coverage, the Pre-Existing Condition waiting period will have to be satisfied again.

### Creditable Coverage

This term means an individual or group policy, contract or program, within or outside of the United States that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage.

1. an employee group health plan;
2. health insurance or Health Maintenance Organization coverage;
3. Medicare;
4. Medicaid;
5. Chapter 55 of title 10, United States Code. (CHAMPUS);
6. a medical care program of the Indian Health Services or of a tribal organization;

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## PRE-EXISTING CONDITIONS (continued from page 12)

7. a state health benefits risk pool;
8. a health plan offered under the Federal Employee Health Benefits Program;
9. a public health plan as defined under Federal regulations;
10. a health benefit plan under Section 5(e) of the Peace Corps Act;
11. any other similar coverage permitted under State/Federal law or regulations;
12. any other Creditable Coverage as defined by subsection (c) of section 2701 of Title XXVII of the Federal Public Health Services Act; or
13. any other publicly sponsored program, provided in this state or elsewhere, or medical, hospital and surgical care.

### Exceptions

The Pre-Existing Condition exclusion does not apply to pregnancy, including complications, if such condition is covered under the policy.

## EXCESS COVERAGE

No benefit under the policy is payable for any Expense incurred for Injury or Sickness which is paid or payable by other valid and collectible insurance, except for automobile medical payments insurance.

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

## DEFINITIONS

The following important definitions apply to this plan:

**Accident** means a specific unforeseen, unintended and unexpected event, which happens while a Covered Person is covered under the policy and which directly, and from no other cause, results in an Injury.

**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 Student** means a student of the Participating Organization who is eligible and insured for coverage under the policy.

**Medically Necessary** means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided.

A service, drug or supply shall be considered needed if it:

1. is ordered by a licensed Doctor; and
2. is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered.

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

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

**Sickness** means sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

## CLAIM PROCEDURE

In the event of Injury or Sickness:

1. Insured Students should obtain treatment from the nearest doctor or hospital. You may choose any doctor or hospital, but using the doctors and hospitals available through the California Foundation for Medical Care (PPO) may decrease your costs. For a complete listing of these PPO hospital and doctor facilities, call **1-800-334-7341** or access the website: **www.cfmnet.org**. (Outside of California the PPO network is the First Health Network. For a complete listing of these PPO hospital and doctor facilities, call **1-800-226-5116** or access the website: **www.myfirsthealth.com**.)
2. If you go to a doctor's office or to the hospital, be sure to show your identification card (attached to this brochure). If the doctor or hospital needs to verify coverage for you, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

**You should carry your insurance ID card with you at all times.**

To obtain pre-certification prior to hospitalization, call the First Health Network at **1-800-572-5508**.

3. Download a claim form from **www.renstudent.com**.
4. Send completed claim forms along with itemized hospital and medical bills to:

**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**

5. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

The completed claim form and all hospital and medical bills must be submitted for payment within 90 days after the date loss occurs. Failure to furnish this information within the 90-day period shall not invalidate nor reduce your claim if it was not reasonably possible to file the claim within this time, provided that the claim form is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of first medical treatment.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

**Always keep a copy for your files of all forms submitted for claims.**

## CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE

If a Covered Person is no longer eligible to be insured under the plan, the Covered Person should request a Certification of Qualifying Health Plan Coverage from Renaissance Agencies, Inc. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

## AUTHORIZED REPRESENTATION

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority.

If the Covered Person would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Renaissance Agencies, Inc. at the address below or complete a form via the internet at: [www.renstudent.com](http://www.renstudent.com).

## SUMMARY OF PRIVACY POLICY

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about Covered Persons and we are committed to protecting the privacy of Covered Persons. We do not disclose any nonpublic information about Covered Persons to anyone, except as permitted or required by law. We do not sell or otherwise disclose Covered Person'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 Covered Persons from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. Covered Persons have the right to access, review and correct all personal information collected. Covered Persons may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing the Policy, by writing to the address or visiting the website shown below. Covered Persons may also submit a request, in writing, to review your information at the address below.

Renaissance Agencies, Inc.  
Attention Privacy Manager  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
Phone: (800) 537-1777  
Facsimile: (310) 394-0142  
Website: [www.renstudent.com](http://www.renstudent.com)

## DELOS INSURANCE COMPANY HIPAA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The terms of this Notice of Privacy Practices apply to Delos; for purposes of this policy, "Delos" or "We" means the health plan components of Delos Insurance Company. As permitted by law, Delos will share protected health information of members as necessary to carry out treatment, payment, and health care operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members' protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. Copies of the revised notices will be available online or may be obtained by mailing a request to your designated contact point under the Summary of Privacy Policy on page 20.

Protected health information that is the subject of this Notice is information that is created or received by Delos; and relates to the past, present or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member; and that identifies the member for which there is a reasonable basis to believe the information can be used to identify the member. Protected health information includes information of persons living or deceased.

The following components of a member's information also are considered protected health information:

1. names;
2. street address, city, county, precinct, zip code;
3. dates directly related to a member, including birth date, admission date, discharge date, and date of death;
4. telephone numbers, fax numbers, and electronic mail addresses;
5. Social Security numbers;
6. medical record numbers;
7. health plan beneficiary numbers;
8. account numbers;
9. certificate/license numbers;
10. vehicle identifiers and serial numbers, including license plate numbers;
11. device identifiers and serial numbers;
12. Web Universal Resource Locators (URL'S);

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**HIPAA NOTICE (continued from page 17)**

13. biometric identifiers, including finger and voice prints;
14. full face photographic images and any comparable images; and
15. any other unique identifying number, characteristic, or code.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**Your authorization.** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, unless we have taken any action in reliance on the authorization.

**Disclosures for Treatment.** We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain of your protected health information that we hold in order to make decisions about your care.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan, which may also have an obligation to process and pay claims on your behalf.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health benefits plan. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

**Family and Friends Involved in Your Care.** With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval.

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**HIPAA NOTICE (continued from page 18)**

If you have designated a person to receive information regarding payment of the premium on your long-term care or Medicare supplemental policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, etc. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information by contract.

**Communications With You.** We may communicate with you regarding your claims, premiums, or other things connected with your health plan or insurance. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You must request such confidential communication in writing.

**Other Health-Related Products or Services.** We may, from time to time, use your protected health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the health plan. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

**Information Received Pre-Enrollment.** We may request and receive from you and your health care providers protected health information either prior to your enrollment in the health plan or the issuance of your policy. We will use this information to determine whether you are eligible to enroll either in the health plan or for a policy, and to determine your rates. We will protect the confidentiality of that information in the same manner as all other protected health information we maintain and, if you either do not enroll in the health plan or if the policy is not issued, we will not use or disclose the information about you we obtained for any other purpose without your authorization.

**IMPORTANT INFORMATION**

**Underwritten by:**

Delos Insurance Company  
Policy No. DSP00017-07

**For questions regarding benefits or claims:**

Personal Insurance Administrators, Inc.  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
1-800-468-4343  
www.piaclaims.com

**For questions regarding eligibility or enrollment:**

Renaissance Agencies, Inc.  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
1-800-537-1777  
CA License No. 0697235

**For Emergency Medical or Travel Assistance:**

MEDEX  
1-800-527-0218 or 1-410-453-6330  
Program No. 995

**To download brochures, claim forms or ID cards,  
access the internet website:**

www.renstudent.com

**Local Representative:**

Business Office  
Dominican University of California  
50 Acacia Avenue  
San Rafael, CA 94901  
415-257-0161

**ATTENTION**

Your permanent health insurance ID card is below. Please detach and retain for proof of coverage. No other will be issued.

A separate card for prescriptions will be mailed to you by Express Scripts, but you may use the card below to obtain prescriptions in the meantime.

**Insured Students should carry their ID card at all times.**

ID CARD—PLEASE DETACH AND RETAIN FOR PROOF OF COVERAGE

Underwritten by:  
**DELOS INSURANCE COMPANY**  
Policy No. DSP00017-07

Insured \_\_\_\_\_

**DOMINICAN UNIVERSITY OF CALIFORNIA  
2007–2008 STUDENT INSURANCE PLAN**

Both the effective and termination dates of coverage are subject to verification by the Company.



MEDEX Program No. 995  
1-800-527-0218

For questions regarding claims and coverage, contact:  
**PERSONAL INSURANCE ADMINISTRATORS, INC.**

P.O. Box 6040  
Agoura Hills, CA 91376-6040  
Toll Free 1-800-468-4343  
www.piaclaims.com

Express  
Scripts  
Group#  
RQSR

**Note:** Benefits are subject to payment of appropriate premium and verification of eligibility.



For information on PPO Providers,  
access [www.cfmnet.org](http://www.cfmnet.org)  
or call **1-800-334-7341**

For pre-certification for hospitalization,  
call 1-800-572-5508