

# FTTA

Full-Time Training in Anaheim

**2008–2009  
Student  
Injury  
and  
Sickness  
Insurance  
Plan**

underwritten by  
**National Union Fire  
Insurance Company of Pittsburgh, Pa.**

administrator policy number  
**AMH0062299**

**ATTENTION**

Enroll online at  
**[www.renstudent.com/ftta](http://www.renstudent.com/ftta)**

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

There is a Quick Reference Guide on the back cover with answers to frequently asked questions. You should tear it out and keep it with you along with your ID card.

## ELIGIBILITY

All trainees participating in full-time training are eligible to enroll in this insurance plan (short-term trainees are not eligible).

Students must actively attend classes for at least the first 31 days from their effective date of coverage. Home study, correspondence, internet and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes.

Covered Students may also enroll their eligible dependents in the plan. An eligible dependent is the Covered Student's: 1) legal spouse; or 2) unmarried children under the age of 19 years (23 if a full-time student at an accredited school).

For a newly acquired dependent child, that child will be covered under the Policy for the first 31 days after:

1. birth of a newly born child; or
2. in the case of an adoptive child, the earlier of:
  - a) the effective date of adoption of the child; or
  - b) the date of placement of the child with the Covered Person for adoption.

Coverage for such child will be for Sickness or Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. Benefits will be the same as any other covered person who is the child's parent.

The Covered Student will have the right to continue such coverage for the child beyond 31 days. To continue the coverage the Covered Student must, within 31 days after the birth, adoption or placement for adoption: 1) apply to the Company in writing; and 2) pay the required additional premium for the continued coverage. If the Covered Student does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth, adoption or placement for adoption.

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

## TERMS OF COVERAGE

Coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the eligible student enrolls online **before** this date or if the enrollment form and premium are postmarked before this date. If the eligible student enrolls online **on or after** the first date of the applicable plan term, or if the enrollment form and premium are postmarked on or after the first date of the applicable plan term, coverage will be effective at 12:01 a.m. on the date immediately following the date on which online enrollment is completed or the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the day after the enrollment form and premium are received at Renaissance Agencies, Inc.

Coverage terminates at 12:01 a.m. on the earliest of the following dates:

1. The date the Policy is terminated by the Policyholder or the Company;
2. The last day of the Term of Coverage for which premium is paid;
3. The date an Insured enters full-time active military service;
4. The last day of the period through which premium has been paid, following the date a dependent ceases to be a dependent as described in this brochure.

	<b>Effective Date</b>	<b>Termination Date</b>	<b>Enrollment Deadline</b>
<b>Annual</b>	08/10/08	08/09/09	<b>09/10/08</b>
<b>Fall</b>	08/10/08	02/15/09	<b>09/10/08</b>
<b>Spring/Summer</b>	02/15/09	08/09/09	<b>03/15/09</b>

Please note enrollment forms and premium cannot be accepted after the Enrollment Deadline Dates listed. Newly acquired dependents (spouse and/or children) are not subject to the Enrollment Deadline Dates. However, the enrollment form and full premium payment for all newly acquired dependents (spouse and/or children) must be postmarked within 31 days of the attainment of such dependents. **Otherwise, enrollment forms and premium cannot be accepted after the Enrollment Deadline Dates listed.**

In no event will dependent coverage extend beyond that of the insured student, except as specifically provided under the Extension of Benefits provision.

There is no continuation coverage for this plan for students and/or dependents who are no longer eligible.

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

## COSTS OF COVERAGE

	<b>Annual</b> 8/10/08 to 8/09/09	<b>Fall</b> 8/10/08 to 2/15/09	<b>Spring/ Summer</b> 2/15/09 to 8/09/09
<b>Deadline</b>	<b>9/10/08</b>	<b>9/10/08</b>	<b>3/15/09</b>
<b>Students under age 26</b>			
Student	\$ 870.00	\$ 435.00	\$ 435.00
Spouse	\$ 1,540.00	\$ 770.00	\$ 770.00
Each Child	\$ 1,540.00	\$ 770.00	\$ 770.00
<b>Students age 26 and over</b>			
Student	\$ 1,660.00	\$ 830.00	\$ 830.00
Spouse	\$ 3,584.00	\$ 1,792.00	\$ 1,792.00
Each Child	\$ 3,584.00	\$ 1,792.00	\$ 1,792.00

## REFUNDS

No premium refunds are permitted, except when a Covered Person enters full-time active military service, at which time a pro rata refund of premium paid will be made upon written request.

## EXTENSION OF BENEFITS

The coverage provided under the Policy ceases on the termination date. However, if the Covered Person is Hospital Confined on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were paid prior to the date his or her coverage terminated, benefits will be payable for the Eligible Expenses incurred until the earliest of: 1) the date of discharge from the Hospital; 2) the end of the 31-day period following the date his or her coverage terminated; or 3) the date the applicable maximum amount is reached.

The total payments made in respect to the Covered Person for such condition both before and after the termination date will never exceed the maximum benefit. After the Extension of Benefits provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made. This Extension of Benefits provision is applicable only to the extent the Covered Person will not be covered under this or any other health insurance policy in the ensuing term of coverage. Dependents that are newly acquired during the Covered Student's Extension of Benefits period are not eligible for benefits under this provision.

## ACCIDENTAL DEATH AND DISMEMBERMENT

When, as a result of an Injury, the Covered Person sustains a loss as shown below while coverage under this policy is effective and within 180 days of such Injury, the Company will pay the applicable benefit for the loss.

<b>For Loss of</b>	<b>Amount</b>
Life.....	\$ 1,000
Two or More Members .....	\$ 2,000
One Member.....	\$ 1,000

Member means hand, arm, foot, leg or eye. Loss of hand, arm, foot or leg means severance at or above the wrist or ankle joints. Loss of eye means total and irrecoverable loss of sight.

Only one benefit will be payable under this provision, that providing the largest benefit, when more than one loss occurs as the result of any one Injury.

## MEDICAL EVACUATION BENEFIT

When, as a result of an Injury or Sickness, the Covered Person is hospitalized for at least five (5) consecutive days, the Company will pay for evacuation to the Covered Person's home country or country of regular domicile or to a facility operated pursuant to the law of the Covered Person's home country or country of regular domicile for the care and treatment of injured or ill persons, or to another medical facility in the United States. Such action must be Medically Necessary, upon the recommendation of the attending Doctor and approved by the Claims Administrator of the plan. The Company will pay the actual expense incurred, but not to exceed the maximum aggregate benefit of \$10,000. **All transportation must be approved in advance by the Claims Administrator.**

## REPATRIATION BENEFIT

In the event of a Covered Person's death while insured under the plan, the Company will pay the actual expense incurred for preparation and transportation of the remains back to the Covered Person's 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 \$7,500. **All expenses must be approved by the Claims Administrator of the plan before the remains are prepared for transportation.**

## EXCLUSIONS

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment or dental x-rays, except for treatment resulting from Injury to sound, natural teeth;
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee;
3. for eye examinations, eyeglasses, contact lenses, or prescription for such or treatment for visual defects and problems (visual defects means any physical defect of the eye which does or can impair normal vision apart from the disease process);
4. for hearing examinations or hearing aids or other treatment for hearing defects and problems (hearing defects means any physical defect of the ear which does or can impair normal hearing apart from the disease process);
5. as a result of an 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 commercial scheduled airline;
6. for Injury or Sickness resulting from war or act of war, declared or undeclared;
7. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
8. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country; Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium; This does not include Reserve or National Guard Duty for training unless it exceeds 31 days;
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
10. for cosmetic surgery except reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered dependent newborn child which has resulted in a functional defect (also shall not include breast reconstructive surgery after a mastectomy);
11. for preventive treatment or testing, except as specifically provided in the Policy;
12. as a result of committing or attempting to commit an assault or felony or participation in a riot or civil commotion;
13. for Elective Treatment or elective surgery;

## EXCLUSIONS (continued from page 6)

14. after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision;
15. for any services rendered by a Covered Person's Immediate Family Member;
16. for a treatment, service or supply which is not Medically Necessary;
17. as a result of suicide or any attempt at suicide, including drug overdose, or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
18. for treatment of temporomandibular joint dysfunction;
19. for treatment of Mental or Nervous Disorders except as specifically provided in the Policy;
20. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy;
21. for outpatient prescription drugs except as specifically provided in the Policy;
22. for Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor;
23. for orthopedic appliances or braces;
24. for surgery and/or treatment of: acne; allergy testing; biofeedback-type services; circumcision; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; family planning, except as specifically provided; fertility tests; impotence, organic or otherwise; learning disabilities; nonmalignant warts, moles and lesions; sleep disorders, including testing thereof; preventive medicines or vaccines, except where required for the treatment of Injury; tubal ligation; vasectomy; and weight reduction;
25. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy;
26. in connection with birth control (except prescription contraceptives), sterilization or sterilization reversal, including surgical procedures and devices;
27. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception;
28. for elective abortions;
29. for Injury resulting from the practicing for, participating in interscholastic or intercollegiate sports activity, including travel to and from the activity and practice;
30. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition; or
31. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.

## PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first six (6) months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if: 1) the Covered Person has been covered under the Policyholder's prior Policy for more than six (6) consecutive months; or 2) the individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. Credit will be given for the time the individual was covered under the prior Creditable Coverage; and 3) the individual's most recent prior Creditable Coverage was under an employer group plan; and 4) the individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

**CREDIT FOR PRIOR COVERAGE:** A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under the Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

1. any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and 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, but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
2. the federal Medicare Program pursuant to Title XVIII of the Social Security Act;
3. the Medicaid program pursuant to Title XIX of the Social Security Act;
4. any other publicly sponsored program, provided in this state or elsewhere, of medical, hospital and surgical care;
5. 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS));

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## PRE-EXISTING CONDITIONS (continued from page 8)

6. a medical care program of the Indian Health Service or of a tribal organization;
7. a state health benefits risk pool;
8. a health plan offered under 5 U.S.C.A., Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FEHBP));
9. a public health plan as defined by federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996;
10. a health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e));
11. any other creditable coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C. Sec.300gg(c)).

## EXCESS COVERAGE

After the first \$100 of Eligible Expenses, this plan of insurance is secondary and provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Covered Person is covered by other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid by this plan. This plan is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision. Benefits paid by this plan will not exceed: 1) any applicable plan maximums; and 2) 100% of the compensable expenses incurred when combined with benefits paid by any other valid and collectible insurance.

## DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in the brochure.

**Company** means the National Union Fire Insurance Company of Pittsburgh, Pa.

**Covered Person** means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

**Doctor** means: 1) legally qualified physician licensed by the state in which he or she practices; and 2) 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 such practitioner; and 3) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term Doctor does not include a Covered Person's immediate family member.

**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 Covered Person's effective date of coverage.

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## SCHEDULE OF BENEFITS

When a covered Injury or Sickness requires treatment by a Doctor, the Policy will provide the following benefits, after a \$50 deductible per Injury or Sickness, while the Covered Person's coverage is in force. In addition to the deductible, there is a \$50 copay for each emergency room visit.

### BASIC INJURY BENEFITS: \$5,000 Maximum per Injury (subject to the following limits)

<b>Dental Treatment</b> (repair and/or replacement of sound, natural teeth)	up to a \$500 maximum
<b>Motor Vehicle Injury</b>	same as any Injury, up to a \$1,000 maximum
<b>Physiotherapy</b>	100% of R&C, up to \$25 per visit (up to one visit per day)
<b>All Other Eligible Expenses</b>	100% of R&C

### BASIC SICKNESS BENEFITS: 5,000 Maximum per Sickness (subject to the following limits)

<b>Hospital Room and Board</b> (average semi-private room rate)	100% of R&C, up to \$350 per day
<b>Hospital Miscellaneous Inpatient</b> (for x-ray examination and laboratory tests, including professional fees; anesthesia; operating room; medications; dressings; etc.)	100% of R&C, up to a \$1,500 maximum
<b>Hospital Outpatient Surgical Miscellaneous</b> (in lieu of Inpatient)	100% of R&C, up to a \$1,500 maximum
<b>Surgical Treatment</b> (in or out of hospital, services performed by a licensed physician as determined by reference to the 80th percentile of the most current survey published by Ingenix)	80% of R&C, up to a \$1,000 maximum
<b>Anesthetist</b>	25% of Surgical Allowance
<b>Assistant Surgeon</b>	25% of Surgical Allowance
<b>Doctor's Visits (Nonsurgical): Inpatient</b>	up to \$30 per visit, 1 visit per day, up to a maximum of 30 visits
<b>Doctor's Visits (Nonsurgical): Outpatient</b> Includes injections when administered in the Doctor's office	after a \$20 copay per visit, 100% of R&C beginning with the first visit, 1 visit per day, up to a maximum of 5 visits
<b>Physiotherapy</b>	100% of R&C, up to \$25 per visit (up to one visit per day)
<b>Outpatient Treatment</b> when the Covered Person is not Hospital Confined as a resident bed patient and incurs expense for emergency room and/or diagnostic x-ray/lab tests by a Doctor or Hospital (benefits not payable for emergency room expenses which are not due to an Emergency)	100% of R&C, up to a \$400 maximum; \$50 copay for each emergency room visit
<b>Mental and Nervous Disorders</b> (Treatment of Severe Mental Illness is paid the same as any other condition. Please see the definition on page 14).	paid the same as any Sickness, except inpatient treatment by a psychologist or psychotherapist is limited to \$30 per visit, one visit per day, up to a maximum of 10 visits
<b>Drug and Alcohol Expense (Inpatient)</b>	up to a \$3,440 maximum per Policy Year
<b>Drug and Alcohol Expense (Intermediate and Outpatient)</b>	up to a \$3,440 maximum per Policy Year
<b>Ambulance Services</b>	up to a maximum of \$200
<b>Outpatient Prescription Drugs</b> (including prescription contraceptives)	\$10 copay for generic or a \$25 copay for brand name; up to a \$200 maximum per Sickness
<b>Maternity Benefits</b>	same as any Sickness

### MAJOR MEDICAL BENEFITS: \$45,000 Maximum Benefit per Injury or Sickness

After the Company has paid the Maximum Benefit of \$5,000 under the Basic Benefits, the Company will then pay 80% of the Reasonable and Customary Expenses for Eligible Expenses incurred up to the Lifetime Aggregate Maximum Benefit of \$50,000 for each Injury or Sickness. This Maximum includes the amount paid under the Basic Injury or Basic Sickness Benefits combined. No benefits are payable under the Major Medical Benefit for Mental and Nervous Disorders (except for Severe Mental Illness) or substance abuse, prescription drugs, dental treatment or Injury due to a motor vehicle accident.

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

## DEFINITIONS (continued from page 9)

**Eligible Expense** means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: 1) not in excess of the Reasonable and Customary charges; or 2) not in excess of the charges that would have been made in the absence of this coverage; 3) is the negotiated rate, if any and 4) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

**Emergency Medical Condition** means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following: 1) the Covered Person's life could be in serious jeopardy; 2) bodily functions would be seriously impaired; or 3) a body organ or part would be seriously damaged; or 4) serious disfigurement; or 5) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

**Experimental/Investigational** means a drug, device or medical care or treatment that meets the following: 1) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished; 2) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law; 3) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval; 4) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or 5) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis. Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility study-

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## DEFINITIONS (continued from page 12)

ing substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the expense is incurred.

**Hospital** means a facility which meets all of these tests:

1. it provides inpatient services for the care and treatment of injured and sick people; and
2. it provides room and board services and nursing services 24 hours a day; and
3. it has established facilities for diagnosis and major surgery; and
4. it is supervised by a Doctor; and
5. it is run as a Hospital under the laws of the jurisdiction in which it is located; and
6. it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

The term Hospital includes: 1) a substance abuse treatment facility during any period in which it provides effective treatment of substance abuse to the Covered Person; 2) an ambulatory surgical center or ambulatory medical center; 3) a mental health hospital if supervised and licensed by the Department of Mental Health; and 4) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital does not include a place run mainly: 1) as a convalescent home; 2) as a nursing or rest home; or 3) as a place for custodial or educational care.

**Hospital Confined or Hospital Confinement** means a stay of at least 18 consecutive hours for which a room and board charge is made.

**Immediate Family Member** means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Injury** means bodily injury due to an accident which: 1) results solely, directly and independently of disease, bodily infirmity or any other causes; 2) occurs after the Covered Person's effective date of coverage; and 3) occurs while coverage is in force.

All Injuries sustained in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

**Medically Necessary** means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

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## DEFINITIONS (continued from page 13)

A service or supply will not be considered as Medically Necessary if:

1. it is provided only as a convenience to the Covered Person or provider; or
2. it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. it is Experimental/Investigational or for research purposes; or
5. could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
6. involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
7. involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
8. it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of 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.

**Mental or Nervous Disorder(s)** means any nervous, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the International Classification of Diseases as a Mental Disorder (other than those conditions deemed severe mental illness) on the date the medical care or treatment is rendered to a Covered Person.

**Policyholder** means Full-Time Training in Anaheim.

**Pre-Existing Condition** means a Sickness or Injury for which medical care, treatment, diagnosis or advice, including use of prescription drugs, was received or recommended within the six (6) months prior to the Covered Person's effective date of coverage under the Policy.

**Reasonable and Customary (R&C)** means the charge, fee or expense which is the smallest of: 1) the actual charge; 2) the charge usually made for a covered service by the provider who furnishes it; 3) the negotiated rate, if any; and 4) the prevailing charge made for a covered service in the geographic area by those of similar professional standing. Reasonable and Customary charges also mean the percentile of the payment system in effect on the Effective Date.

**Severe Mental Illness** means 1) schizophrenia; 2) schizoaffective disorder; 3) bipolar disorder (manic-depressive illness); 4) major depressive disorders; 5) panic disorder; 6) obsessive-compulsive disorder; 7) pervasive developmental disorder or autism; 8) anorexia nervosa; 9) bulimia nervosa; and 10) Treatment of a child under age 18 who: a) is suffering from one or more mental disorders

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## DEFINITIONS (continued from page 14)

as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms; and b) meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

**Sickness** means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes 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 Sickness or Injury:

1. Report at once to the nearest Doctor or Hospital.
2. If a Covered Person goes to a Doctor's office or to the Hospital, the Covered Person should present his/her insurance identification card. Dependents covered under the plan do not receive separate ID cards and may use the Covered Student's ID card to obtain treatment. If the Doctor or Hospital needs to verify coverage, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.  
**The Covered Person should carry his/her insurance ID card at all times.**
3. Complete a claim form, which is available online at **www.renstudent.com/fta**. The claim form must be complete and signed. Attach all itemized medical and Hospital bills.
4. Send claim form, bills and all other expenses to Personal Insurance Administrators, Inc. at:  
**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**  
**www.piaclaims.com**
5. If a Covered Person has questions about the status of a claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

All hospital and medical bills must be submitted for payment within 90 days after the first date of treatment. Failure to furnish this information within the 90-day period shall not invalidate nor reduce the Covered Person's claim if it was not reasonably possible to file the claim within this time, provided that the claim 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 last medical treatment.

Covered Persons have the right to file a written complaint and obtain an Independent Medical Review if health care services have been improperly denied, modified, or delayed.

**Always keep a copy of all documents 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)

### 2008-2009 FULL-TIME TRAINING IN ANAHEIM (FTTA) VOLUNTARY ENROLLMENT FORM

**1. PLEASE PRINT CLEARLY**

STUDENT'S LAST NAME			
STUDENT'S FIRST NAME			INITIAL
STUDENT'S PERMANENT MAILING ADDRESS—STREET			APT/BOX #
CITY		STATE	ZIP
STUDENT'S PHONE NUMBER		STUDENT'S DATE OF BIRTH (MM/DD/YY)	
STUDENT'S SOCIAL SECURITY NO.		STUDENT ID NUMBER	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S E-MAIL ADDRESS		

**2. MARK THE TERM YOU HAVE SELECTED.**

	ANNUAL 8/10/08 to 8/09/09 9/10/08	FALL 8/10/08 to 2/15/09 9/10/08	SPRING/ SUMMER 2/15/09 to 8/09/09 3/15/09
<b>DEADLINE</b>			

**STUDENTS UNDER AGE 26**

STUDENT ONLY	<input type="checkbox"/> \$ 870.00	<input type="checkbox"/> \$ 435.00	<input type="checkbox"/> \$ 435.00
SPOUSE	<input type="checkbox"/> \$ 1,540.00	<input type="checkbox"/> \$ 770.00	<input type="checkbox"/> \$ 770.00
EACH CHILD	<input type="checkbox"/> \$ 1,540.00	<input type="checkbox"/> \$ 770.00	<input type="checkbox"/> \$ 770.00

**STUDENTS AGE 26 AND OVER**

STUDENT ONLY	<input type="checkbox"/> \$ 1,660.00	<input type="checkbox"/> \$ 830.00	<input type="checkbox"/> \$ 830.00
SPOUSE	<input type="checkbox"/> \$ 3,584.00	<input type="checkbox"/> \$ 1,792.00	<input type="checkbox"/> \$ 1,792.00
EACH CHILD	<input type="checkbox"/> \$ 3,584.00	<input type="checkbox"/> \$ 1,792.00	<input type="checkbox"/> \$ 1,792.00

**PLEASE NOTE PREMIUM RATES CANNOT BE PRORATED.**

**SPOUSE AND CHILD RATES ARE IN ADDITION TO THE STUDENT ONLY RATE AND CANNOT BE PURCHASED SEPARATELY.**

**3. COMPLETE REVERSE SIDE FOR DEPENDENT COVERAGE**

**4. MAKE CHECK OR MONEY ORDER PAYABLE TO:  
NUFIC**

**SEE REVERSE SIDE FOR CREDIT CARD PAYMENT  
PAYMENTS CANNOT BE ACCEPTED OVER THE PHONE OR BY FAX**

**5. RETURN PAYMENT WITH ENROLLMENT FORM TO:**

RENAISSANCE AGENCIES, INC.  
P.O. BOX 2300  
SANTA MONICA, CA 90407-2300

**MUST BE POSTMARKED BY THE DEADLINE DATE LISTED**

**6. STUDENT MUST SIGN FORM BELOW.**

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS COVERAGE.

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**7. PLEASE DETACH AND RETAIN THE ID CARD ON THE BACK COVER.  
COVERED DEPENDENTS MAY ALSO USE THIS CARD TO OBTAIN  
TREATMENT.**

**2008–2009  
FULL-TIME TRAINING IN ANAHEIM (FTTA)  
STUDENT INJURY AND SICKNESS INSURANCE PLAN  
QUICK REFERENCE GUIDE**

**Insurance Company:**

National Union Fire Insurance Company of Pittsburgh, Pa.  
70 Pine Street  
New York, NY 10270

**Administrator Policy Number:**

AMH0062299

**For questions regarding benefits or claims:**

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

1-800-468-4343

**For questions regarding eligibility or enrollment:**

Renaissance Agencies, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

1-800-537-1777

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

[www.renstudent.com/ftta](http://www.renstudent.com/ftta)

**Enroll online at:**

[www.renstudent.com/ftta](http://www.renstudent.com/ftta)

**Frequently Asked Questions (FAQs)**

**Why do I need health insurance?**

Medical costs can be overwhelming and are rising continuously. Without health insurance, a student can go into debt with excessive medical bills that may hinder his or her academic career.

**Am I eligible to enroll in this insurance plan?**

All trainees participating in full-time training at FTFA are eligible to enroll in this insurance plan (short-term trainees are not eligible).

**How do I enroll in this insurance plan?**

1. You may enroll online at [www.renstudent.com/ftta](http://www.renstudent.com/ftta) by the Deadline Date.
2. You may also enroll by completing the enrollment form attached to this brochure. Answer all questions, indicating the term in which you are enrolling. Please note: even if you are enrolling after the effective date of the term, you must still pay the total premium amount for that term. Premiums cannot be prorated.

Submit the completed form, along with the proper premium payment (including payment for any eligible dependents you are enrolling), to Renaissance Agencies, Inc. at the address above (must be postmarked by the Enrollment Deadline Date).

Please note: dependents must enroll for the same period of coverage as the insured student. Please see pages 1 and 2 of this brochure for dependent eligibility/enrollment requirements.

LIST DEPENDENTS TO BE INSURED BELOW.  
DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED UNDER THIS PLAN.

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	SEX
SPOUSE	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S SIGNATURE	_____					DATE SIGNED _____

**CREDIT CARD AUTHORIZATION** — CREDIT CARD PAYMENTS CANNOT BE ACCEPTED OVER THE PHONE OR BY FAX  
WILL APPEAR AS "STUDENT HEALTH INSURANCE, RENAISSANCE AGENCIES" ON YOUR CREDIT CARD BILL

MasterCard # or Visa # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Charge This Amount \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

**When does my coverage begin?**

Your coverage becomes effective at 12:01 a.m. on the first date of the applicable term if you enroll online **before** this date or if the enrollment form and premium are postmarked before this date. If you enroll online **on or after** the first date of the applicable plan term, or if the enrollment form and premium are postmarked on or after the first date of the applicable plan term, coverage will be effective at 12:01 a.m. on the date immediately following the date on which you enrolled online or the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the day after the enrollment form and premium are received at Renaissance Agencies, Inc.

For students who are continuing their coverage under this plan from the previous term, coverage will be effective at 12:01 a.m. on the first date of the applicable term if you enroll online by the Enrollment Deadline Date or if the enrollment form and premium are postmarked by the Enrollment Deadline Date. Please note: you cannot renew coverage over the phone.

**When does my coverage end?**

Coverage terminates at 12:01 a.m. on the termination date of the applicable term for which premium is paid. Please see the Terms of Coverage section on page 2 for further details. Please note: if a student withdraws from school for any reason after the first 31 days from their effective date of coverage, coverage under the insurance plan will remain in effect until 12:01 a.m. on the termination date of the applicable term for which premium was paid. Please note: you cannot renew coverage over the phone.

Coverage cannot be cancelled and no premium refunds are permitted for any reason, except when the student enters full-time active military service, in which case a pro-rata refund will be made upon request.

**Where do I get an ID card?**

Your permanent ID card is attached. You may use this card to obtain treatment after you have enrolled in the plan. This ID card may also be used for your covered dependents. You will NOT be mailed a separate ID card. If you need a replacement card, you can download one at [www.renstudent.com/ftta](http://www.renstudent.com/ftta).

**What is covered under the plan?**

Please refer to the brochure for a list of benefits or contact Personal Insurance Administrators, Inc. at **1-800-468-4343**.

**What do I do if I get sick or injured?**

**In the case of an emergency, call 9-1-1.**

You may obtain treatment from the doctor or hospital of your choice.

If you go to a doctor's office or to the hospital, be sure to show your insurance identification card. If the Doctor or hospital needs to verify coverage for you or your dependents, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

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

Follow the instructions for filing a claim on page 15.

**IMPORTANT NOTICE**

The Policy is Non-Renewable One-Year Term Insurance. Similar coverage may be purchased for the following academic year. It is the Covered Person's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Covered Persons who have not received information regarding a subsequent program prior to the Policy's Termination Date should inquire regarding such coverage with the school or Renaissance Agencies, Inc.

DETACH ID CARD AND RETAIN IF YOU ENROLL—NO OTHER WILL BE ISSUED

Underwritten by:  
**NATIONAL UNION FIRE  
INSURANCE COMPANY OF PITTSBURGH, PA**  
Administrator Policy Number AMH0062299

Covered Person \_\_\_\_\_

**FULL-TIME TRAINING IN ANAHEIM (FTTA)  
2008–2009 STUDENT HEALTH INSURANCE PLAN**

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

**Underwritten by:**

National Union Fire Insurance Company of Pittsburgh, Pa.,  
with its principal place of business in New York, NY  
Administrator Policy Number: AMH0062299

**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](http://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

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

[www.renstudent.com/ftta](http://www.renstudent.com/ftta)

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-CA. The Policy on file at the College may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern.

Underwriter Reference No. CAS9710552

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](http://www.piaclaims.com)

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