

2008–2009



International Student Health Insurance Plan

This is a comprehensive medical benefit plan designed to protect international students against unforeseen medical expenses while studying outside their home countries.

All international students must have proof of insurance to register.

ENROLL ONLINE AT
www.renstudent.com/lbcc



underwritten by
Nationwide Life Insurance Company

policy number
302-083-0406

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ATTENTION

A temporary ID Card is attached to your enrollment form. Please detach and retain for proof of coverage. A permanent ID card will be mailed to you after you have enrolled in the plan. Only one permanent ID card will be mailed to you each school year.

Always carry your insurance ID card with you.

You will receive a separate ID card for prescriptions from Express Scripts, but you may use your temporary ID card to get prescriptions in the meantime.

Also, there is a Quick Reference Guide on the back cover. You should tear it out and keep it with you along with your ID card.

This brochure gives a brief description of the coverage. Full details are in the policy. A copy of the policy may be reviewed at the International Student Office. Any discrepancy between this brochure and the policy will be governed by the policy.

LOCAL REPRESENTATIVE

Scholastic Insurance Services
Phone: 1-800-537-1777
Fax: 1-310-394-0142
E-Mail: info@sismed.org

STUDENT HEALTH CENTER

For information and to make an appointment, call:
Liberal Arts Campus: 1-562-938-4210
Pacific Coast Campus: 1-562-938-3992

ELIGIBILITY

A registered international student, visiting faculty, scholar or other person with a current passport or student visa (F-1, J-1 or M-1 visa) temporarily located outside the home country who has not been granted permanent residency status, while engaged in full-time educational activities through the College, is required to be insured under the policy.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, internet classes and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Insured students may also enroll their eligible dependents. Dependents eligible to be insured under the plan are limited to the eligible student's: 1) spouse and; 2) unmarried children under 19 years of age or 23 years if a full-time student at an accredited institution of higher learning who are not self-supporting.

Eligible dependents must be enrolled on the date the student enrolls or within 31 days of birth, adoption, marriage, arrival in the U.S. or termination of other coverage. Coverage for eligible dependents will not be effective prior to that of the insured student or extend beyond that of the insured student.

If a child is born to an insured student, that child will be covered under the plan for the first 31 days after: 1) the birth date of the newly born child; 2) the effective date of adoption of the child by the student; or 3) the date of placement of the child for adoption with the student. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care.

The insured student will have the right to continue coverage for the child beyond 31 days. To continue the coverage the Insured must, within 31 days after the birth, adoption or placement for adoption: 1) submit a completed enrollment form; and 2) pay the required additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the 31-day period.

TERMS OF COVERAGE

Effective Dates

Coverage begins at 12:01 a.m., if the eligibility requirements are met, on the later of: 1) the policy effective date (August 1, 2008); or 2) the effective date reported as the term of coverage by the College or the Administrative Agent; or 3) the day immediately following the date that full premium and completed application are received by the Administrative Agent, College, or the Administrative Agent's Designee.

For International Students and Scholars, coverage can begin on the date the Insured departs his or her home country, or country of regular domicile, traveling directly to the College-sponsored program, provided such travel commences within 72 hours of the effective date of coverage for the then current term for which premium has been paid and travel is directly from the country of regular domicile to the campus and such travel is not longer than 48 hours in length.

Termination Dates

Coverage ends at 12:01 a.m. on the earliest of: 1) the last day for which premium has been paid; or 2) the date the policy terminates (August 1, 2009).

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

We do not send termination or renewal notices. It is the Insured'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.

To avoid a lapse in coverage, premium for continuing students must be received within 31 days of the previous termination date.

REFUND POLICY

There are no premium refunds, except in the case the Insured permanently returns to the home country or country of regular domicile, in which case a pro-rata refund will be issued only upon written proof from the College.

EXTENSION OF BENEFITS

If an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Charges for such Injury or Sickness will continue to be paid as provided herein, up to a maximum of 30 days after the Termination Date or the date the Maximum Lifetime Benefit is reached, whichever occurs first.

This Extension of Benefits provision is applicable only to the extent that the Insured will not be covered under this or any other student health insurance policy in the ensuing term of coverage. Dependents that are newly acquired during the insured student's Extension of Benefits period are not eligible for benefits under this provision. This Extension of Benefits provision does not apply to prescription drug coverage.

PREFERRED PROVIDER ORGANIZATION

This Student Health Insurance Plan has incorporated several cost containment features by providing access to a panel of medical professionals, including doctors and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through the California Foundation for Medical Care. Using these facilities may provide savings to insured students.



For a complete listing of the PPO hospital and doctor facilities, please call **1-800-334-7341** or access the internet website **www.cfmnet.org**.

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

PRE-CERTIFICATION FOR HOSPITALIZATION

The Company should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF NON-EMERGENCY HOSPITALIZATIONS:** The patient, doctor or hospital should telephone First Health Network (FHN) at **1-800-572-5508** at least five (5) working days prior to the planned admission.
2. **NOTIFICATION OF EMERGENCY ADMISSIONS:** The patient, patient's representative, doctor or hospital should telephone First Health Network (FHN) at **1-800-572-5508** within two (2) working days of the admission to provide the notification of any admission due to medical emergency.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy. However, pre-notification is not a guarantee that benefits will be paid.

STUDENT HEALTH CENTER

Insured students are strongly advised to consult initially with the College Student Health Center before incurring medical expenses off-campus that may not be reimbursable. The deductible is waived if the Insured Student first utilizes and/or is first referred by the approved College Student Health Center or if the College Student Health Center is closed.

ACCIDENTAL DEATH AND DISMEMBERMENT

When, as a result of an Injury, the Insured sustains a loss as shown below within 180 days of such Injury, the Company will pay the applicable benefit for the loss, not to exceed the Maximum Lifetime Benefit.

For Loss of	Student	Dependent
Life	\$ 10,000	\$ 5,000
Two or More Members	\$ 10,000	\$ 5,000
One Member	\$ 5,000	\$ 2,500
Thumb or Index Finger	\$ 2,500	\$ 1,250

Member means hand, arm, foot, leg, or eye. Loss shall mean, with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint, and with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

MEDICAL EVACUATION EXPENSE

When, as a result of an Injury or Sickness, an Insured 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 the policy. Medical evacuation to the home country will terminate any further coverage under the policy.

REPATRIATION OF REMAINS EXPENSE

In the event of the Insured'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 the policy. All expenses must be approved by the Claims Administrator of the policy before the remains are prepared for transportation.

FAMILY COMPANION BENEFIT

In the event that medical evacuation or repatriation is required, up to \$1,000 of the benefit is available for the purchase of a round-trip coach airfare ticket for a family member to accompany an Insured to their home country.

STATE MANDATED BENEFITS

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 according to the Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics; 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 (if there is a prescription drug benefit); and 18) maternity services as provided by CA Insurance Code section 10123.87 (a). Please see the Policy on file with the College for further details.

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 an International 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.

Translation Services

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

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MEDEX (continued from page 6)

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

TREATMENT RECEIVED IN HOME COUNTRY

If the Insured incurs expenses as the result of treatment for a covered Injury or Sickness while in his or her home country or country of regular domicile, the Company will pay covered expenses incurred, except expenses for which the Insured is not required to pay in the absence of this insurance or expenses which would be covered under any other insurance plan.

EXCESS COVERAGE

After the first \$100 of covered charges, this plan 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 Insured 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.

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

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

GENERAL EXCLUSIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from or treatment, services or supplies for, at, or related to:

1. Treatment, services or supplies which:
 - a) Are not Medically Necessary;
 - b) Are not prescribed by a doctor as necessary to treat an 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. Addiction, such as nicotine addiction or caffeine addiction; non-chemical addiction, such as gambling, sexual, spending, shopping, working and religious; codependency;
3. Hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
4. Biofeedback;
5. Circumcision;
6. Congenital conditions, except as specifically provided for newborn or adopted infants;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; warts, non-malignant moles and lesions;
8. Dental treatment, except for accidental Injury to natural teeth;
9. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery or other treatment for visual defects and problems, except when due to disease process;
10. Foot care, including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
11. Hearing examinations, 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;
12. Hirsutism; alopecia;

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SCHEDULE OF BENEFITS

Maximum Aggregate Benefit: \$250,000 maximum lifetime aggregate benefit per Injury or Sickness

Deductible: \$100 deductible per policy year per Insured

The Insured is responsible for paying the deductible amount listed before the Company will begin paying benefits.

The deductible is waived if the insured student first utilizes and/or is referred by the approved Student Health Center.

Covered Charges are payable worldwide, up to the following limits:

INPATIENT

Hospital Expense , daily semi-private room rate and general nursing care; hospital miscellaneous expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies and physiotherapy. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge. Includes Intensive Care.	100% of R&C
Routine Newborn Care , while Hospital Confined, and routine nursery care immediately after birth	100% of R&C;\$1,000 maximum
Surgeon's Fees , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession	100% of R&C
Assistant Surgeon and Anesthetist , professional services in connection with inpatient surgery	100% of R&C
Doctor's Visits , limited to one visit per day; does not apply when related to surgery	100% of R&C
Pre-Admission Testing , if within 3 working days prior to admission	Paid under Hospital Miscellaneous
Psychotherapy , includes alcohol and substance abuse Severe Mental Illness paid the same as any other Sickness	100% of R&C up to 10 continuous days; 50% thereafter, to a maximum of 35 additional days; up to a \$5,000 maximum per policy year

OUTPATIENT

Surgeon's Fees , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	100% of R&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines and supplies. R&C for Day Surgery Miscellaneous is based on the Outpatient Surgical Facility Charge Index	100% of R&C
Assistant Surgeon and Anesthetist , professional services in connection with outpatient surgery	100% of R&C
Doctor's Visits , limited to one visit per day; does not apply when related to surgery or physiotherapy	100% of R&C
Physiotherapy , limited to one visit per day	100% of R&C
Medical Emergency Expenses , attending doctor's charges and use of the emergency room and supplies; treatment must be rendered within 72 hours from time of Injury or first onset of Sickness	100% of R&C
Diagnostic X-Ray and Laboratory Services / Radiation Therapy and Chemotherapy	100% of R&C
Tests & Procedures , diagnostic services and medical procedures performed by a doctor	100% of R&C
Injections , when administered in the doctor's office and charged on the doctor's statement	\$10 copay per injection; 100% of R&C
Prescription Drugs: Students must use an Express Scripts network pharmacy. For a listing of Express Scripts pharmacies, call 1-800-447-9638 or access the website www.Express-Scripts.com . The copay applies to each 30-day supply.	100% of R&C after a \$10 copay for each generic prescription or a 50% copay for each brand name prescription
Psychotherapy , includes all related or ancillary charges incurred as a result of a mental or nervous disorder; includes alcohol and substance abuse Severe Mental Illness paid the same as any other Sickness	50% of R&C; up to a \$1,000 maximum per policy year
Acupuncture	100% of R&C; up to \$35 per visit; up to a maximum of 10 visits

OTHER

Ambulance Services	100% of R&C; up to a \$500 maximum
Durable Medical Equipment , a written prescription must accompany the claim when submitted Replacement equipment is not covered	100% of R&C
Dental , made necessary by Injury to natural teeth	100% of R&C; up to a maximum of \$250 per tooth
Pregnancy/Maternity (including complications of pregnancy)	Paid as any other Sickness
Elective Abortion (policy year deductible waived)	100% of R&C after a \$250 deductible; up to a \$500 maximum
Therapeutic Termination of Pregnancy	100% of R&C; up to a \$750 maximum
Pap Smear , one screening per year	100% of R&C
Repair or Replacement of eyeglasses, contact lenses or hearing aids when damaged as a result of a covered Injury	100% of R&C

GENERAL EXCLUSIONS (continued from page 9)

13. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
14. Injury sustained while: a) participating in any inter-scholastic, intercollegiate, or professional sport, contest or competition; b) traveling to or from such sport, contest or competition as a participant; or c) while participating in any practice or conditioning program for such sport, contest or competition;
15. Injury caused by, contributed to, or resulting from the use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured's doctor;
16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance, except for automobile medical payments insurance;
18. Organ transplants, including organ donation;
19. Participation in a riot or civil disorder; commission of or attempt to commit a felony; fighting;
20. Prescription drug services for:
 - a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided for herein;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for unapproved cosmetic indications;
 - e) Drugs used to treat or cure baldness and anabolic steroids used for body building;
 - f) Anorectics (drugs used for the purpose of weight control);
 - g) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin or Serophene;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
21. Reproductive/infertility services, including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception;

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GENERAL EXCLUSIONS (continued from page 12)

- premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
22. Routine newborn infant care, well-baby nursery and related Doctor charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
23. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
24. Services provided normally without charge by the Health Service of the College or services covered or provided by the student health fee;
25. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
26. Suicide or attempted suicide while sane or insane (including drug overdose) or intentionally self-inflicted injury;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices or gynecomastia;
28. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any four-wheeled all terrain vehicle (ATV), jet ski, ski cycle or snowmobile; skiing, scuba diving, surfing, roller skating or riding in a rodeo;
29. Treatment in a government hospital, unless there is a legal obligation for the Insured to pay for such treatment;
30. War or any act of war, declared or undeclared; while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered);
31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat; and
32. Expenses incurred for Pre-Existing Conditions. This limitation will be waived if, during the period immediately preceding the Insured's effective date of coverage under this Policy, the Insured was covered under prior Creditable Coverage for six (6) consecutive months. This waiver will apply only if the Insured becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage. Prior Creditable Coverage of less than six (6) months will be credited toward satisfying the Pre-Existing Condition limitation. The Insured must provide the Company with proof of prior Creditable Coverage.

DEFINITIONS

The following important definitions apply to this plan:

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

Creditable Coverage means any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefit society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans, including Medicare or Medicaid, nonprofit medical and surgical plan or hospital service plan that provides similar benefits, Armed Forces Personnel Medical and Dental Care, Indian Health Service or tribal organization medical care program, a state health benefits risk pool, Federal Employees Health Benefit Plan, the Peace Corps Act health benefit plan, health maintenance organization, a public health plan, or College Plan. 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 a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

Hospital Confined or **Hospital Confinement** means confinement in a hospital for at least 18 consecutive hours for which a room and board charge is made by reason of a Sickness or Injury for which benefits are payable.

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 means an insured student, and his or her covered dependent(s), while insured under this policy.

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

Pre-Existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) months prior to the Insured's effective date of coverage under the Policy. Pregnancy, including complications of pregnancy, will not be considered a pre-existing condition.

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DEFINITIONS (continued from page 14)

Reasonable and Customary (R&C) means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of: 1) the actual amount charged by the provider; 2) the negotiated rate, if any; or 3) the charge which would have been made by the provider of medical services for a comparable service or supply made by other providers in the same geographic area, as reasonably determined by the Company, for the same service or supply.

Severe Mental Illness means: 1) schizophrenia; 2) schizo-affective 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 who: (i) is suffering from one or more mental disorders 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 (ii) meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

Sickness means an illness or disease which is the sole cause of the loss. All sicknesses due to the same or a related cause are considered one Sickness.

CLAIM PROCEDURE

1. After you receive treatment, complete the insurance company claim form.
 - a) Claim forms are available from Personal Insurance Administrators, Inc. or you may download a claim form from www.renstudent.com/lbcc.
 - b) Be sure to include your policy number (as shown on your ID card) on the claim form.
 - c) Answer all the questions and be sure to sign the claim form before submitting it.
2. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.
3. Send your claim form and all other bills to Personal Insurance Administrators, Inc. at the address below. Try to have all itemized bills attached to the same claim form.
 - a) Please do not send bills without completed claim form. Bills cannot be considered unless all the information required on the claim form is submitted.
 - b) A properly completed claim form must be submitted for each Injury or Sickness.
4. All claim form and bills should be sent 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**.

A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be paid.

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.

OPTUM NURSELINE

This plan incorporates access to the Optum Nurse-Line, which provides direct access to nurses who can provide you with immediate general information and advice about health care issues. Optum's skilled nurses deliver satisfaction and peace of mind for nearly any health concern 24 hours a day, seven days a week. To access the Optum NurseLine:

1. Call **1-877-856-8163**
2. **Press 1** for a NurseLine registered nurse
3. **Press 2** for the Health Information Library (use the **PIN 861**)

Bilingual nurses are available to address the needs of Spanish-speaking callers and through the Language Line translation service they can support callers in more than 140 languages.

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.

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.

Attention: Privacy Manager
Renaissance Agencies, Inc.
P.O. Box 2300
Santa Monica, CA 90407-2300
Phone: 1-800-537-1777
Facsimile: 1-310-394-0142
Website: www.renstudent.com

NATIONWIDE LIFE 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 Nationwide; for purposes of this policy, "Nationwide" or "We" means the health plan components of Nationwide Life Insurance Company ("Nationwide Life"), which is a hybrid covered entity and for which Nationwide Health Plans ("NHP"), which is a business associate of Nationwide Life Insurance Company, performs certain administrative services relating to the Nationwide Life health insurance products. As permitted by law, Nationwide 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 17.

Protected health information that is the subject of this Notice is information that is created or received by Nationwide; 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;

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HIPAA NOTICE (continued from page 18)

11. device identifiers and serial numbers;
12. Web Universal Resource Locators (URL'S);
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

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your best interest, we may share limited protected health information with such individuals without your approval. 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.

INTERNATIONAL STUDENT INSURANCE PLAN QUICK REFERENCE GUIDE

*this page contains useful information
detach and carry with you at all times along with your ID Card*

Insurance Company: Nationwide Life Insurance Company
Policy Number: 302-083-0406

Frequently Asked Questions (FAQs)

Am I covered? When does my coverage end?

For questions regarding when your coverage begins and ends, if you and/or your dependents are eligible for coverage and how to enroll, contact Renaissance Agencies, Inc. at **1-800-537-1777**. The company does not send renewal notices to students when their coverage terminates. It is the student's responsibility to renew their insurance within 31 days after their coverage ends to avoid a lapse in coverage. You cannot renew coverage over the phone.

If you need a receipt for payment or proof of coverage, contact Renaissance Agencies, Inc. at **1-800-537-1777**.

Where do I get an ID card?

A temporary ID card is attached below. You may use this card to obtain treatment after you have enrolled in the plan. Your permanent ID card will be mailed to you in approximately 1 to 3 weeks.

Your ID card may also be used for your covered dependents.

How do I get a refund of my payment if I no longer want the insurance coverage?

There are no premium refunds, except in the case the Insured permanently returns to the home country or country of regular domicile, in which case a pro-rata refund will be issued only upon written proof from the College. **Contact your school** if you qualify for a refund.

What is covered under the plan?

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

What do I have to pay?

The insured student pays a **\$100 deductible** per policy year. The deductible is waived if the Insured Student first utilizes and/or is first referred by the College Student Health Center (or if the College Student Health Center is closed). After you pay the deductible, the insurance company will pay 100% for most covered charges. Please see the brochure for further explanation of benefits.

What doctors can I go to?

You may use any doctor or hospital you choose, but using the doctors and hospitals available through the California Foundation for Medical Care (PPO) may decrease your costs. For a complete listing of the PPO hospital and doctor facilities, please call **1-800-334-7341** or access the internet website **www.cfmnet.org**.

What do I do if I get sick or injured?

In the event of Injury or Sickness:

1. The insured student should report immediately to the Student Health Center.

Underwritten by:

NATIONWIDE LIFE INSURANCE COMPANY
Policy No. 302-083-0406

Name of
Insured Student _____

LONG BEACH CITY COLLEGE
2008-2009 INTERNATIONAL STUDENT INSURANCE PLAN

*Both the effective and termination dates of coverage are at
12:01 a.m. and are subject to verification by the Company.*

For information on Preferred Providers,
call **1-800-334-7341** or access the
internet website: **www.cfmnet.org**
(Foundation for Medical Care of LA County)



- a) The deductible is waived if the Insured Student first utilizes and/or is first referred by the approved Student Health Center or if the Student Health Center is closed.
 - b) Dependents and students who are away from campus 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 the PPO hospital and doctor facilities, please call **1-800-334-7341** or access the internet website **www.cfmnet.org**.
2. If you go to a doctor's office or to the hospital, be sure to show your 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**.
 - a) For pre-certification prior to hospitalization, call **1-800-572-5508**.

How do I get my medical bills paid?

1. After you receive treatment, complete the insurance company claim form.
 - a) Claim forms are available from Personal Insurance Administrators, Inc. or you may download a claim form from **www.renstudent.com/lbcc**.
 - b) Be sure to include your policy number (as shown on your ID card) on the claim form.
 - c) Answer all the questions and be sure to sign the claim form before submitting it.
2. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.
3. Send your claim form and all other bills to Personal Insurance Administrators, Inc. at the address below. Try to have all itemized bills attached to the same claim form.
 - a) Please do not send bills without completed claim form. Bills cannot be considered unless all the information required on the claim form is submitted.
 - b) A properly completed claim form must be submitted for each Injury or Sickness.
4. All claim form and bills should be sent 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**.

A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be paid.

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.

For questions regarding claims and coverage, contact:

PERSONAL INSURANCE ADMINISTRATORS, INC.

P.O. Box 6040

Agoura Hills, CA 91376-6040

1-800-468-4343

www.piaclaims.com

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



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

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

Express Scripts
Group #RQSR