

2009-2010
**Student
Accident and Sickness
Insurance Plan**

The Claremont Colleges

CLAREMONT MCKENNA COLLEGE



Claremont
GRADUATE UNIVERSITY

HARVEY MUDD
COLLEGE



PITZER



SCRIPPS
THE WOMEN'S COLLEGE
• CLAREMONT •



KECK GRADUATE INSTITUTE
of Applied Life Sciences

underwritten by
Delos Insurance Company

policy number
DSP00001-09

ID CARD

A temporary ID Card is attached to this booklet. Please detach and retain for proof of coverage. A permanent ID card will be mailed to you after you have enrolled in the plan.

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ATTENTION

A temporary ID Card is attached to this booklet. 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.**

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.

Always carry your insurance identification card with you.

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

STUDENT HEALTH SERVICE CLAREMONT UNIVERSITY CONSORTIUM CLAREMONT, CALIFORNIA

We are pleased to present the Student Accident and Sickness Insurance Plan which has been arranged to assist in paying for the unexpected and often high cost of medical care.

This insurance coverage for the student is particularly important since some family insurance plans do not apply to dependents over 18 years of age. In addition, even if a student has another insurance plan in place, there may not be health providers available for that plan in the Claremont area. This plan has been especially designed for our Colleges. We feel that this is a valuable insurance coverage and recommend it for all students unless you have comparable or greater coverage.

The student's spouse and children may also be covered under this insurance plan. **However, the student's spouse and children are not covered by the College's Health Service.**

STUDENT HEALTH SERVICE HOURS (WHEN SCHOOL IS IN SESSION)

**Monday, Tuesday, Thursday and Friday:
8:00 a.m. to 5:00 p.m.**

Wednesday: 8:00 a.m. to 7:00 p.m.

Please call **1-909-621-8222** to schedule an appointment.

The center also sees students on a walk-in basis for a \$10 fee. Other fees may also apply for specific services.

**Walk-in hours are Monday through Friday,
8:30–10:30 a.m. and 1:00–3:00 p.m.**

ELIGIBILITY

Students

The following students are eligible to enroll in the plan:

- All **domestic students** who are registered and attending classes through The Claremont Colleges.
- All **international students** (this includes non-student exchange visitors such as visiting faculty, scholars and researchers) with a current passport or student visa (F-1, J-1 or M-1 visa) temporarily located outside the home country who have not been granted permanent residency status while engaged in full-time educational activities through The Claremont Colleges.

The Claremont Colleges includes the following:

- Claremont Graduate University
- Claremont McKenna College
- Harvey Mudd College
- Keck Graduate Institute
- Pitzer College
- Pomona College
- Scripps College

Insured students must actively attend classes for at least the first 31 days from their effective date of coverage, or the entire period for which coverage is purchased, whichever is the lesser, except in the case of medical withdrawal (as verified and approved by the school).

Dependents

Students may also insure their eligible dependents who are the insured student's: 1) spouse residing with the insured student; or 2) unmarried children under the age of 19 years or to age 23 if they are full-time students at an accredited school and dependent upon the insured student for at least 50% of their financial support. 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.

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. Should the student's coverage terminate before the end of the 31-day period, newborn coverage will not extend beyond the student's termination date.

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.

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ELIGIBILITY (continued from page 2)

The term "children" includes an insured student's biological children, step-children and adopted children from the date of placement in the insured student's home and who depend upon the insured student for full support.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: 1) is not able to earn his or her own living as a result of mental or physical handicap; and 2) became so handicapped before reaching the age limit; and 3) is chiefly dependent upon the insured student for support and maintenance. Within 31 days after the child reaches the age limit, the insured student must submit proof of the child's dependency or handicap to the Company. The Company may ask for more proof of the child's dependency and handicap, but not more frequently than annually after the two year period following the child's attainment of the limiting age.

Any dependent on active duty in any military, naval, or air force of any country is not eligible for coverage under the policy.

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

ENROLLMENT

STUDENTS

Claremont Graduate University

Eligible domestic students may enroll voluntarily by submitting the enrollment form attached to this brochure, along with full payment, by the Deadline Date.

Eligible international students are required to be insured under the plan and are automatically enrolled through the school, unless the appropriate waiver form has been filed with the school. Waivers may only be granted to students already insured under other comparable coverage.

Claremont McKenna College

Eligible domestic and international students are required to enroll in this plan through the school, unless they provide proof of other comparable coverage. Please contact the CMC Housing Coordinator for more information.

Harvey Mudd College

Eligible domestic students are automatically enrolled in this plan through the school, unless the appropriate waiver form has been filed with the school.

Eligible international students are required to be insured under the plan and are automatically enrolled through the school, unless the appropriate waiver form has been filed with the school. Waivers may only be granted to students already insured under other comparable coverage.

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ENROLLMENT (continued from page 3)

Keck Graduate Institute

Eligible domestic students may enroll voluntarily by submitting the enrollment form attached to this brochure, along with full payment, by the Deadline Date.

Eligible international students are required to be insured under the plan and are automatically enrolled through the school.

Pitzer College

Eligible domestic students are automatically enrolled in this plan through the school, unless the appropriate waiver form has been filed with the school.

Eligible international students are required to be insured under the plan and are automatically enrolled through the school, unless the appropriate waiver form has been filed with the school. Waivers may only be granted to students already insured under other comparable coverage.

Pomona College

Eligible FIRST and SECOND YEAR domestic students are automatically enrolled in this plan through the school, unless the appropriate waiver form has been filed with the school.

All other eligible domestic students may enroll voluntarily by submitting the enrollment form attached to this brochure, along with full payment, by the Deadline Date.

Eligible international students are required to be insured under the plan and are automatically enrolled through the school, unless the appropriate waiver form has been filed with the school. Waivers may only be granted to students already insured under other comparable coverage.

Scripps College

Eligible domestic and international students may enroll voluntarily by submitting the enrollment form attached to this brochure, along with full payment, by the Deadline Date.

DEPENDENTS

All eligible dependents may enroll voluntarily by submitting the enrollment form attached to this brochure, along with proper payment, by the Deadline Date. Dependents must be enrolled in the same term of coverage in which the student is enrolled.

TERMS OF COVERAGE

Effective Date

For students who are enrolled through the school, coverage becomes effective at 12:01 a.m. on the first date of the applicable term in which the student is enrolled.

For all other students, and all dependents, coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are postmarked **before** this date. If the enrollment form and premium are postmarked **on or after** the first date of the applicable plan term, coverage will become effective at 12:01 a.m. on the date immediately following the date on which 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.

In addition, for International Students and Scholars, coverage can begin at 12:01 a.m. on the date the Insured departs his or her home country, or country of regular domicile, traveling directly to the University-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 Date

For all students and dependents, coverage terminates at 12:01 a.m. on the earliest of the following dates:

1. The date the Policy is terminated by the Policyholder;
2. The last day of the Term of Coverage for which premium is paid;
3. The date a Covered Person enters full-time active military service or permanently returns to the home country or country of regular domicile;
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.

Coverage for eligible dependents will not be effective prior to that of the insured student or extend beyond that of the insured student.

New Students Only

Term	Effective Date	Termination Date	Deadline Date
Annual	8/07/09	8/27/10	9/07/09
Fall	8/07/09	1/08/10	9/07/09
Spring/Summer	1/08/10	8/27/10	2/08/10
Summer	5/17/10	8/27/10	6/17/10

Continuing Students

Term	Effective Date	Termination Date	Deadline Date
Annual	8/27/09	8/27/10	9/27/09
Fall	8/27/09	1/08/10	9/27/09
Spring/Summer	1/08/10	8/27/10	2/08/10

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TERMS OF COVERAGE (continued from page 5)

Enrollment form and premium paid for new dependents must be postmarked within 31 days of the attainment of such dependents. Failure of the student to enroll for dependent coverage within the 31-day enrollment period shall be construed as rejection of coverage. **Otherwise, enrollment forms and premium cannot be accepted after the Deadline Dates listed.**

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.

COSTS OF COVERAGE

	Annual	Fall	Spring/ Summer	Summer*
Students Under Age 26				
Student	\$ 1,224.00	\$ 422.00	\$ 812.00	\$ 314.00
Spouse	\$ 2,907.00	\$ 994.00	\$ 1,923.00	\$ 734.00
Child(ren)	\$ 2,017.00	\$ 692.00	\$ 1,336.00	\$ 512.00
Students Age 26 and Over				
Student	\$ 1,624.00	\$ 558.00	\$ 1,076.00	\$ 414.00
Spouse	\$ 3,858.00	\$ 1,317.00	\$ 2,551.00	\$ 972.00
Child(ren)	\$ 2,017.00	\$ 692.00	\$ 1,336.00	\$ 512.00

*Only available for newly enrolled students.

The costs of coverage include insurance premium and administrative fees.

REFUND POLICY

If the College/University pays for the cost of coverage for the student under this plan, the Insured should check with the College/University regarding the school's refund policy. If the student is responsible for submitting payment for the costs of coverage, there are no premium refunds, except in the case the Insured permanently returns to the home country or country of regular domicile or when the student enters full-time active military service, in which case a pro rata refund will be issued only upon written proof from the College/University. Please contact Renaissance Agencies, Inc. at (800) 537-1777 for more details.

EXTENSION OF BENEFITS

If an Insured is confined to a Hospital on the date his or her coverage terminates, charges incurred during the continuation of that hospital confinement shall be covered, but only during the 90-day period following such termination of coverage or until the Maximum Lifetime Aggregate 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.

STUDENT HEALTH SERVICE REFERRAL REQUIREMENT

The Insured Student must use the services of the Student Health Service (SHS) first where treatment will be administered or referral issued. A referral issued by the Student Health Service must accompany the claim when submitted. **Covered Charges incurred for medical treatment rendered outside of the Student Health Service for which no prior referral is obtained will be paid at 80%, even for a PPO provider.**

All Covered Charges incurred at the SHS are paid at 100%. In addition, the deductible is waived if the Insured Student first utilizes and/or is first referred by the Student Health Service or if the Student Health Service is closed.

The referral requirement from the Student Health Service is waived under the following circumstances:

1. Medical emergency. The student must return to the SHS for necessary follow up care;
2. When the SHS is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care received when a student is no longer able to use the SHS due to a change in student status;
6. Pregnancy or maternity care; or
7. Treatment of Mental or Nervous Disorders, including Severe Mental Illness.

Dependents and non-student exchange visitors (researchers, scholars, and visiting faculty) are not eligible to use the SHS and are exempt from the above limitations and requirements, and they are required to pay the Policy Year Deductible.

Please see page 1 for information on the Student Health Service.

PREFERRED PROVIDER ORGANIZATION

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

Please be aware that the Preferred Provider Organization (PPO) for this plan has changed from the previous year to First Health Network. Before seeking treatment, make sure that your doctor is a member of the new network or you may have to pay a higher coinsurance.

This plan has incorporated into the coverage access to a network of medical professionals, including doctors and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through the First Health Network. Network access provides benefits nationwide for Covered Charges incurred at 100% of the Preferred Allowance when treated by network providers. Benefits are provided worldwide for Covered Charges incurred at 80% of Reasonable and Customary Expenses (R&C) when treated by non-network providers.



All Covered Charges incurred at the SHS are paid at 100%. Covered Charges incurred for medical treatment received outside of the Student Health Service are paid at 80%, even for a PPO provider, unless the student receives a referral from the SHS or the referral requirement is waived due to one of the conditions listed on page 7.

When an Insured has incurred \$5,000 of out-of-pocket Covered Charges for all conditions during a policy year (not including copays), the Company payment for Covered Charges incurred will increase to 100% of the Preferred Allowance when treated by network providers or 100% of R&C when treated by non-network providers for the remainder of the policy year, up to the Lifetime Aggregate Maximum per Sickness or Injury. **Copayments are not applied to the Out-of-Pocket Maximum.**

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

For a complete listing of PPO hospital and Doctor facilities, call 1-800-226-5116 or visit www.myfirsthealth.com.

Please be aware that if you are treated at a PPO hospital, it does not mean that all providers at that hospital are PPO providers. In addition, if you are referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which you are referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is a network lab. This information can be found on the network website listed above.

SCHEDULE OF BENEFITS

The Company will pay for the Covered Charges listed below, up to the following limits.

Maximum Lifetime Aggregate Benefit:
\$100,000 per Injury or Sickness

Except Covered Charges incurred due to intoxication or use of a controlled substance is limited to a maximum of \$25,000 per policy year

Deductible:
\$100 per Policy Year

The deductible is waived if the Insured Student first utilizes and/or is first referred by the Student Health Service or if the Student Health Service is closed. This does not apply to dependents and non-student exchange visitors.

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

Out-of-Pocket Maximum:
When an Insured has incurred \$5,000 of out-of-pocket Covered Charges for all conditions during a policy year (not including copays), the Company payment for Covered Charges incurred will increase to 100% of the Preferred Allowance when treated by network providers or 100% of R&C when treated by non-network providers for the remainder of the policy year, up to the Maximum Lifetime Aggregate Benefit per Sickness or Injury.

Copayments are not applied to the Out-of-Pocket Maximum.

Covered Charges are limited to the following:

STUDENT HEALTH SERVICE	
Annual Flu Shot	100% of actual charges, up to a \$20 maximum; one (1) per policy year
Removal of Non-Malignant Warts and Moles (must be medically indicated)	100% of actual charges, up to a \$250 maximum per condition
STI/STD/HIV Testing	100% of actual charges, up to a \$250 maximum per policy year
Physical Exam for Students Studying Abroad (only for students age 25 and under)	100% of actual charges, up to a \$45 maximum per exam

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SCHEDULE OF BENEFITS (continued from page 9)

INPATIENT	
Room and Board/Hospital Miscellaneous daily average semi-private room rate and general nursing care provided by a hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations including professional fees, anesthesia, physiotherapy, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies. Includes Intensive Care.	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Maternity and Newborn Care while hospital confined, and routine nursery care provided immediately after birth	Paid as any other Sickness; up to 48 hours after delivery or 96 hours for cesarean delivery
Surgeon's Fees if multiple procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Assistant Surgeon	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Anesthetist professional services in connection with inpatient surgery	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Registered Nurse private duty nursing care	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Doctor's Visits limited to one visit per day; does not apply when related to surgery	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Pre-Admission Testing if testing occurs within 3 working days prior to admission	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO

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SCHEDULE OF BENEFITS (continued from page 10)

INPATIENT (continued)	
Treatment of Mental and Nervous Disorders limited to one visit per day Severe Mental Illness is paid the same as any other Sickness	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO; up to a maximum of 30 days per policy year
Alcohol and Drug	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO; up to a maximum of 30 days per policy year
OUTPATIENT	
Emergency Expenses use of the emergency room and supplies	After a \$50 copay per visit (waived if admitted); 100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Surgeon's Fees if multiple procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Assistant Surgeon	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Anesthetist professional services in connection with outpatient surgery	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Doctor's Visits limited to one visit per day; does not apply when related to surgery or physiotherapy	After a \$10 copay per visit; 100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Physiotherapy when prescribed by the attending doctor; limited to one visit per day	After a \$10 copay per visit; 100% of Preferred Allowance for PPO; 80% of R&C for non-PPO; up to a maximum of 10 visits per policy year

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SCHEDULE OF BENEFITS (continued from page 11)

OUTPATIENT (continued)	
Chiropractic Treatment when prescribed by the attending doctor; limited to one visit per day	After a \$10 copay per visit; 100% of Preferred Allowance for PPO; 80% of R&C for non-PPO; up to a maximum of 10 visits per policy year
Acupuncture when prescribed by the attending doctor; limited to one visit per day	After a \$10 copay per visit; 100% of Preferred Allowance for PPO; 80% of R&C for non-PPO; up to a maximum of 10 visits per policy year
Diagnostic X-Ray and Laboratory Services	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Radiation Therapy and Chemotherapy	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Tests & Procedures diagnostic services and medical procedures performed by a doctor other than doctor's visits, physiotherapy, x-rays and lab procedures	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Treatment of Mental and Nervous Disorders Severe Mental Illness is paid the same as any other Sickness	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO; up to a maximum of 15 visits per policy year
Alcohol and Drug	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO; up to a maximum of 15 visits per policy year

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SCHEDULE OF BENEFITS (continued from page 12)

OUTPATIENT (continued)	
Prescription Drugs (including prescription contraceptives) Only for prescriptions filled at an Express Scripts pharmacy. Prescriptions filled at a non-Express Scripts pharmacy are not covered. To locate an Express Scripts pharmacy, call 1-800-447-9638 or visit: www.express-scripts.com	100% after a \$20 copay per prescription; up to a \$5,000 maximum per policy year The copay applies to each 30-day supply.
OTHER	
Ambulance Services	100% of R&C; up to a \$5,000 maximum per condition
Consultant Doctor Fees when requested and approved by the attending doctor	100% of Preferred Allowance for PPO; 80% of R&C for non-PPO
Dental Treatment made necessary by Injury to sound, natural teeth only	100% of R&C; up to a \$100 maximum per tooth; up to a \$1,000 maximum per policy year
Pregnancy including complications of pregnancy	Paid as any other Sickness

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.

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.

For Loss of:	Benefit Amount
Life.....	\$10,000
One hand or one foot.....	\$ 5,000
Sight of one eye.....	\$ 5,000
More than one of the above losses due to one Accident.....	\$10,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of sight means total irrecoverable loss of the entire sight.

Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed:

1. By physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by the Policy;
2. By an infection, unless it is caused solely and independently by a covered Accident;

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AD&D (continued from page 14)

3. For expenses for which a contributing cause was a Covered Person's commission of, or attempt to commit a felony, or for which an Insured's engagement in an illegal occupation was the contributing cause; or
4. While an Insured is legally intoxicated or under the influence of any drug unless taken as prescribed by a Doctor.

In addition to the above, this provision is subject to the General Exclusions as provided.

EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

This benefit applies only to Domestic Students while studying in the United States, Domestic Students while studying abroad outside their Home Country, International Students studying abroad while outside their Home Country and any insured Dependents while accompanying the insured student. The Company will pay up to \$50,000 per Sickness or Injury, subject to the limitations set forth below, for Emergency Medical Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Sickness that warrants his or her Emergency Medical Evacuation. In addition, the Company or the Company's authorized representative must authorize all Emergency Medical Evacuation expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact the Company or the Company's authorized representative in advance.

REPATRIATION OF REMAINS BENEFIT

If Injury or Sickness to the Insured results in loss of life, the Company will pay up to \$50,000, subject to the limitations set forth below, for Repatriation of Remains Expenses which are reasonably incurred to return the Insured's body to the Insured's place of primary residence.

The Company or the Company's authorized representative must authorize all Repatriation of Remains expenses in advance of the actual repatriation for this benefit to be payable. The Company reserves the right to determine the benefit payable if it was not reasonably possible to contact the Company or the Company's representative in advance. All determinations and payments by the Company will be final and fully release and discharge the Company from any further liability under this Repatriation of Remains Benefit.

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 the Covered Charges 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.

MEDEX PROGRAM

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

MEDEX MEMBERSHIP SERVICES

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

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

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

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

Emergency Medical Evacuation

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

Repatriation of Mortal Remains

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

Emergency Medications, Vaccine and Blood Transfers

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

Legal Referral Assistance

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

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MEDEX (continued from page 16)

Translation Services

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

Hospital Deposit and 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 admittance 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 physicians 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

GENERAL EXCLUSIONS

The Policy does not cover nor provide benefits for:

1. Services normally provided without charge by the Policyholder's student health service center, infirmary or Hospital, or by Health Care Providers employed by the Policyholder;
2. Preventative medicines, serums, immunizations or vaccines, except as specifically provided;
3. Speech therapy treatment, except as specifically provided;
4. Private duty nursing or skilled nursing services, except as specifically provided;
5. Home health care services, except as specifically provided;
6. Care and/or treatment in skilled nursing facility, except as specifically provided;
7. Organ transplants, except as specifically provided;
8. Hospice services, except as specifically provided;
9. Pre-existing Conditions as defined in this Policy;
10. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, the Company will refund the unearned pro rata premium to such Insured Person;
11. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports and professional sports;
12. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
13. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
14. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
15. Correction of congenital defects except as specifically provided;
16. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
17. Expense incurred as the result of dental treatment. This exclusion does not apply to treatment resulting from Injury to natural teeth;

(continued on page 19)

EXCLUSIONS (continued from page 18)

18. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision, when applicable;
19. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with Experimental or Investigational Care for the terminally ill;
20. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
21. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
22. Injury due to participation in a riot;
23. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
24. For services or supplies rendered by a close relative of the Insured Person. Close relative means an Insured Person's spouse, children, parents, brothers and sisters;
25. Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns; calluses; bunions, except open cutting operations; routine care of toenails, except for the removal of the nail root and necessary services in treatment of metabolic or peripheral-vascular disease; treatment of the instability and imbalance of the feet; and any tarsalgia, metatarsalgia. Expenses incurred for the care and treatment of Injury, infection or disease are not excluded;
26. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
27. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
28. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
29. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
30. Expense incurred for eye examinations or prescriptions, eyeglasses, contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
31. Routine periodical physical examinations, except as specifically provided;

(continued on page 20)

EXCLUSIONS (continued from page 19)

32. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
33. Expenses for any service or supply not specified in this Policy as a covered service;
34. An amount of a charge in excess of the Reasonable and Customary Expense;
35. Elective Treatment or elective surgery, except as specifically provided;
36. Services not Medically Necessary;
37. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
38. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile, except as specified herein;
39. Suicide, attempted suicide or intentionally self-inflicted injury;
40. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
41. Voluntary or elective abortion;
42. Expense incurred for any service, treatment or supply for the diagnosis or treatment of sexual dysfunction (including erectile dysfunction). This includes, but is not limited to, drugs, laboratory and x-ray tests, counseling, transsexual procedures or penile prostheses necessary due to any medical condition or organic disease. A penile prosthesis will be eligible for payment only after prostate surgery; Doctor-prescribed Viagra will be limited to six (6) tablets per month;
43. Expense incurred for: topical acne treatments, moles, non-malignant warts or lesions, fertility medication; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit;
44. Expenses incurred for services or supplies for the diagnosis and treatment of sleep disorders, including but not limited to apnea monitoring and sleep studies;

(continued on page 21)

EXCLUSIONS (continued from page 20)

45. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury;
46. Services, supplies and facility that are provided mainly for a rest cure, maintenance or custodial care;
47. Any treatment, service or supply in excess of the maximum benefit specified in this Policy; and
48. Nicotine addiction.

PRE-EXISTING CONDITIONS LIMITATION

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

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

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

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

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

Creditable Coverage

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

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PRE-EXISTING CONDITIONS (continued from page 21)

Creditable Coverage includes coverage under any of the following:

1. An employee group health plan;
2. Health insurance or Health Maintenance Organization coverage;
3. Medicare;
4. Medicaid;
5. Chapter 55 of title 10, United States Code. (CHAMPUS);
6. A medical care program of the Indian Health Services or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under the Federal Employee Health Benefits Program;
9. A public health plan as defined under Federal regulations;
10. A health benefit plan under Section 5(e) of the Peace Corps Act;
11. Any other similar coverage permitted under State/ Federal law or regulations;
12. Any other Creditable Coverage as defined by subsection (c) of section 2701 of Title XXVII of the Federal Public Health Services Act; or
13. Any other publicly sponsored program, provided in this state or elsewhere, or medical, hospital and surgical care.

Exceptions

The Pre-Existing Condition exclusion does not apply to any of the following:

1. Pregnancy, including complications, if such condition is covered under the policy;
2. A covered newborn dependent child who, as of the last day of the 30-day period beginning with the date of birth, is covered under Creditable Coverage; or
3. A covered adopted dependent child under the age of 18, who, as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage (except this shall not apply to coverage the adopted child may have had before such adoption or placement).

EXCESS COVERAGE

After the Company pays an initial amount of \$100, no benefits in excess of this initial amount are payable under this Policy for any expense incurred for Injury or Sickness which is paid or payable by other valid and collectible insurance except under an automobile insurance policy. Benefits paid or payable by other valid and collectible insurance include benefits that would have been received had a claim for benefits been duly made therefore.

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.

DEFINITIONS

The following important definitions apply to this plan:

Accident means a specific unforeseen, unintended and unexpected event, which directly, and from no other cause, results in an Injury.

Covered Charge means those charges for any treatment, services or supplies that are: 1) for network providers, not in excess of the Preferred Allowance; 2) for non-network providers, not in excess of the Reasonable and Customary Expenses; 3) not in excess of the charges that would have been made in the absence of this insurance; and 4) incurred while the policy is in force for the Insured.

Emergency means 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 patient's life or health would be in serious jeopardy;
2. Bodily functions would be seriously impaired; or
3. A body organ or part would be seriously damaged.

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 above listed complications.

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 that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply shall be considered "needed" if it:

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

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

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DEFINITIONS (continued from page 23)

Pre-Existing Condition means a Sickness, Injury or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a doctor during the six (6) consecutive months prior to the Effective Date of the Insured's coverage under the policy. Pregnancy, including complications of pregnancy, will not be considered a pre-existing condition.

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

Reasonable and Customary Expenses (R&C) fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

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 under age 18 who: a) 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 b) meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

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

CLAIM PROCEDURE

In the event of Injury or Sickness:

1. Students must report to the Student Health Service first for treatment or referral or, when not in school, to the nearest Doctor or hospital. In the case of a medical emergency, call 911 or go to the nearest emergency room. The deductible is waived if the insured student first utilizes and/or is first referred by the Student Health Service or if the Student Health Service is closed. This does not apply to dependents and non-student exchange visitors.
Students may submit a claim for treatment or services received at the SHS for which they had to pay out-of-pocket.
2. Dependents, non-student exchange visitors 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 First Health Network (PPO) may decrease your costs. For a complete listing of the PPO hospital and Doctor facilities, call **1-800-226-5116** or visit **www.myfirsthealth.com**.
3. If you go to a doctor's office or to the hospital, be sure to show your identification card. Dependents covered under the plan do not receive separate ID cards and may use the insured student's ID card to obtain treatment. 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**.
4. 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/claremont**.
 - b) Be sure to include your policy number (as shown on your insurance ID card) on the claim form.
 - c) Answer all of the questions and be sure to sign the claim form before submitting it.
5. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.

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CLAIM PROCEDURE (continued from page 25)

6. 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 a completed claim form. Bills cannot be considered unless all of the information required on the claim form is submitted.
 - b) A properly completed claim form must be submitted for each Injury or Sickness.
7. The claim form and bills should be sent to:

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

Providers may submit claims electronically:
PAYER ID 95397
8. 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**.

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.

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

For Emergency Medical or Travel Assistance, call MEDEX:

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

Always keep a copy of all documents submitted for claims.

Carry your insurance identification card with you at all times.

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 Persons' 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: 1-800-537-1777
Facsimile: 1-310-394-0142
Website: www.renstudent.com

The student understands that, by his/her signature on the Enrollment Form, he/she is authorizing the school to disclose and verify student information for insurance purposes, including enrollment status, student id number, birthdate and other information pertinent to maintaining student insurance eligibility.

DELOS INSURANCE COMPANY HIPAA NOTICE OF PRIVACY PRACTICES

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

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

We are required by HIPAA and certain state laws to maintain the privacy of our members’ protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. Copies of the revised notices will be available online or may be obtained by mailing a request to your designated contact point under the Summary of Privacy Policy on page 27.

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

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

1. Names;
2. Street address, city, county, precinct, zip code;
3. Dates directly related to a member, including birth date, admission date, discharge date and date of death;
4. Telephone numbers, fax numbers and electronic mail addresses;
5. Social Security numbers;
6. Medical record numbers;
7. Health plan beneficiary numbers;
8. Account numbers;
9. Certificate/license numbers;
10. Vehicle identifiers and serial numbers, including license plate numbers;
11. Device identifiers and serial numbers;
12. Web Universal Resource Locators (URL’s);

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HIPAA NOTICE (continued from page 28)

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

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

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

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

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

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

Family and Friends Involved in Your Care. With your approval, we may from time to time disclose your protected health information to designated family, friends and others who are involved in your care or in payment for your care in order to facilitate that person’s involvement in caring for you or paying for your care. If you are unavailable, incapacitated or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health

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HIPAA NOTICE (continued from page 29)

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.

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: Delos Insurance Company

Policy Number: DSP00001-09

For questions regarding benefits or claims:
Personal Insurance Administrators, Inc.
1-800-468-4343

For questions regarding eligibility or enrollment:
Renaissance Agencies, Inc.
1-800-537-1777

**To download claim forms, ID cards, or
a copy of this brochure, please visit:**
www.renstudent.com/claremont

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 his or her 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 to this booklet. 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. If there is a problem with your ID card, contact Renaissance Agencies, Inc. at **1-800-537-1777**.

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

Only one permanent ID card will be mailed to you each school year (not one each term).

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

If the College/University pays for the cost of coverage for the student under this plan, the Insured should check with the College/University regarding the school's refund policy. If the student is responsible for submitting payment for the costs of coverage, there are no premium refunds, except in the case the Insured returns to the home country or country of regular domicile or when the student enters full-time active military service, in which case a pro rata refund will be issued only upon written proof from the College/University. Please contact Renaissance Agencies, Inc. at 1-800-537-1777 for more details.

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?

You pay a **\$100 deductible** per Policy Year. The deductible is waived if you first utilize and/or are first referred by the Student Health Service or if the Student Health Service is closed (this does not apply to dependents and non-student exchange visitors). After you pay the deductible, the insurance company will pay 100% for a PPO or 80% for a non-PPO for most covered charges. There is also a \$10 copay for office visits. Please see the brochure for further explanation of benefits.

What do I do if I get sick or injured?

In the event of Injury or Sickness:

- Students must report to the Student Health Service first for treatment or referral or, when not in school, to the nearest Doctor or hospital. In the case of a medical emergency, call 911 or go to the nearest emergency room. The deductible is waived if you first utilize and/or are first referred by the Student Health Service or if the Student Health Service is closed (this does not apply to dependents and non-student exchange visitors).

Dependents, non-student exchange visitors 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 First Health Network (PPO) may decrease your costs. For a complete listing of the PPO hospital and Doctor facilities, call **1-800-226-5116** or visit **www.myfirstthealth.com**.

If you go to a doctor's office or to the hospital, be sure to show your identification card. Dependents covered under the plan do not receive separate ID cards and may use the insured student's ID card to obtain treatment. 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**.

How do I get my medical bills paid?

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

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

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.

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

For Emergency Medical or Travel Assistance, call MEDEX:
 1-800-527-0218 or 1-410-453-6330
 Program No. 995

Always carry your insurance identification card with you.
Always keep a copy of all documents submitted for claims.

**2009-2010 CLAREMONT COLLEGES
 STUDENT INSURANCE PLAN ENROLLMENT FORM**

- PLEASE INDICATE WHAT TYPE OF STUDENT YOU ARE**
 - CLAREMONT GRADUATE UNIVERSITY DOMESTIC STUDENT
 - HARVEY MUDD COLLEGE DOMESTIC STUDENT
 - KECK GRADUATE INSTITUTE DOMESTIC STUDENT
 - POMONA COLLEGE DOMESTIC STUDENT (FROM 3RD YEAR ON)
 - SCRIPPS COLLEGE DOMESTIC STUDENT
 - SCRIPPS COLLEGE INTERNATIONAL STUDENT

ALL OTHER STUDENTS ARE ENROLLED THROUGH THE SCHOOL AND DO NOT NEED TO COMPLETE AN ENROLLMENT FORM.

2. 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	
GENDER	STUDENT'S E-MAIL ADDRESS		

3. MARK THE PLAN YOU HAVE SELECTED

THE COSTS INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

NEW STUDENTS ONLY

	ANNUAL	FALL	SPRING/ SUMMER	SUMMER
	8/07/09	8/07/09	1/08/10	5/17/10
	to	to	to	to
	8/27/10	1/08/10	8/27/10	8/27/10
DEADLINE	09/07/09	09/07/09	02/08/10	06/17/10*

STUDENTS UNDER AGE 26

STUDENT \$ 1,224.00 \$ 422.00 \$ 812.00 \$ 314.00

STUDENTS AGE 26 AND OVER

STUDENT \$ 1,624.00 \$ 558.00 \$ 1,076.00 \$ 414.00

* STUDENTS ENROLLED IN SUMMER PROGRAMS THAT BEGIN AFTER THE ENROLLMENT DEADLINE WILL HAVE AN ADDITIONAL 2 WEEKS FROM THE START DATE OF THEIR PROGRAM TO ENROLL FOR THE COVERAGE.

CONTINUING STUDENTS

	ANNUAL	FALL	SPRING/ SUMMER
	8/27/09	8/27/09	1/08/10
	to	to	to
	8/27/10	1/08/10	8/27/10
DEADLINE	09/27/09	09/27/09	02/08/10

STUDENTS UNDER AGE 26

STUDENT \$ 1,224.00 \$ 422.00 \$ 812.00

STUDENTS AGE 26 AND OVER

STUDENT \$ 1,624.00 \$ 558.00 \$ 1,076.00

4. SEE REVERSE SIDE OF FORM

**2009-2010 CLAREMONT COLLEGES
STUDENT INSURANCE PLAN
DEPENDENT ENROLLMENT FORM**

5. MAKE CHECK OR MONEY ORDER PAYABLE TO:
DELOS INSURANCE COMPANY

6. RETURN PAYMENT WITH ENROLLMENT FORM TO:
RENAISSANCE AGENCIES, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

ENROLLMENT FORM AND PAYMENT MUST BE POSTMARKED BY THE DEADLINE DATE LISTED.

7. STUDENT MUST SIGN FORM BELOW.
I HAVE READ THE CONDITIONS CONCERNING ELIGIBILITY AND COVERAGE TERMS IN THIS BOOKLET.

STUDENT'S SIGNATURE DATE SIGNED

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	
GENDER	STUDENT'S E-MAIL ADDRESS		

2. PLEASE INDICATE WHICH COLLEGE YOU ATTEND

- | | |
|--|--|
| <input type="checkbox"/> CLAREMONT GRAD. UNIV. | <input type="checkbox"/> POMONA COLLEGE |
| <input type="checkbox"/> CLAREMONT MCKENNA | <input type="checkbox"/> SCRIPPS COLLEGE |
| <input type="checkbox"/> KECK GRADUATE INSTITUTE | <input type="checkbox"/> HARVEY MUDD COLLEGE |
| <input type="checkbox"/> PITZER COLLEGE | |

3. PLEASE INDICATE WHAT TYPE OF STUDENT YOU ARE

- DOMESTIC INTERNATIONAL

4. MARK THE TERM FOR WHICH YOU ARE BUYING COVERAGE

NEW STUDENTS ONLY

TERM	DEADLINE DATE
<input type="checkbox"/> ANNUAL (8/07/09 to 8/27/10)	9/07/09
<input type="checkbox"/> FALL (8/07/09 to 1/08/10)	9/07/09
<input type="checkbox"/> SPRING/SUMMER (1/08/10 to 8/27/10)	2/08/10
<input type="checkbox"/> SUMMER (5/17/10 to 8/27/10)	6/17/10*

* STUDENTS ENROLLED IN SUMMER PROGRAMS THAT BEGIN AFTER THE ENROLLMENT DEADLINE WILL HAVE AN ADDITIONAL 2 WEEKS FROM THE START DATE OF THEIR PROGRAM TO ENROLL FOR THE COVERAGE.

CONTINUING STUDENTS

TERM	DEADLINE DATE
<input type="checkbox"/> ANNUAL (8/27/09 to 8/27/10)	9/27/09
<input type="checkbox"/> FALL (8/27/09 to 1/08/10)	9/27/09
<input type="checkbox"/> SPRING/SUMMER (1/08/10 to 8/27/10)	2/08/10

DEPENDENTS MUST BE ENROLLED IN THE SAME TERM IN WHICH THE STUDENT IS ENROLLED.

5. MARK THE COVERAGE YOU HAVE SELECTED

THE COSTS INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

	ANNUAL	FALL	SPRING/ SUMMER	SUMMER
STUDENTS UNDER AGE 26				
SPOUSE	<input type="checkbox"/> \$ 2,907.00	<input type="checkbox"/> \$ 994.00	<input type="checkbox"/> \$ 1,923.00	<input type="checkbox"/> \$ 734.00
CHILD(REN)	<input type="checkbox"/> \$ 2,017.00	<input type="checkbox"/> \$ 692.00	<input type="checkbox"/> \$ 1,336.00	<input type="checkbox"/> \$ 512.00
STUDENTS AGE 26 AND OVER				
SPOUSE	<input type="checkbox"/> \$ 3,858.00	<input type="checkbox"/> \$ 1,317.00	<input type="checkbox"/> \$ 2,551.00	<input type="checkbox"/> \$ 972.00
CHILD(REN)	<input type="checkbox"/> \$ 2,017.00	<input type="checkbox"/> \$ 692.00	<input type="checkbox"/> \$ 1,336.00	<input type="checkbox"/> \$ 512.00

6. COMPLETE INFORMATION ON REVERSE SIDE OF FORM

7. 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	GENDER
SPOUSE _____	_____	_____	_____	_____	_____
CHILD _____	_____	_____	_____	_____	_____
CHILD _____	_____	_____	_____	_____	_____
CHILD _____	_____	_____	_____	_____	_____

8. MAKE CHECK OR MONEY ORDER PAYABLE TO:
DELOS INSURANCE COMPANY


9. RETURN PAYMENT WITH ENROLLMENT FORM TO:
RENAISSANCE AGENCIES, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

10. STUDENT MUST SIGN FORM BELOW. I AM ENROLLED IN THE SAME TERM OF COVERAGE FOR WHICH MY DEPENDENT(S) ARE ENROLLING. I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE AS OUTLINED IN THIS BROCHURE.

STUDENT'S SIGNATURE _____

DATE SIGNED _____

DETACH ID CARD AND RETAIN IF YOU ENROLL

Underwritten by DELOS INSURANCE COMPANY Policy Number: DSP00001-09	Express Scripts Group# RQSR
INSURED STUDENT _____	
THE CLAREMONT COLLEGES 2009-2010 STUDENT HEALTH INSURANCE PLAN Both the effective and termination dates of coverage are subject to verification by the Company.	
There is a \$10 copay for office visits.	
	For information on PPO Providers, visit www.myfirsthealth.com or call 1-800-226-5116

For questions regarding benefits or claims:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

1-800-468-4343

www.piaclaims.com

For questions regarding eligibility or enrollment:

Renaissance Agencies, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

1-800-537-1777

CA License No. 0697235

**To download claim forms, ID cards, or
a copy of this brochure, please visit:**

www.renstudent.com/claremont

This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of blanket injury and sickness insurance underwritten by Delos Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number DSP00001-09) has been issued to your school which contains the benefits and provisions which apply to the plan of insurance sponsored by your school. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference.

SUBMIT CLAIMS ELECTRONICALLY: PAYER ID 95397

SUBMIT CLAIMS BY MAIL TO:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

Toll-Free 1-800-468-4343

www.piaclaims.com

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



**First Health
Network**

For information on PPO Providers,
visit www.myfirsthealth.com
or call **1-800-226-5116**