

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



**Western
University**
OF HEALTH SCIENCES

*The discipline of learning.
The art of caring.*

College of Osteopathic Medicine of the Pacific

College of Allied Health Professions

College of Pharmacy

College of Graduate Nursing

College of Veterinary Medicine

College of Optometry

College of Dental Medicine

College of Podiatric Medicine

Graduate College of Biomedical Sciences

underwritten by

Nationwide Life Insurance Company

policy number

302-077-0407

ID CARD

A temporary ID card is attached to this brochure.

Please detach and retain for proof of coverage.

You may download a permanent ID card from:

www.renstudent.com/wuhs

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ATTENTION

A temporary ID card is attached to this brochure. Please detach and retain for proof of coverage. You can also download a permanent ID card from:

www.renstudent.com/wuhs

Your insured dependents may also use your ID card to obtain treatment.

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

Always carry your identification card with you.

ELIGIBILITY

Students

All registered students who pay the University's registration fees will be automatically insured under this plan, unless the student submits a completed waiver form as evidence of having comparable coverage under another health insurance plan.

Dependents

Eligible students who do enroll may also insure their Eligible dependents under the Accident and Sickness Insurance Plan. An eligible dependent is the insured student's: 1) spouse residing with the insured student; or 2) unmarried children under the age of 19 years (23 if a full-time student at an accredited school).

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

The insured student will have the right to continue such coverage for the child beyond 31 days. To continue the coverage the insured student must, within 31 days after the birth, adoption or placement for adoption: 1) apply to the Company; and 2) pay the required additional premium for the continued coverage.

If the insured student does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth, adoption or placement for adoption.

TERMS OF COVERAGE

Students

Coverage for students under the Student Accident and Sickness Insurance Plan becomes effective at 12:01 a.m. on the first date of the applicable term for which the insured student is enrolled.

Coverage terminates at 12:01 a.m. on the last date of the applicable school term for which the Insured is enrolled.

Dependents

Coverage for eligible dependents 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 be 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

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TERMS OF COVERAGE (continued from page 1)

Renaissance Agencies, Inc., said effective date not to be earlier than 12:01 a.m. of the effective date of the Term for which the eligible dependent enrolls.

Dependent coverage can only be purchased for the same term for which student coverage has been purchased. Because a separate Enrollment Form is required for students applying for dependent coverage, it is possible that the student and the student's dependent(s) may have varying effective dates of coverage, depending on when the Enrollment Form is received. However, a dependent's coverage cannot be in effect at any time the insured student's coverage is not in effect.

Coverage for dependents terminates at 12:01 a.m. on the last date of the applicable school term for which the Insured is enrolled.

Effective and termination dates for the 2009–2010 school year shall comply with the calendar announcements by Western University of Health Sciences as follows:

DO	First & Second Year Third & Fourth Year	8/1/09 to 8/1/10 6/1/09 to 6/1/10
ISAC	All Classes	6/1/09 to 8/1/10
SMSPP	All Classes	6/1/09 to 8/1/10
PharmD	First, Second & Third Year Fourth Year	8/1/09 to 8/1/10 6/1/09 to 6/1/10
IPBP	First Year Second Year Third Year	6/1/09 to 8/1/10 8/1/09 to 6/1/10 8/1/09 to 6/1/10
MSBS	First Year	1/1/10 to 8/1/10
MCPP	All Classes	6/1/09 to 6/1/10
MS Pharm Sci	All Classes	8/1/09 to 8/1/10
MSPA	All Classes	8/1/09 to 8/1/10
MSN/FNP/DNP	All Classes	8/1/09 to 8/1/10
MSN-E	All Classes	8/1/09 to 8/1/10
DVM	All Classes	8/1/09 to 8/1/10
MSHS	All Classes	8/1/09 to 8/1/10
DPT	All Classes	8/1/09 to 8/1/10
DPM	All Classes	8/1/09 to 8/1/10
DMD	All Classes	8/1/09 to 8/1/10
OD	All Classes	8/1/09 to 8/1/10

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.

COSTS OF COVERAGE

Annual	Basic Benefits	Optional Major Medical
Students		
SMSPP	\$ 1,356.00	\$ 348.00
DO - ISAC Program	\$ 1,356.00	\$ 348.00
IPBP (1st Year)	\$ 1,356.00	\$ 348.00
DO	\$ 1,164.00	\$ 298.00
MSPA	\$ 1,164.00	\$ 298.00
PharmD	\$ 1,164.00	\$ 298.00
IPBP	\$ 1,164.00	\$ 298.00
MCPP	\$ 1,164.00	\$ 298.00
MSN/FNP/DNP	\$ 1,164.00	\$ 298.00
MSN-E	\$ 1,164.00	\$ 298.00
DVM	\$ 1,164.00	\$ 298.00
DPT	\$ 1,164.00	\$ 298.00
MSHS	\$ 1,164.00	\$ 298.00
MS Pharm Sci	\$ 1,164.00	\$ 298.00
DPM	\$ 1,164.00	\$ 298.00
DMD	\$ 1,164.00	\$ 298.00
OD	\$ 1,164.00	\$ 298.00
IPBP (2nd and 3rd Year)	\$ 973.00	\$ 248.00
MSBS	\$ 680.00	\$ 174.00

Dependents of

ISAC, SMSPP and IPBP Students (1st Year)

One Dependent	\$ 2,888.00	\$ 1,191.00
Two or More Dependents	\$ 3,424.00	\$ 1,465.00

Dependents of IPBP Students (2nd and 3rd Year)

One Dependent	\$ 2,068.00	\$ 851.00
Two or More Dependents	\$ 2,452.00	\$ 1,047.00

Dependents of MSBS Students

One Dependent	\$ 1,446.00	\$ 596.00
Two or More Dependents	\$ 1,715.00	\$ 733.00

Dependents of All Other Students

One Dependent	\$ 2,478.00	\$ 1,021.00
Two or More Dependents	\$ 2,938.00	\$ 1,256.00

PREMIUM REFUNDS

No premium refunds are permitted, except when the student enters the armed forces, in which case a pro rata refund will be made upon request, less any claims paid.

PREFERRED PROVIDER ORGANIZATION

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

This plan has incorporated into the coverage access to the California Foundation for Medical Care Network of Hospitals and Physicians (PPO), which is available for local and statewide medical care. Access to the First Health Network PPO is available for medical care nationwide, when seeking treatment outside of California.



PPO Providers

Network access provides benefits for Covered Charges incurred at 80% of PPO charges when treated by network providers. When an Insured has incurred \$3,000 of out-of-pocket Covered Charges for treatment by PPO providers, for all conditions during a Plan year (including deductibles and copays), the Company payment for Covered Charges incurred for treatment by PPO providers will increase to 100% for the remainder of said Plan year, up to the lifetime aggregate maximum of \$50,000 per Sickness or Injury.

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 the PPO Hospital and Physician facilities in California, call CFMC at 1-800-334-7341 or visit www.cfmnet.org.

For medical providers outside of California, call First Health Network toll-free at 1-800-226-5116 or visit www.myfirsthealth.com.

Non-PPO Providers

Benefits are provided worldwide for Covered Charges incurred at 60% of Reasonable and Customary Expenses (R&C) when treated by non-network providers. When an Insured has incurred \$5,000 of out-of-pocket Covered Charges for treatment by non-PPO providers, for all conditions during a Plan year (including deductibles and copays), the Company payment for Covered Charges incurred for treatment by non-PPO providers will increase to 100% for the remainder of said Plan year, up to the lifetime aggregate maximum of \$50,000 per Sickness or Injury.

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 he or she is 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. Also, if you have surgery, make sure the anesthetist is a network provider or you will be required to pay the higher coinsurance.

BASIC MEDICAL EXPENSE BENEFITS

\$50,000 Maximum Benefit per Injury or Sickness
\$200 Deductible per Plan Year
\$20 Office Visit Copay

Covered Charges must be incurred within 13 weeks after the date of Injury or the date of the first treatment for Sickness.

After the \$200 deductible is satisfied, the Policy provides benefits for Covered Charges incurred, up to the limits shown below, for Loss due to a covered Injury or Sickness, up to the \$50,000 maximum benefit per Injury or Sickness, except Injury due to a motor vehicle Accident is limited to \$5,000 per Accident.

Covered Charges include the following:

Inpatient

Room and Board Expense, daily semi-private room rate and general nursing care provided by the hospital	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Intensive Care	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs or medicines, physical therapy, therapeutic services and supplies	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Surgeon's Fees, including assistant surgeon, in accordance with the 1974 Relative Value Schedule	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Anesthetist	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Registered Nurse's Services, private duty nursing care	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Doctor Visits, limited to one visit per day (does not apply when related to surgery)	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized

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BASIC BENEFITS (continued from page 5)

Inpatient (continued)	
Pre-Admission Testing	Paid under Hospital Miscellaneous
Mental or Nervous Conditions*, Alcohol and Drug Abuse	50% of R&C, up to a \$1,000 maximum (does not apply to treatment of Severe Mental Illness)
Outpatient	
Medical Emergency expenses, use of the emergency room and supplies	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Mental or Nervous Conditions*, Alcohol and Drug Abuse	After a \$20 copay, 50% of R&C, up to a \$1,000 maximum (does not apply to treatment of Severe Mental Illness)
Surgeon's Fees, in accordance with the 1974 Relative Value Schedule	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Anesthetist	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Day Surgery Miscellaneous	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Diagnostic X-Ray and Laboratory Services	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Radiation Therapy and Chemotherapy	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Doctor Visits, limited to one visit per day (does not apply when related to surgery)	After a \$20 copay, 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Physiotherapy, including chiropractic and acupuncture, payable only for a condition that required surgery or Hospital Confinement	After a \$20 copay, 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
*Treatment of Severe Mental Illness will be paid the same as any other Sickness. See definition on page 14.	

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BASIC BENEFITS (continued from page 6)

Outpatient (continued)	
Prescription Drugs (including prescription contraceptives)	<p>Generic: \$15 copay</p> <p>Preferred Brand Name: \$25 copay</p> <p>Non-Preferred Brand Name* (only those listed below): \$45 copay</p> <p>In addition, Accutane (generic and brand name) is subject to a 50% copay.</p> <p>The copay applies to each 30-day supply.</p> <p>All prescriptions are limited to a \$3,000 maximum per plan year.</p> <p>Prescriptions are only available through the Express Scripts prescription drug card program. Benefits are not available from pharmacies that are not members of the Express Scripts network. To locate an Express Scripts pharmacy, visit the website www.Express-Scripts.com or call 1-800-447-9638.</p> <p>*Non-Preferred Brand Name prescriptions that will be covered include only the following: Adderall XR, Effexor XR, Differin, Yaz, Lexapro, Solodyn, Yasmin, Doryx, Clobex, Ritalin LA, Amerge, Strattera, Concerta, Loestrin 24 FE, Depakote ER, Ambien CR, Locoid Lipocream, Coreg CR, Prevacid and Imitrex</p>
<p>Only for prescriptions filled at an Express Scripts pharmacy.</p> <p>Prescriptions for Lamisil and Sporanox are not covered.</p> <p>Students will be charged for the difference between Brand Name and Generic prescriptions unless DO NOT SUBSTITUTE is indicated on the prescription.</p>	
Other	
Ambulance Services	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Dental treatment, made necessary by Injury to sound natural teeth	80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Consultant	After a \$20 copay, 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized

OPTIONAL MAJOR MEDICAL BENEFIT

\$100,000 Maximum Lifetime Benefit

This option must be purchased at the time of initial enrollment in the plan and may not be added later.

After the maximum benefit of \$50,000 has been paid by the Company under the Basic Benefits, the Company will pay 100% of additional Covered Charges incurred up to \$100,000 per lifetime. No benefits will be paid under Major Medical for room and board expenses which exceed the semi-private room rate or for Mental or Nervous Conditions. The maximum lifetime benefit will not exceed an amount determined by subtracting from \$100,000 all amounts paid to the Insured Person under any student accident and health policy issued to Western University of Health Sciences.

Covered Charges must be incurred within 13 weeks after the date of Injury or the date of the first treatment for 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 an Insured 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) HIV testing (up to a maximum of two (2) tests per plan year); 15) AIDS vaccine; 16) reconstructive surgery under certain circumstances; 17) telemedicine medical services; 18) prescription contraceptive drugs or devices (if there is a prescription drug benefit); 19) treatment of conditions relating to diethylstilbestrol exposure; 20) Medically Necessary surgical treatment for jawbone conditions (TMJ); and 21) maternity services as provided by CA Insurance Code section 10123.87 (a). Please see the Policy on file with the University for further details.

LIMITATIONS

1. Benefits for surgical expenses include all Doctor's expenses for office and hospital visits except expenses for consulting services by a consulting Doctor, which are payable in addition to surgical benefits.
2. When Injury or Sickness requires multiple surgical procedures through the same incision, the Company will pay an amount not less than that for the most expensive procedure being performed. Multiple surgical procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the covered percentage of the Covered Charge of the most expensive surgical procedure then being performed, and with regard to the less expensive surgical procedure in an amount equal to 50% of the covered percentage of the Covered Charge for these procedures.

EXCLUSIONS

The Policy does not cover nor provide benefits for:

1. Services normally provided without charge by the university's student health service center, infirmary, or hospital, or by health care providers employed by the university;
2. Preventative medicines (except anti-toxins for an Injury), serums or vaccines, except as specifically provided;
3. Pre-existing Conditions as defined herein;
4. 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;
5. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports and professional sports;
6. 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;
7. Illness, Accident, treatment or medical condition arising out of skydiving or parachuting;
8. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
9. Expense incurred as the result of dental treatment. This exclusion does not apply to treatment resulting from Injury to natural teeth;

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EXCLUSIONS (continued from page 9)

10. 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 treatment;
11. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
12. 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;
13. Injury due to participation in a riot;
14. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
15. For services or supplies rendered by a close relative of the Insured Person. By "close relative" the Company means an Insured Person's spouse, children, parents, brothers and sisters;
16. 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;
17. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
18. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
19. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
20. Routine periodical physical examinations except as specifically provided;
21. Expenses incurred for allergy testing and allergy treatment;
22. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
23. An amount of a charge in excess of the Reasonable and Customary Expense;
24. Elective Treatment or elective surgery, except as specifically provided;
25. Services not Medically Necessary;
26. 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;

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EXCLUSIONS (continued from page 10)

27. Injuries incurred by the Insured Person while intoxicated or under the influence of any drug unless taken as prescribed by a Doctor, in excess of \$25,000 per plan year;
28. Expense incurred for treatment of moles, non-malignant warts and lesions;
29. Voluntary or elective abortion;
30. 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; and
31. Expense incurred for non-surgical treatment of temporomandibular joint dysfunction and associated myofascial pain.

PRE-EXISTING CONDITION 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 Person's coverage under this 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 this Policy and begins on the Insured Person's Effective Date.

If an Insured Person 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 Person'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 this Policy. If the Insured Person has a lapse in coverage, the Pre-existing Condition Waiting Period will have to be satisfied again.

Creditable Coverage

Creditable Coverage 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, as well as the following:

1. An employee group health plan;
2. Health insurance or Health Maintenance Organization coverage;

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PRE-EXISTING CONDITIONS (continued from page 11)

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 this 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 PROVISION

No benefit under this Plan is payable for any expense incurred, in excess of \$50, for Injury or Sickness which is paid or payable by other valid and collectible medical, health or Accident insurance. However, Injury due to motor vehicle Accident is limited to \$5,000 per Accident. Covered Charges exclude amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.

DEFINITIONS

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.

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 this Policy is in force as to the Insured.

Covered Charges for treatment of diabetes shall include: 1) blood glucose monitors and blood glucose testing strips; 2) blood glucose monitors designed to assist the visually impaired; 3) insulin pumps and all related necessary supplies; 4) ketone urine testing strips; 5) lancets and lancet puncture devices; 6) pen delivery systems for the administration of insulin; 7) podiatric devices to prevent or treat diabetes-related complications; 8) insulin syringes; 9) visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin; and 10) outpatient self-management training, education, and medical nutrition therapy, as Medically Necessary, without a prescription or upon the direction or prescription of the attending Doctor.

Doctor means: 1) a legally qualified physician licensed by the state in which he or she practices; 2) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or 3) a certified nurse-midwife while acting within the scope of that certification.

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

Hospital Confined or **Hospital Confinement** means a stay of 18 or more consecutive hours as a resident bed patient in a hospital. The term "inpatient" is the same as Hospital Confinement.

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.

Loss means medical expense covered by this Policy as a result of Injury or Sickness as defined herein.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a Loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

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DEFINITIONS (continued from page 13)

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.

Mental or Nervous Conditions means those conditions listed in the standard nomenclature of the American Psychiatric Association, other than a Severe Mental Illness or Serious Emotional Disturbances of a Child.

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

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

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 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

In the event of Injury or Sickness the Insured should:

1. Obtain treatment from the nearest Doctor or hospital. You may choose any Doctor or hospital, but using the Doctors and hospitals available through the PPO networks may decrease your costs. For a complete listing of the PPO Doctor or hospital facilities in California, call CFMC at **1-800-334-7341** or visit www.cfmnet.org. For medical providers outside of California, call First Health Network toll-free at **1-800-226-5116** or visit www.myfirsthealth.com.
2. If you go to a Doctor's office or to the hospital, be sure to show your identification card (attached to this brochure). If the Doctor or hospital needs to verify your coverage, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

Carry your insurance ID card with you at all times.

3. After you receive treatment, complete the insurance company claim form. Claim forms are available from the Western University of Health Sciences Office of Student Affairs, Personal Insurance Administrators, Inc. or you may download a claim form from www.renstudent.com/wuhs.
4. Follow the instructions listed on the claim form.
5. Send claim form along with itemized hospital and medical bills to:

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

Providers may submit claims electronically:
PAYER ID 95397

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

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

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

Always keep a copy of all documents submitted for claims.

CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE

If an Insured is no longer eligible to be insured under the plan, the Insured 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 Insured 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 Insureds and we are committed to protecting the privacy of Insureds. We do not disclose any nonpublic information about Insureds to anyone, except as permitted or required by law. We do not sell or otherwise disclose Insured's personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about Insureds from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. Insureds have the right to access, review and correct all personal information collected. Insureds may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing the Policy, by writing to the address or visiting the website shown below. Insureds 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

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 16.

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.

(continued on page 18)

HIPAA NOTICE (continued from page 17)

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);
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.

(continued on page 19)

HIPAA NOTICE (continued from page 18)

Uses and Disclosures for Health Care Operations.

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

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

(continued on page 20)

HIPAA NOTICE (continued from page 19)

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.

**WESTERN UNIVERSITY OF HEALTH SCIENCES
STUDENT INSURANCE PLAN
FREQUENTLY ASKED QUESTIONS**
*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:
302-077-0407

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

For questions regarding eligibility or enrollment:
Renaissance Agencies, Inc.
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/wuhs

Am I covered? When does my coverage begin and end? How do I enroll my dependents?

All registered students are covered under the Basic Plan automatically for the term in which they're enrolled, unless they have waived coverage. If a student wants to enroll in the Optional Plan as well, they must notify the school at the time of enrollment. Please see page 2 of the brochure for the term dates.

Dependents may be enrolled at any time during the term in which the student is enrolled. However, premiums cannot be pro-rated for late enrollment. Dependents can be enrolled by submitting an Enrollment Form (attached) and premium payment. Effective Dates for dependents are explained on page 1 and 2 of the brochure.

Please note the company does not send renewal notices to students/dependents when their coverage terminates.

Can I get a premium refund if I no longer need/want the insurance?

No premium refunds are permitted, except when the student enters the armed forces, in which case a pro rata refund will be made upon request.

If a student wants to waive out of the coverage, they must contact the school. Please contact Debbie Harvey in Student Affairs at 1-909-469-5343 for further information.

Can I still have coverage if I graduate or take a leave of absence?

No. Only registered students are eligible to be covered under the plan. For information on temporary short-term insurance plans available, contact Renaissance Agencies, Inc. at 1-800-537-1777 or visit www.renstudent.com/shortterm.

Where do I get an ID card?

A temporary ID card is attached to this brochure. Please detach and retain for proof of coverage. Once enrolled, you may also download a permanent ID card from www.renstudent.com/wuhs. Your insured dependents may also use your ID card to obtain treatment.

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

Is pregnancy covered under the plan?

Pregnancy, including complications of pregnancy, is covered the same as any other Sickness. Please contact Personal Insurance Administrators, Inc. at **1-800-468-4343** for further details.

Are immunizations covered under the plan?

Immunizations and other preventive treatments are not covered under this plan. Please contact Personal Insurance Administrators, Inc. at **1-800-468-4343** for further details.

What do I have to pay?

You pay a **\$200 deductible** per policy year. After you pay the deductible, you will be responsible for 20% of the Preferred Allowance when treated by network providers or 40% of R&C when treated by non-network providers, under the Basic Plan, except as specified herein. If the Optional Coverage has been purchased, after the maximum benefit of \$50,000 has been paid by the Company under the Basic Plan, the Company will pay 100% of additional Covered Charges. There is also a \$20 copay for all office visits.

What doctors can I go to? Is my doctor part of the PPO network?

You may choose any Doctor or hospital, but using the Doctors and hospitals available through the PPO networks may decrease your costs. For a complete listing of the PPO Doctor or hospital facilities in California, call CFMC at **1-800-334-7341** or visit **www.cfmnet.org**. For medical providers outside of California, call First Health Network toll-free at **1-800-226-5116** or visit **www.myfirsthealth.com**.

What do I do if I get sick or injured?

- Obtain treatment from the nearest Doctor or hospital. You may choose any Doctor or hospital, but using the Doctors and hospitals available through the PPO networks may decrease your costs. For a complete listing of the PPO Doctor or hospital facilities in California, call CFMC at **1-800-334-7341** or visit **www.cfmnet.org**. For medical providers outside of California, call First Health Network toll-free at **1-800-226-5116** or visit **www.myfirsthealth.com**.
- If you go to a Doctor's office or to the hospital, be sure to show your identification card (attached to this brochure). 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**.

Carry your insurance ID card with you at all times.

How do I get my medical bills paid?

- After you receive treatment, complete the insurance company claim form. Claim forms are available from the Western University of Health Sciences Office of Student Affairs, Personal Insurance Administrators, Inc. or may be downloaded from **www.renstudent.com/wuhs**.
- 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.

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**.

Always keep a copy of all documents submitted for claims.

**2009-2010 WESTERN UNIVERSITY OF HEALTH SCIENCES
STUDENT HEALTH INSURANCE PLAN
DEPENDENT ENROLLMENT FORM**

1. PLEASE PRINT CLEARLY

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

2. MARK THE COVERAGE YOU WOULD LIKE TO PURCHASE:

IF YOU ARE PURCHASING THE OPTIONAL COVERAGE, THE COSTS LISTED MUST BE PAID IN ADDITION TO THE COST OF THE BASIC PLAN. THE STUDENT MUST ALSO BE ENROLLED IN THE OPTIONAL PLAN.

	BASIC BENEFIT PLAN	OPTIONAL COVERAGE	TOTAL
ISAC, SMSPP OR IPBP - 1ST YEAR STUDENTS (6/1/09 TO 8/1/10)			
ONE DEPENDENT	<input type="checkbox"/> \$ 2,888.00	+ <input type="checkbox"/> \$ 1,191.00	= _____
TWO OR MORE DEPENDENTS	<input type="checkbox"/> \$ 3,424.00	+ <input type="checkbox"/> \$ 1,465.00	= _____
IPBP STUDENTS - 2ND AND 3RD YEAR (8/1/09 TO 6/1/10)			
ONE DEPENDENT	<input type="checkbox"/> \$ 2,068.00	+ <input type="checkbox"/> \$ 851.00	= _____
TWO OR MORE DEPENDENTS	<input type="checkbox"/> \$ 2,452.00	+ <input type="checkbox"/> \$ 1,047.00	= _____
MSBS STUDENTS (1/1/10 TO 8/1/10)			
ONE DEPENDENT	<input type="checkbox"/> \$ 1,446.00	+ <input type="checkbox"/> \$ 596.00	= _____
TWO OR MORE DEPENDENTS	<input type="checkbox"/> \$ 1,715.00	+ <input type="checkbox"/> \$ 733.00	= _____
ALL OTHER STUDENTS (6/1/09 TO 6/1/10 OR 8/1/09 TO 8/1/10)			
ONE DEPENDENT	<input type="checkbox"/> \$ 2,478.00	+ <input type="checkbox"/> \$ 1,021.00	= _____
TWO OR MORE DEPENDENTS	<input type="checkbox"/> \$ 2,938.00	+ <input type="checkbox"/> \$ 1,256.00	= _____

3. COMPLETE REVERSE SIDE OF THIS FORM.

4. MAKE CHECK OR MONEY ORDER PAYABLE TO:
NATIONWIDE LIFE INSURANCE COMPANY

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

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

7. STUDENT MUST SIGN FORM BELOW.
I AM ENROLLED IN THE STUDENT HEALTH INSURANCE PLAN FOR THE SAME TERM OF COVERAGE FOR WHICH MY DEPENDENT(S) ARE APPLYING. I HAVE READ THE CONDITIONS CONCERNING DEPENDENT COVERAGE IN THIS BOOKLET.

STUDENT'S SIGNATURE _____ DATE SIGNED _____

DISCOUNT VISION PLAN

The following description of the Eye Care Network discount program has been included in this brochure for the convenience of the student. The Discount Vision Plan is in no way related to the benefits, definitions, exclusions and limitations of, and in no way affects the coverage provided by, the Student Accident and Sickness Insurance Plan described herein.

Included in the cost of the Student Health Insurance Plan, the Insured Person has access to the Discount Vision Program offered through The Eye Care Network. This program entitles the Insured Person to receive a 20% discount off usual charges when using a participating provider.

The 20% discount applies to the following covered charges:

- Routine eye examinations
- Lenses
- Frames
- Contact lenses (excluding disposable or replacement lenses)
- Cosmetic extras such as tints, coatings and photochromatic lenses

The discount does not apply to eyewear repairs, promotional offers or medical/surgical treatment of the eyes.

To receive the 20% discount, the Insured Person should present his or her insurance ID card to any Discount Vision Program participating provider at the time of service. To locate a participating provider, call **1-800-793-9288** or visit **www.ecndiscount.com**.

Corporate participants include:

- LensCrafters
- Walmart Optical
- Sears Optical
- Target Optical

Insured Persons should make sure that their provider participates in the Eye Care Network Discount Vision Program prior to scheduling or obtaining services.

DETACH ID CARD AND RETAIN IF YOU ENROLL

Underwritten by:
NATIONWIDE LIFE INSURANCE COMPANY
 Policy No. 302-077-0407

Express Scripts
 Group# RQSR

Insured _____

**WESTERN UNIVERSITY OF HEALTH SCIENCES
 2009-2010 STUDENT HEALTH INSURANCE PLAN**

There is a \$20 copay for all office visits.

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



(Foundation for Medical Care of LA County)



www.ecndiscount.com
 Look for providers with
DVP designation

LIST DEPENDENTS TO BE INSURED BELOW.

DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED UNDER THIS PLAN.

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

Please keep this brochure as a general summary of the insurance. 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 Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number 302-077-0407) 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.

Plan underwritten by:

Nationwide Life Insurance Company
Policy Number 302-077-0407

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/wuhs

B/SRSA 2000 CA—WUHS

4/09

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.



California
Foundation
for Medical Care

PPO in CA:

www.cfmnet.org
1-800-334-7341



First Health
Network

PPO outside of CA:

www.myfirsthealth.com
1-800-226-5116