

2010-2011  
**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 •



**POMONA  
COLLEGE**



**KECK GRADUATE INSTITUTE**  
*of Applied Life Sciences*

*underwritten by*  
**Nationwide Life Insurance Company**

*policy number*  
**302-113-0408**

**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 and Friday:**  
8:00 a.m. to 5:00 p.m.

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

**Thursday: 9:00 a.m. to 5:00 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

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### 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

Covered 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, who are dependent upon the insured student for support and maintenance. Eligible dependents must be enrolled by the Deadline Date 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 Covered Person 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 Covered Person does not use this right as stated here,

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### ELIGIBILITY (continued from page 2)

all coverage as to that child will terminate at the end of the 31-day period.

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

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### 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 and international students will be enrolled in this plan through the school, unless the appropriate waiver form has been filed with the school.

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**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, SECOND AND THIRD 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 Insurance Agency, Inc.

In addition, for International Students and Scholars, coverage can begin at 12:01 a.m. on the date the student 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, except as provided under the Extension of Benefits provision.

**New Students Only**

Term	Effective Date	Termination Date	Deadline Date
Annual	8/06/10	8/27/11	9/06/10
Fall	8/06/10	1/07/11	9/06/10
Spring/Summer	1/07/11	8/27/11	2/07/11
Summer	5/16/11	8/27/11	6/16/11

**Continuing Students**

Term	Effective Date	Termination Date	Deadline Date
Annual	8/27/10	8/27/11	9/27/10
Fall	8/27/10	1/07/11	9/27/10
Spring/Summer	1/07/11	8/27/11	2/07/11

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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 (proof of date of marriage, birth or adoption may be requested). 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 Covered Person’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*
<b>Students Under Age 26</b>				
<b>Student</b>	\$ 1,276.00	\$ 440.00	\$ 846.00	\$ 327.00
<b>Spouse</b>	\$ 2,896.00	\$ 990.00	\$ 1,916.00	\$ 732.00
<b>Child(ren)</b>	\$ 2,120.00	\$ 727.00	\$ 1,403.00	\$ 538.00
<b>Students Age 26 and Over</b>				
<b>Student</b>	\$ 2,123.00	\$ 728.00	\$ 1,405.00	\$ 538.00
<b>Spouse</b>	\$ 4,852.00	\$ 1,655.00	\$ 3,207.00	\$ 1,221.00
<b>Child(ren)</b>	\$ 2,027.00	\$ 695.00	\$ 1,342.00	\$ 514.00

\*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 Covered Person 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 Covered Person 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 (for the number of full months remaining) will be issued only upon written proof from the College/University. Please contact Renaissance Insurance Agency, Inc. at 1-800-537-1777 for more details.

**EXTENSION OF BENEFITS**

The coverage provided under this Policy ceases on the termination date. However, if a Covered Person is Hospital Confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, Covered Charges for such Injury or Sickness will continue to be paid for a period of 90 days or until the date of discharge, whichever is earlier.

The total payments made in respect of the Covered Person for such condition both before and after the termination date will never exceed the maximum benefit available. After this Extension of Benefits provision has been exhausted, all benefits cease to exist and under no circumstances will further benefits be made.

This Extension of Benefits provision is applicable only to the extent that the Covered Person 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 covered 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 70%, even for a PPO provider.**

**All Covered Charges incurred at the SHS are paid at 100%. In addition, the deductible is waived if the covered 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 Conditions.

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.

## 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 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 90% of the Preferred Allowance when treated by network providers. Benefits are provided worldwide for Covered Charges incurred at 70% 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 70%, 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 a Covered Person 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 a Covered Person 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 Covered Person 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](http://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 covered 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 Covered Person is responsible for paying the deductible amount listed before the Company will begin paying benefits.

### Out-of-Pocket Maximum:

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

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<b>INPATIENT</b>	
<b>Hospital Confinement Room and Board/Hospital Miscellaneous</b> 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, physical therapy, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies. Includes Intensive Care.	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Maternity and Newborn Care</b> 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
<b>Surgeon's Fees</b> 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	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Assistant Surgeon</b>	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Anesthetist</b> professional services in connection with inpatient surgery	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Registered Nurse</b> private duty nursing care	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Doctor's Visits</b> limited to one visit per day; does not apply when related to surgery	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Pre-Admission Testing</b> if testing occurs within 3 working days prior to admission	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO

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<b>INPATIENT (continued)</b>	
<b>Treatment of Mental Conditions</b> including treatment of alcoholism or substance abuse (except detoxification) Limited to one visit per day	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO; paid the same as any other Sickness
<b>Alcoholism or Substance Abuse Detoxification</b>	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO; up to a maximum of 30 days per policy year
<b>OUTPATIENT</b>	
<b>Emergency Expenses</b> use of the emergency room and supplies	After a \$50 copay per visit (waived if admitted); 90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Surgeon's Fees</b> 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	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Assistant Surgeon</b>	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Anesthetist</b> professional services in connection with outpatient surgery	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Doctor's Visits</b> limited to one visit per day; does not apply when related to surgery or physical therapy	After a \$10 copay per visit; 90% of Preferred Allowance for PPO; 70% of R&C for non-PPO

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<b>OUTPATIENT (continued)</b>	
<b>Physical Therapy</b> when prescribed by the attending Doctor; limited to one visit per day	After a \$10 copay per visit; 90% of Preferred Allowance for PPO; 70% of R&C for non-PPO; up to a maximum of 10 visits per policy year
<b>Chiropractic Treatment</b> when prescribed by the attending Doctor; limited to one visit per day	After a \$10 copay per visit; 90% of Preferred Allowance for PPO; 70% of R&C for non-PPO; up to a maximum of 10 visits per policy year
<b>Acupuncture</b> when prescribed by the attending Doctor; limited to one visit per day	After a \$10 copay per visit; 90% of Preferred Allowance for PPO; 70% of R&C for non-PPO; up to a maximum of 10 visits per policy year
<b>Diagnostic X-Ray and Laboratory Services</b>	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Radiation Therapy and Chemotherapy</b>	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Tests &amp; Procedures</b> diagnostic services and medical procedures performed by a Doctor other than Doctor's visits, physical therapy, x-rays and lab procedures	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Treatment of Mental Conditions</b> including treatment of alcoholism or substance abuse	After a \$10 copay per visit; 90% of Preferred Allowance for PPO; 70% of R&C for non-PPO; paid the same as any other Sickness

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<b>OUTPATIENT (continued)</b>	
<b>Prescription Drugs</b> (including prescription contraceptives) <b>Only for prescriptions filled at an Express Scripts pharmacy.</b> Prescriptions filled at a non-Express Scripts pharmacy are <b>not</b> covered. To locate an Express Scripts pharmacy, call <b>1-800-447-9638</b> or visit: <b>www.express-scripts.com</b>	100% after a \$20 copay for each generic prescription or a \$40 copay for each brand name prescription; up to a \$5,000 maximum per policy year <b>The copay applies to each 30-day supply.</b> <b>The Deductible is waived.</b>
<b>OTHER</b>	
<b>Ambulance Services</b>	90% of R&C; up to a \$5,000 maximum per condition
<b>Consultant Doctor Fees</b> when requested and approved by the attending Doctor	90% of Preferred Allowance for PPO; 70% of R&C for non-PPO
<b>Dental Treatment</b> made necessary by Injury to sound, natural teeth only	90% of R&C; up to a \$100 maximum per tooth; up to a \$1,000 maximum per policy year
<b>Pregnancy</b> 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) HIV testing (see Schedule of Benefits); 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 College for further details.

## ACCIDENTAL DEATH AND DISMEMBERMENT

When, as a result of an Injury, the Covered Person sustains a loss as shown below within 180 days of such Injury, the Company will pay the applicable benefit for the loss.

<b>For Loss of:</b>	<b>Benefit Amount</b>
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 by:

1. Bodily or mental infirmity;
2. Bacterial infections except: a) infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent

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AD&D (continued from page 14)

- of any other cause; or b) the accidental ingestion of a contaminated substance;
3. Medical or surgical treatment, except losses that result directly from surgical operations made necessary solely by Injury which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause;
4. Being under the influence of alcohol or any drug unless administered and taken as prescribed by a Doctor; or
5. Participation in an attempt to commit a felony.

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

## MEDICAL EVACUATION BENEFIT

If the Covered Person sustains an Injury or becomes ill while insured under the Policy, the Company will pay for the actual charges incurred, up to a maximum of \$50,000, for a medical evacuation of the Covered Person to or back to the Covered Person's home state, country or country of regular domicile, subject to all provision of the Policy. However, the Pre-Existing Condition Limitation does not apply to this provision. Before the Company will make any payment, written certification by the Doctor that the evacuation is Medically Necessary is required. Any expense for medical evacuation requires prior approval and coordination by the plan administrator. For international students, once evacuation is made outside the country, coverage terminates.

## REPATRIATION OF REMAINS BENEFIT

If the Covered Person dies while insured under the Policy, the Company will pay for the actual charges incurred, up to a maximum of \$50,000, for embalming and/or cremation and returning the body to the place of residence in the home country or country of regular domicile, subject to the provisions of the Policy. Expenses for repatriation of remains require the Policyholder's and the Company's prior approval. This benefit does not include the transportation expense of anyone accompanying the body, visitation expenses or funeral expenses.

## TREATMENT RECEIVED IN HOME COUNTRY

If the Covered Person 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 Covered Person is not required to pay in the absence of this insurance or expenses which would be covered under any other insurance plan.

## **MEDEX PROGRAM**

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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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#### **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

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

1. Eyeglasses, contact lenses including but not limited to routine eye refractions, eye exams, radial keratotomy or similar surgical procedures to correct vision, except in the case of Injury;
2. Hearing screenings or hearing examinations or hearing aids and the fitting or repairing of hearing aids, except in the case of Injury;
3. Vaccinations, inoculations and preventive shots: a) required for travel; b) required for employment; c) provided as wellness or prevention; except as specifically provided herein;
4. Treatment (other than surgery) of chronic conditions of the foot including, but not limited to, weak or fallen arches, flat or pronated foot, subluxations of the foot, foot strain, care of corns, calluses, or bunions; except for treatment of Injury, infection or disease;
5. Cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that the Company determines to be furnished primarily to improve appearance rather than a physical function or control of organic disease, except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts, rhinoplasty, sagging eyelids, prominent ears, skin scars, baldness, and correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants (except for correction of deformity resulting from mastectomy or lymph node dissection). This exclusion does not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child;
6. Sexual reassignment surgery;
7. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved;
8. Treatments which are considered to be unsafe or Experimental/Investigational by the American Medical Association (AMA) and resulting complications;
9. Custodial care;
10. Treatment on or to the teeth or gums, except as provided herein;
11. TMJ;

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## EXCLUSIONS (continued from page 18)

12. Injury sustained while a) participating in any intercollegiate or professional sport, contest or competition; b) traveling to or from such sport, contest or competition as a participant; or c) while participating in any practice or conditioning program for such sport, contest or competition;
13. Injury sustained by reason of a motor vehicle Accident to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits;
14. Injury resulting from parachuting, hang gliding, skydiving, parasailing, skin diving, speed contests, bungee jumping, glider flying, or sail planing;
15. Injury occurring in consequence of riding or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline;
16. Reproductive/infertility services including but not limited to: fertility tests, infertility (male or female) including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance reproductive ability; artificial insemination; premarital examination; impotence, organic or otherwise; sterilization or sterilization reversal; vasectomy;
17. Elective termination of pregnancy;
18. Hospital Confinement or any other services or treatment for which the Covered Person is not legally obligated to pay or for which no charge is made;
19. Services provided normally without charge by the health service of the Policyholder;
20. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment;
21. Any services of a Doctor, nurse, or health care practitioner who lives with the Covered Person or who is related to the Covered Person by blood or marriage;
22. Services received after the Covered Person's coverage ends, except as specifically provided under the Extension of Benefits Provision;
23. Under the Prescription Drug Benefit, when included, any drug or medicine:
  - a) Obtainable over the counter (OTC);
  - b) Containing nicotine or other smoking deterrent medication;
  - c) For the treatment of alopecia (hair loss) or hirsutism (hair removal);
  - d) For the purpose of weight control;
  - e) Anabolic steroids used for body building;
  - f) For the treatment of infertility;

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**EXCLUSIONS (continued from page 19)**

- g) Sexual enhancement drugs;
  - h) Cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne;
  - i) Drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental drugs;
  - j) Purchased after coverage under the Policy terminates;
  - k) If the FDA determines that the drug is Experimental for any reason;
- 24. Vitamins, minerals, or food supplements;
  - 25. Nicotine addiction;
  - 26. Injury sustained as a result of suicide or any attempt at suicide, or intentional self-inflicted Injury or any attempt at intentional self-inflicted Injury;
  - 27. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot;
  - 28. Injury or Sickness for which benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation;
  - 29. War or any act of war, declared or undeclared; or while in the armed forces of any country;
  - 30. Speech therapy;
  - 31. General fitness, exercise programs, health club memberships and weight loss programs, except for surgical treatment of morbid obesity;
  - 32. Solid organs, including anything caused by, contributed to, or resulting from an organ transplant, including complications thereof;
  - 33. Nonmalignant warts, moles and lesions unless Medically Necessary;
  - 34. Routine physical examinations, except as specifically provided;
  - 35. Skilled nursing services, or care and/or treatment in skilled nursing facility;
  - 36. Home health care or hospice services, except as specifically provided;
  - 37. Expense incurred for: non-cystic acne; tubal ligation; 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;
  - 38. Diagnosis and treatment of sleep disorders, including but not limited to apnea monitoring and sleep studies;

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**EXCLUSIONS (continued from page 20)**

- 39. 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; and
- 40. Preventive medicines or serums; immunizations; biological sera; except as specifically provided.

**PRE-EXISTING CONDITION LIMITATION**

Pre-Existing Conditions are not covered for the first six (6) months following the Covered Person's Effective Date of coverage under the Policy.

This limitation will not apply if, during the period immediately preceding the Covered Person's Effective Date of coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for six (6) consecutive months. Prior Creditable Coverage of less than six (6) months will be credited toward satisfying the Pre-Existing Condition limitation. This waiver will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

Pregnancy, including complications of pregnancy, shall not be considered a Pre-Existing Condition under the Policy. In addition, this limitation will not apply to a newborn dependent child or a child adopted by the insured student or placed with the insured student for adoption, if the adoption or placement for adoption occurs while the insured student is covered under the Policy.

Creditable Coverage includes:

- Any individual or group Policy, contract or program, that is written or administered by a disability insurance Company, health care service plan, fraternal Benefits society, self-insured employer plan, or any other entity, and that arranges or provides medical, Hospital, and surgical Coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion Coverage but does not include accident only, credit, Coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, Coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which Benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance Policy or equivalent self-insurance.
- The Federal Medicare programs pursuant to Title XVIII of the Social Security Act.
- The Medicaid program pursuant to Title XIX of the Social Security Act.

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#### PRE-EXISTING CONDITIONS (continued from page 21)

- Any other publicly sponsored program, provided in this state or elsewhere, of medical, Hospital and surgical care.
- 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)).
- A medical care program of the Indian Health Service or of a tribal organization.
- A state health benefits risk pool.
- A health plan offered under 5 U.S.C.A. Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FEHBP)).
- A public health plan as defined in federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996.
- A health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e)).
- Any other Creditable Coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C. Sec. 300gg(c)).

#### EXCESS COVERAGE

After the 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 Covered Person for failing to comply with policy provisions or requirements.

#### DEFINITIONS

The following important definitions apply to this plan:

**Accident** means an event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

**Covered Charge** means those charges for any treatment, services or supplies: 1) for network providers not in excess of the Preferred Allowance; and 2) for non-network providers not in excess of the Reasonable and Customary Expense therefore; and 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 Covered Person, except with respect to any covered expense payable under the Extension of Benefits Provision.

**Covered Person** means a person: 1) who is eligible for coverage; and 2) who has been accepted for coverage; and 3) who has paid the required premium; and 4) whose coverage has become effective and has not terminated.

**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. The term does not include a person who ordinarily resides in the Covered Person's home or is related to the Covered Person by blood or marriage.

**Emergency** means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: 1) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; or 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part.

**Experimental/Investigational** means the service or supply has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication.

**Hospital** means a facility which provides diagnosis, treatment, and care of persons who need acute inpatient hospital care under the supervision of Doctors. It must be licensed as a general acute care hospital according to state and local laws. Hospital shall also include a psychiatric health facility for the treatment of mental or psychoneurotic disorders. Facilities primarily treating drug addiction or alcoholism that are licensed to provide these services are also included in this definition.

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## DEFINITIONS (continued from page 23)

Hospital does not include an institution, or part thereof, which is other than incidentally a nursing home, a convalescent hospital, or a place for rest or the aged.

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

**Injury** means bodily injury due to a sudden, unforeseeable, external event which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**Medically Necessary** means a treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

1. Is Experimental/Investigational or for research purposes;
2. Is provided solely for educational purposes or the convenience of the patient, the patient's family, Doctor, Hospital or any other provider;
3. Exceeds in scope, duration or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
4. Could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
5. Involves treatment with or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA). If the prescribed drug is recognized as safe and effective for the treatment of a Sickness or Injury by one or more of the Standard Medical Reference Compendia or in the medical literature, even if the prescribed drug has not been approved by the FDA for the treatment of that specific Sickness or Injury, coverage will be provided, subject to the exclusions and limitations of the Policy.

**Mental Condition** means nervous, emotional, and mental disease, illness, syndrome or dysfunction classified in the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) or its successor as a mental disorder on the date medical care or treatment is rendered to a Covered Person.

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

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## DEFINITIONS (continued from page 24)

**Preferred Allowance** means the amount a network provider has agreed to accept as payment in full for Covered Charges.

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

Reasonable charges, fees or expenses as used herein to describe expense, will be considered to mean the percentile of the payment system in effect on the Effective Date.

**Sickness** means illness, disease, pregnancy and complications of pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same 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**.

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**CLAIM PROCEDURE (continued from page 25)**

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](http://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.
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 Insurance Agency, 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 Insurance Agency, Inc. at the address below or complete a form via the internet at: [www.renstudent.com](http://www.renstudent.com).

**SUMMARY OF PRIVACY POLICY**

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about Covered Persons and we are committed to protecting the privacy of Covered Persons. We do not disclose any nonpublic information about Covered Persons to anyone, except as permitted or required by law. We do not sell or otherwise disclose Covered 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 Insurance Agency, 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](http://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.**

# NATIONWIDE LIFE 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 Nationwide Life Insurance Company®, National Casualty Company, and the area within Nationwide Mutual Insurance Company® that performs healthcare functions. In this Notice, “Nationwide Life” or “We” means the healthcare functions of Nationwide Life Insurance Company, which is a hybrid covered entity (the healthcare functions of National Casualty Company, and Nationwide Mutual Insurance Company, a business associate). As permitted by law, Nationwide Life will share protected health information (PHI) of members as necessary to carry out treatment, payment, and healthcare operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members’ PHI and to provide members with notice of our legal duties and privacy practices with respect to their PHI. 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 PHI maintained by us. Copies of the revised notices will be mailed to all current plan members or insureds.

Protected health information (PHI) 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 or for which there is a reasonable basis to believe the information can be used to identify the member. It includes information of persons living or deceased.

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

**Your Authorization.** Except as outlined below, we will not use or disclose your PHI 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.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make. We may release your PHI to your plan sponsor, provided your plan sponsor certifies that the information provided will be maintained in a confidential manner and not used in any other manner not permitted by law.

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HIPAA NOTICE (continued from page 28)

### OTHER PRIVACY LAWS AND REGULATIONS

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact.

### RIGHTS THAT YOU HAVE

**Access to Your Protected Health Information.** You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact.

**Amendments to Your Protected Health Information.** You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested Amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact.

**Accounting for Disclosures of Your Protected Health Information.** You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact.

**Restrictions on Use and Disclosure of Your Protected Health Information.** You have the right to request restrictions on some of our uses and disclosures of your PHI. We are not required to agree to your restriction request. A request form can be obtained by writing your designated contact.

**Disclosures for Treatment, Payment and Health Care Operations.** We will make disclosures of your PHI as necessary for your treatment, payment, and/or health care operations. For instance, for your Treatment, a doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For Payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For Health Care Operations, we will use and disclose your PHI as necessary, and as permitted by law, for our health care operations, which include responding to customer inquiries regarding benefits and claims.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your PHI 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 PHI with such individuals without your approval.

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## HIPAA NOTICE (continued from page 29)

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide some of your PHI to one or more of these outside persons or organizations. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services. We may, from time to time, use your PHI 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 PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. 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 PHI 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 in the health plan and to determine your rates. We will protect the confidentiality of that information in the same manner as all other PHI we maintain and, if you do not enroll in the health plan we will not use or disclose the information about you we obtained without your authorization.

Communications With You. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the "Contact Information" section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

### CONTACT INFORMATION

If you have any questions about this statement, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling 1-800-468-4343, or mail your request to:

Privacy Officer  
PIA, Inc.  
30401 Agoura Road, Suite 250  
Agoura Hills, CA 91301

As a member, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

### EFFECTIVE DATE

This Nationwide Life HIPAA Notice of Privacy Practices is effective April 14, 2003.

## STUDENT INSURANCE PLAN QUICK REFERENCE GUIDE

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

**Insurance Company:** Nationwide Life Insurance Company

**Policy Number:** 302-113-0408

**For questions regarding benefits or claims:**

Personal Insurance Administrators, Inc.  
1-800-468-4343

**For questions regarding eligibility or enrollment:**

Renaissance Insurance Agency, Inc.  
1-800-537-1777

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

[www.renstudent.com/claremont](http://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 Insurance Agency, 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 Insurance Agency, 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 Insurance Agency, 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 student 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 student 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 Insurance Agency, 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 90% for a PPO or 70% 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:

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 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).
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**.

## How do I get my medical bills paid?

1. After you receive treatment, complete the insurance company claim form.
  - a) Claim forms are available from Personal Insurance Administrators, Inc. or you may download a claim form from **www.renstudent.com/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.
2. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.
3. Send your claim form and all other bills to Personal Insurance Administrators, Inc. at the address below. Try to have all itemized bills attached to the same claim form.
  - a) Please do not send bills without 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.
4. All claim form and bills should be sent to:

**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**
5. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

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.**

FOR DEPENDENT COVERAGE

COMPLETE THE DEPENDENT ENROLLMENT FORM ON THE NEXT PAGE

NATIONWIDE LIFE INSURANCE COMPANY

POLICY NUMBER 302-113-0408

## 2010-2011 CLAREMONT COLLEGES STUDENT INSURANCE PLAN ENROLLMENT FORM

### 1. PLEASE INDICATE WHAT TYPE OF STUDENT YOU ARE

- CLAREMONT GRADUATE UNIVERSITY DOMESTIC STUDENT  
 HARVEY MUDD COLLEGE STUDENT  
 KECK GRADUATE INSTITUTE DOMESTIC STUDENT  
 POMONA COLLEGE INTERNATIONAL OR DOMESTIC (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.

#### STUDENTS NOT ENROLLED IN THIS INSURANCE LAST TERM

	ANNUAL	FALL	SPRING/ SUMMER	SUMMER
	8/06/10 to 8/27/11	8/06/10 to 1/07/11	1/07/11 to 8/27/11	5/16/11 to 8/27/11
<b>DEADLINE</b>	<b>09/06/10</b>	<b>09/06/10</b>	<b>02/07/11</b>	<b>06/16/11*</b>

#### STUDENTS UNDER AGE 26

STUDENT  \$ 1,276.00  \$ 440.00  \$ 846.00  \$ 327.00

#### STUDENTS AGE 26 AND OVER

STUDENT  \$ 2,123.00  \$ 728.00  \$ 1,405.00  \$ 538.00

\* 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.

#### STUDENTS ENROLLED IN THIS INSURANCE LAST TERM

	ANNUAL	FALL	SPRING/ SUMMER
	8/27/10 to 8/27/11	8/27/10 to 1/07/11	1/07/11 to 8/27/11
<b>DEADLINE</b>	<b>09/27/10</b>	<b>09/27/10</b>	<b>02/07/11</b>

#### STUDENTS UNDER AGE 26

STUDENT  \$ 1,276.00  \$ 440.00  \$ 846.00

#### STUDENTS AGE 26 AND OVER

STUDENT  \$ 2,123.00  \$ 728.00  \$ 1,405.00

### 4. SEE REVERSE SIDE OF FORM

**2010-2011 CLAREMONT COLLEGES  
STUDENT INSURANCE PLAN  
DEPENDENT ENROLLMENT FORM**

**5. MAKE CHECK OR MONEY ORDER PAYABLE TO:**  
RENAISSANCE INSURANCE AGENCY, INC.

**6. RETURN PAYMENT WITH ENROLLMENT FORM TO:**  
RENAISSANCE INSURANCE AGENCY, 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 COV-  
ERAGE 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**

**STUDENTS *NOT* ENROLLED IN THIS INSURANCE LAST TERM**

TERM	DEADLINE DATE
<input type="checkbox"/> ANNUAL (8/06/10 to 8/27/11)	9/06/10
<input type="checkbox"/> FALL (8/06/10 to 1/07/11)	9/06/10
<input type="checkbox"/> SPRING/SUMMER (1/07/11 to 8/27/11)	2/07/11
<input type="checkbox"/> SUMMER (5/16/11 to 8/27/11)	6/16/11*

\* 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.

**STUDENTS ENROLLED IN THIS INSURANCE LAST TERM**

TERM	DEADLINE DATE
<input type="checkbox"/> ANNUAL (8/27/10 to 8/27/11)	9/27/10
<input type="checkbox"/> FALL (8/27/10 to 1/07/11)	9/27/10
<input type="checkbox"/> SPRING/SUMMER (1/07/11 to 8/27/11)	2/07/11

**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
<b>STUDENTS UNDER AGE 26</b>				
SPOUSE	<input type="checkbox"/> \$ 2,896.00	<input type="checkbox"/> \$ 990.00	<input type="checkbox"/> \$ 1,916.00	<input type="checkbox"/> \$ 732.00
CHILD(REN)	<input type="checkbox"/> \$ 2,120.00	<input type="checkbox"/> \$ 727.00	<input type="checkbox"/> \$ 1,403.00	<input type="checkbox"/> \$ 538.00
<b>STUDENTS AGE 26 AND OVER</b>				
SPOUSE	<input type="checkbox"/> \$ 4,852.00	<input type="checkbox"/> \$ 1,655.00	<input type="checkbox"/> \$ 3,207.00	<input type="checkbox"/> \$ 1,221.00
CHILD(REN)	<input type="checkbox"/> \$ 2,027.00	<input type="checkbox"/> \$ 695.00	<input type="checkbox"/> \$ 1,342.00	<input type="checkbox"/> \$ 514.00

**6. COMPLETE INFORMATION ON REVERSE SIDE OF FORM**

DETACH ID CARD AND RETAIN IF YOU ENROLL

**TO SUBMIT CLAIMS ELECTRONICALLY:**  
PAYER ID 95397

**TO SUBMIT CLAIMS BY MAIL, VERIFY ELIGIBILITY OR BENEFITS OR FOR LANGUAGE ASSISTANCE:**  
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.

**MEDEX** Program No. 995  
Call **1-800-527-0218** for travel assistance

**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:**  
RENAISSANCE INSURANCE AGENCY, INC.

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

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

**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 \_\_\_\_\_

**For questions regarding benefits or claims:**

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

1-800-468-4343

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

**For questions regarding eligibility or enrollment:**

Renaissance Insurance Agency, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

1-800-537-1777

CA License No. 0655426

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

[www.renstudent.com/claremont](http://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 Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number 302-113-0408) 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.

**THE CLAREMONT COLLEGES  
2010-2011 STUDENT HEALTH INSURANCE PLAN**

Covered Student

Underwritten by

**NATIONWIDE LIFE INSURANCE COMPANY**

Policy Number: 302-113-0408

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

**Office Visit Copay:** \$10 per visit



**For information on PPO Providers:**  
[www.myfirsthealth.com](http://www.myfirsthealth.com) or 1-800-226-5116

**EXPRESS SCRIPTS**

*Copay:*

\$20 generic/\$40 brand name

Rx Group: RQSR

Rx Bin: 003858 / Rx PCN: A4