



**Academic
HealthPlans**

**PACIFIC
UNIVERSITY**
— 1849 —
O R E G O N

**2007-2008
Student Health
Insurance Plan**

Underwritten by
ACE American Insurance Company
Philadelphia, PA

Please read the brochure to
understand your coverage

Policy Number: SDHN0057501A-07

ELIGIBILITY

Domestic Students

All registered students enrolled in six or more credit hours are required to participate in the Student Health Insurance Plan and premium is automatically billed on the tuition billing statement unless proof of comparable coverage is provided with the completed waiver form and returned to the University Business Office by the August 13, 2007 deadline date for approval. Part-Time Students taking less than six credit hours and students enrolled in internship programs who were covered under the plan previously are eligible to enroll in the plan by notifying the University Business Office. If it is found later that you do not meet the plan eligibility, the premium will be refunded and eligibility denied. Annual Coverage Period 8/20/07 - 8/20/08.

International Students

International students and scholars registered/enrolled with VISA status (F-1, J-1 or M-1) who have not been granted permanent residency are required to be insured under this plan. Premium is charged to the tuition billing statement. Waiver may only be granted to people already insured under other government or embassy sponsored plans by completing the International Student Waiver Form at least 5 days prior to the start of their academic term. Annual Coverage Period 8/20/07 - 8/20/08

Physician Assistants Program, and Masters of Arts in Teaching Program

All registered students enrolled in six or more credit hours are required to participate in the Student Health Insurance Plan and premium is automatically billed on the tuition billing statement unless proof of comparable coverage is provided with the completed waiver form and returned to the University Business Office at least five (5) days prior to the start of their academic term. Physician Assistants Program Annual Coverage Period 5/15/07 - 5/15/08; Forest Grove Masters of Arts in Teaching Program Annual Coverage Period 06/15/07 - 06/15/08; and Lane County Masters of Arts in Teaching Program Annual Coverage Period 01/01/08 - 01/01/09.

Former Insured Students

Former Insured students who were previously insured for 6 consecutive months under this plan, are eligible for coverage for a period of 3 or 6 months provided there is no lapse in coverage and payment is received prior to their termination date of coverage. Once coverage is purchased it may not be renewed for an additional term. Premium rates for this coverage are higher than rates for students at Pacific University. Application must be made and applicable premium must be paid directly to Academic HealthPlans and be received prior to the expiration date of your student coverage. For further information on this coverage, please contact Academic HealthPlans at (888) 308-7320.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, internet classes (except for MFA students), and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

Eligible students may also insure their Dependents and Domestic Partners. Dependent enrollment must take place at the initial time of student enrollment or beginning with the next enrollment period, with the exception of newborn or adopted children. Dependent means an Insured's lawful spouse; or an Insured's unmarried child, from the moment of birth to age 19, who is chiefly dependent on the student for support. Insurance will continue for any Dependent child who reaches the age limit and is unable to engage in any substantial gainful activity because of a mental or physical handicap that is expected to result in death or continued disability for at least 12 months. The student must send the Company satisfactory proof of the handicap within 31 days of the child reaching the maximum age for insurance to continue.

Eligibility (Continued)

A child, for eligibility purposes, includes an Insured Student's: natural child; stepchild; adopted child, beginning with any waiting period pending finalization of the child's adoption. Dependent eligibility expires concurrently with that of the Insured Student.

"Domestic Partner" means a person of the same or opposite sex of the Insured who: 1) shares his or her primary residence; 2) has resided with him or her for at least 24 months prior to the date of enrollment and is expected to reside with him or her indefinitely; 3) is financially interdependent with the Insured in each of the following ways; a. by holding one or more credit or bank accounts, including a checking account, as joint owners; b. by owning or leasing their permanent residence as joint tenants; c. by naming, or being named by the other as a beneficiary of life insurance or under a will; d. by each agreeing in writing to assume financial responsibility for the welfare of the other. 4) has signed a Domestic Partner declaration with him or her, if recognized by the laws of the state in which he or she resides; 5) has not signed a Domestic Partner declaration with any other person within the last 24 months. 6) Is older than 21 years older, but no more than 65- years old; 7) Is not currently married to another person; 8) Is not in a position as a blood relative that would prohibit marriage.

Proof of partnership must be provided to Academic HealthPlans along with the enrollment form based upon the criteria mentioned in the definition of Domestic Partner above.

Alternative Coverage - If you do not meet the eligibility requirements of the plan, please call WSC Insurance at (503) 357-3154 prior to your termination date for information on alternative insurance plans.

EFFECTIVE AND TERMINATION DATES

Coverage for the Covered Person becomes effective at 12:01 a.m. at the University's address on the later of:

- 1) The effective date of the Policy; or
- 2) The date premium is received by the Company or its authorized representative.

From To

Domestic and International Students 08/20/07 08/20/08

The coverage provided with respect to the Covered Person shall terminate at 12:01 a.m. on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid;
- 2) The date the eligibility requirements are not met; and
- 3) The date the Covered Person enters full time active duty in any Armed Forces.

Exceptions to the above given dates are:

From To

| | | |
|---|----------|----------|
| Physician's Assistant Program | 05/15/07 | 05/15/08 |
| Forest Grove Masters of Arts in Teaching Program | 06/15/07 | 06/15/08 |
| Lane County Masters of Arts in Teaching Program | 01/01/08 | 01/01/09 |

You must meet the eligibility requirements listed herein each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 31 days after the coverage expiration date. It is the Student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Once coverage has become effective, the Company will only refund premium upon entry into the Armed Forces and the Company receives proof of active duty.

The Policy issued to the University is a Non-Renewable, One Year Term Policy. It is the Covered Person's responsibility to enroll for coverage each year in order to maintain continuity of coverage.

EXTENSION OF BENEFITS

The coverage provided under the Plan ceases on the termination date. However, if a Covered Person is hospital confined on the termination date for a Covered Injury or Sickness for which benefits were paid before the termination date, Covered Expenses for such Covered Injury or Sickness will continue to be paid provided the condition continues but not to exceed the earlier of 90 days after termination date or discharge from a Hospital.

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. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

COORDINATION OF BENEFITS

If a Covered Person is eligible for benefits under this insurance Plan and any other group or blanket Plans, the Company will coordinate the benefits payable under this Plan with the benefits payable under the other group or blanket Plans.

PREFERRED PROVIDER INFORMATION

Preferred Providers allow the Covered Person to maximize the benefits offered under this Plan. You should seek treatment from the Preferred Provider Organization (PPO), which consists of Hospitals, Doctors, ancillary, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

The Preferred Provider Organization for Pacific University is Providence Preferred network. A list of providers may be found on the Internet at www.providence.org or by calling (800) 793-9338. (503) 574-7600 or

Outside Providence Preferred network area your Preferred Provider Organization is First Health. A list of providers may be found on the Internet at www.firsthealth.com or by calling (800) 226-5116.

MATERNITY TESTING

The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: AFP Blood Screening; Amniocentesis/ AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Prenatal vitamins are not covered. For additional information regarding Maternity Testing, please call Academic HealthPlans at (888) 308-7320.

ADDITIONAL COVERED EXPENSE

The Company will pay benefits for the following mandated benefits. A detail of benefits for: Mammograms; Pap Smears and Pelvic Exams; and Nonprescription elemental enteral formula for home use, may be found in the Policy on file at the University.

SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS - INJURY AND SICKNESS

\$100 DEDUCTIBLE PER COVERED PERSON (PER POLICY YEAR)

(WAIVED FOR TREATMENT AT THE STUDENT HEALTH CENTER.)

UP TO \$50,000 BASIC LIFETIME MAXIMUM BENEFIT (PER INJURY OR SICKNESS) PAID AS SPECIFIED BELOW

After the Deductible has been satisfied, benefits will be paid at 80% of the Preferred Allowance for services rendered by Preferred Providers in the Providence Preferred Network or First Health outside Providence Preferred Network area. Services obtained by Out-of-Network providers (any provider outside of Providence Preferred or First Health Networks) will be paid at 60% of Usual and Customary Charges. The Plan provides benefits for Covered Expenses incurred by a Covered Person for loss due to a Covered Injury or Sickness up to the Basic Lifetime Maximum Benefit of \$50,000, regardless of the provider selected. Benefits will be paid up to the Maximum Benefit for each service as specified below. Unless otherwise specified, the Maximum amounts specified below apply on a per Covered Injury/Sickness basis. **Covered Expenses are:**

Note: Severe Nodular or Cystic Acne will be covered when referred by the Student Health Center for treatment. This referral is waived for Lane County students.

| | INPATIENT | IN NETWORK | OUT-OF-NETWORK |
|---|-----------------------------------|------------------------------------|---|
| Hospital Expenses , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, pre-admission testing, laboratory tests, X-ray examinations, anesthesia, \$1,000 aggregate maximum per day drugs (excluding take home drugs) or medicines, therapeutic services and supplies. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge. | .100% of Preferred Allowance/ | .80% of Usual & Customary Charges/ | .80% of Usual & Customary Charges/ \$1,300 aggregate maximum per day |
| Intensive Care/Hospital Expense, \$1,500 aggregate maximum per day | .100% of Preferred Allowance | .80% of Usual & Customary Charges | .80% of Usual & Customary Charges |
| Physical Therapy | Paid under Hospital Expenses | Paid under Hospital Expenses | Paid under Hospital Expenses |
| Surgery , no more than one Surgical procedure will be covered when multiple procedures are preformed through the same incision or in immediate succession. | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Assistant Surgeon , only when required by the Hospital. | .20% of Surgery Allowance | .20% of Surgery Allowance | .20% of Surgery Allowance |
| Anesthetist | .25% of Surgery Allowance | .25% of Surgery Allowance | .25% of Surgery Allowance |
| Registered Nurse , private duty nursing care. | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Doctor's Visits , benefits are limited to one visit per day and do not apply when related to Surgery. | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Mental/Nervous Disorder , Psychiatric hospitals are not covered. 10 day maximum (per Policy year) | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| OUTPATIENT | | | |
| Day Surgery Miscellaneous, \$1,000 maximum , related to scheduled surgery performed in a Hospital, including the cost of the operating room laboratory tests, X-ray examinations, including professional fees, anesthesia, drugs or medicines and supplies. | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Surgery , no more than one Surgical procedure will be covered when multiple procedures are preformed through the same incision or in immediate succession. | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Assistant Surgeon , only when required by the Hospital. | .20% of Surgery Allowance | .20% of Surgery Allowance | .20% of Surgery Allowance |
| Anesthetist | .25% of Surgery Allowance | .25% of Surgery Allowance | .25% of Surgery Allowance |
| Doctor's Visits , benefits are limited to one visit per day and do not apply when related to Surgery or Physical therapy. | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Physical Therapy , benefits are limited to one visit per day. | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Medical Emergency, \$50 copay per visit , benefits are payable for the use of the Emergency Room & Supplies. (Treatment must be rendered within 72 hours of Injury or first onset of Sickness.) | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| X-rays & Laboratory | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Tests & Procedures , diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits, Physical therapy, X-rays and Laboratory procedures. | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Radiation Therapy | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Mental/Nervous Disorder , including psychiatric and psychological care. Benefits are limited to one visit per day. \$2,500 maximum | .80% of Preferred Allowance | .80% of Preferred Allowance | .50% of Usual & Customary Charges |
| Prescription Drugs, \$1,500 maximum (per Policy year) and limited to a 30 day supply per prescription. Students who are traveling for clinical work or on vacation will not be limited to the 30 day prescription drug supply maximum. (See the Outpatient Prescriptions Drug section for additional information.) | .80% of Usual & Customary Charges | .80% of Usual & Customary Charges | .80% of Usual & Customary Charges |
| OTHER | | | |
| Ambulance, \$500 maximum | .80% of Usual & Customary Charges | .80% of Usual & Customary Charges | .80% of Usual & Customary Charges |
| Braces & Appliances , written prescription must accompany the claims. \$250 maximum | .80% of Usual & Customary Charges | .80% of Usual & Customary Charges | .80% of Usual & Customary Charges |
| Dental , made necessary by Injury to Sound, Natural Teeth only. \$250 maximum | Paid as any other Injury | Paid as any other Injury | Paid as any other Injury |
| Consultant , when requested and approved by the attending Doctor. \$100 maximum | .80% of Preferred Allowance | .80% of Preferred Allowance | .80% of Usual & Customary Charges |
| Maternity/Maternity Testing/Complications of Pregnancy , prenatal vitamins are not covered. | Paid as any other Sickness | Paid as any other Sickness | Paid as any other Sickness |
| Routine Newborn Baby Care , well baby nursery care. \$750 maximum | .100% of Preferred Allowance | .100% of Preferred Allowance | .80% of Usual & Customary Charges |
| Therapeutic Abortion, \$500 maximum | .80% of Preferred Allowance | .80% of Preferred Allowance | .60% of Usual & Customary Charges |
| Intercollegiate Sports, \$300 maximum | Paid as any other Injury | Paid as any other Injury | Paid as any other Injury |

OUTPATIENT PRESCRIPTION DRUG BENEFIT

Outpatient prescription drugs are provided through a prescription drug program managed by WellDyne Rx. Covered Expenses are subject to the \$100 per Policy year Deductible up to a maximum of \$1,500 per Policy year. After you have reached your maximum in Prescription Drug benefits, you can continue to use your ID Card and receive discounted prices for your prescriptions. In order to access this program and receive discounted prices for your Prescription Drugs, you must present your insurance ID Card to the pharmacy to identify yourself as a participant in this Plan. Once your prescription is filled, you will be required to pay for your prescription and then file your claim for reimbursement. You can locate a participating pharmacy by calling (888) 479-2000 or visit the website at www.welldynernx.com.

OPTIONAL MAJOR MEDICAL BENEFIT \$150,000 LIFETIME MAXIMUM BENEFIT (FOR EACH INJURY OR SICKNESS)

Available only at the initial time of enrollment, provided the additional premium is paid. Optional Major Medical Benefit begins payment after the Basic Maximum Benefit of \$50,000 has been paid by the Company. The Company will pay 80% of Covered Expenses incurred up to the Major Medical Lifetime Maximum of \$100,000. The total benefits payable for any one Injury or Sickness under the Major Medical Lifetime Maximum Benefit is \$150,000 minus the \$50,000 paid under the Basic Benefit. No Benefits will be paid for Room & Board expenses which exceed the semi-private room rate. Please refer to the enclosed enrollment form for premium and enrollment information. NOTE: The optional Major Medical Lifetime Benefit is an additional \$100,000 Lifetime Maximum. Once the \$50,000 Basic Maximum Benefit is combined with the \$100,000 Major Medical Lifetime Maximum, the student will have a total of \$150,000 Lifetime Maximum Benefit. The Major Medical benefit may only be purchased simultaneously and in conjunction with the purchase of Basic Coverage at the time of initial enrollment in the Plan. Dependents are eligible to purchase only those optional coverages purchased by the student. Coverage must be the same for all family members.

DEFINITIONS

Covered Expenses means: expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date of the Accident or Sickness until the date treatment; services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. Covered Expenses do not include any amount required to satisfy the Deductible, if any, or any amount in excess of the Usual and Customary Charge or benefit maximums.

Covered Person means: any eligible person or an eligible dependent who applies for coverage, and for whom the required premium is paid to Us.

Doctor means: a licensed health care provider including a clinical social worker, a duly licensed and certified nurse practitioner, a physician's assistant, a dentist, and an optometrist acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

Injury means: accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Definitions (Continued)

Medically Necessary means: a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

Out-of-Network means: a provider who has not agreed to any prearranged fee schedules. We will not pay charges in excess of the Usual and Customary Charges.

Preferred Allowance means: the amount a Preferred Provider will accept as payment in full for Covered Expenses.

Preferred Provider means: the Doctors, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

Sickness means: an illness, disease or condition that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charge means: the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

CREDITABLE COVERAGE

Your coverage under this health plan is "creditable coverage" under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. A Certificate of Creditable Coverage may be requested in writing from Academic HealthPlans.

PRE-EXISTING CONDITION LIMITATION

Benefits will not be paid for a pre-existing condition for which a Covered Person received medical treatment, care, diagnosis, or advice within (6) six consecutive months prior to the effective date of his or her coverage. This limitation will not apply if the Covered Person has not received such treatment, care, or advice within (6) six consecutive months while covered by this Policy, or if the Covered Person has been covered by this Policy for more than six consecutive months. Medical treatment includes, but is not limited to, prescription medication. Prior creditable coverage will be applied to the 6 month waiting period if the Covered Person was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy.

A new six-month pre-existing condition limitation cannot be imposed in subsequent school years after the first, unless there is a separation period of more than one school term or semester break.

Continuous coverage will be granted from year to year; provided, any previous coverage was continuous to a date not more than one school term or semester break prior to the effective date of the new coverage. This coverage will be afforded to Covered Person's insured by any previous insurance plan provided this continuous coverage stipulation is met. If this continuous coverage stipulation is not met, any pre-existing condition excluded under this provision shall not qualify for coverage under this Student Health Insurance Program until six months from the effective date of coverage.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for any loss or expense caused by, contributed to, or resulting from:

1. Dental treatment, except for accidental Injury to sound, natural teeth;
2. Hearing examinations or hearing aids; or other treatment for hearing anomalies and problems. "Hearing anomalies " means any physical disability of the ear that can impair normal hearing, apart from the disease process;
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore. Radial Keratotomy/Lasik surgery is not covered;
4. Elective Surgery and Elective Treatment; (includes but is not limited to surgery and/or treatment for accutane; acne, except as specifically provided in the Policy; acupuncture; allergy testing; alopecia; biofeedback-type services; birth control; breast implants, breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except when required to correct 1) an Injury for which benefits are otherwise payable under this policy; or 2) medically diagnosed congenital defects and birth abnormalities of a Newborn Infant; deviated nasal septum, including submucosa resection and/or other surgical correction thereof; family planning; fertility tests; hirsutism; impotence, organic or otherwise; infertility, (male or female,) including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; obesity and any condition resulting therefrom; premarital examinations; preventative medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and, mandibular retrognathia; temporomandibular joint disfunction; tubal ligation; vasectomy; and weight reduction. Elective surgery and elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States;
5. Preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness;
6. Cosmetic procedures, except reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part, and as required after a mastectomy, or for newborn or adopted children;
7. Services provided without charge by the Student Health Center, or services covered or provided by a student health fee;
8. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
9. Injury sustained while (a) participating in any intercollegiate (in excess of \$300) 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;
10. Injury or sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Participation in a riot or civil disorder; commission of or attempt to commit a felony or illegal act;
12. An accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
13. Injuries caused by, contributed to or resulting from the Covered Person's use of illegal drugs or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Covered Person's Doctor;
14. War or any act of war, whether declared or not; and
15. Service in the military, naval or air service of any country.

GLOBAL EMERGENCY SERVICES (PROVIDED BY SCHOLASTIC EMERGENCY SERVICES, INC.)

Insured Students enrolled under the Plan shall have access to 24-hour global emergency services provided by Scholastic Emergency Services, Inc.

If you are a U.S. student studying in a U.S. location, you are eligible for all services when traveling more than 100 miles away from your permanent residence and for selected services at your campus location. If you are a U.S. student studying abroad, you are eligible for all assistance services at your campus location. If you are a foreign nation student studying in the U.S., you are eligible for services, both on campus and while traveling outside of your home country for the duration of your studies. Foreign national students are not eligible for services in their home country of origin.

The services include referrals to qualified, local medical providers, transportation to the nearest appropriate medical facility if it is not available locally (evacuation), critical care monitoring upon discharge from the hospital and if ongoing assistance is needed, medically supervised transportation home (repatriation) with an escort, if necessary. The Scholastic Emergency Services program also includes other services such as transportation of a family member to join hospitalized patient, emergency counseling, prescription replacement assistance, pre-trip information, lost luggage and document assistance, as well as return of mortal remains. Scholastic Emergency Services completely arranges and pays for all of the assistance services it provides without limits on the covered cost. **All services must be arranged and provided by Scholastic Emergency Services. No claims for reimbursement will be accepted. (Scholastic Emergency Services, Inc. is not affiliated with ACE American Insurance Company.)**

CLAIM PROCEDURE

In the event of Injury or Sickness, the Student should:

- 1) Contact the University Health Center at (503) 352-2269 for an appointment; or when not in school, a Doctor or hospital.

IN AN EMERGENCY, REPORT DIRECTLY TO THE NEAREST EMERGENCY ROOM FOR TREATMENT.

- 2) A Company claim form is required for filing a claim. Claim forms are available at the University Health Center, by calling Academic HealthPlans at (888) 308-7320 or online at www.AHPCare.com/pacificu. Mail to the address below all medical and hospital bills along with patient's name, Insured student's name, address, ID number and name of the University under which the student is Insured.
- 3) File claims within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit Claims to:

MEDICAL CLAIMS

Academic HealthPlans
c/o True Choice USA
P.O. Box 700307
Dallas, Texas 75370-0307

PRESCRIPTION CLAIMS

Health Special Risk, Inc.
P.O. Box 118098
Carrollton, TX 75011-8098

For Claims Inquiries:

Health Special Risk, Inc.
(800) 785-2446
(972) 492-6474
Email: Claims@hsri.com



An Academic Risk Management, Inc. Business Partner

PLAN ADMINISTRATOR

Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, Texas 76034-1605
(888) 308-7320
(817) 479-2100
fax (817) 479-2101
www.AcademicHealthPlans.com

LOCAL AGENT

WSC INSURANCE

Waltz Sheridan Crawford, Inc. – A Tradition Continues

2000 Pacific Avenue
PO Box 128
Forest Grove, Oregon 97116
(503) 357-3154
Email info@wscinsurance.com
www.wscinsurance.com

**For more information about this Plan, please visit:
www.AHPCare.com/pacificu**

IMPORTANT NOTICE

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

PRIVACY DISCLOSURE

Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of ACE USA's HIPAA Privacy Notice upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605 Colleyville, TX 76034-1605 or call (817) 479-2100. You may also view and download a copy from the website at www.AHPCare.com/pacificu.