

# 2016 • 2017

## STUDENT HEALTH INSURANCE PLAN

FOR DOMESTIC AND INTERNATIONAL STUDENTS

GOLD COVERAGE ACTUARIAL VALUE 79.89%— AFFORDABLE CARE ACT **COMPLIANT**



This insurance plan is underwritten by National Guardian Life Insurance Company  
Madison, Wisconsin

National Guardian Life Insurance Company is not affiliated with  
Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.

Policy Number: 2016A5A00

Policy Form Number: NBH-280 (2016) PPO IL

Direct all inquiries regarding enrollment to:  
**Associated Insurance Plans International, Inc.**  
609 N. Pine Street, Suite 202  
Burlington, WI 53105

Pre-Certification is not required  
Policy benefits are not guaranteed

(800) 452-5772 • Fax (262) 758-6344

email: [office@AIPStudentInsurance.com](mailto:office@AIPStudentInsurance.com)



Student Insurance Website: [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com)

Saint Xavier University 2016-2017  
Student Health Insurance Plan Temporary Identification Card  
National Guardian Life Insurance Company  
NOTE: In a life threatening emergency, go to the nearest emergency room for treatment.

---

Print name and school ID number

is entitled to the benefits provided under the policy issued by Companion Life Insurance Company for the entire period for which premium has been paid, 24 hours per day, anywhere in the world. Coverage expires at 12:01 a.m. local time on the last date for which premium has been paid. Possession of this card does not guarantee benefits. Contact the Claims Administrator to verify coverage. *In a life threatening emergency, go to the nearest emergency room for treatment.*

Policy Number: 2016A5A00		Co-pays:
Direct all claim inquiries and correspondence to	<a href="http://www.phcs.com">www.phcs.com</a>	\$40 for Physician's Visit
Commercial Travelers Payor #: 88091	800-922-4362	\$40 for Urgent Care
College Claim Department		\$500 for Emergency Room
70 Genesee Street	Co-pays: \$25/\$45/\$60	
Utica, NY 13502	<a href="http://optumrx.com">optumrx.com</a>	
800-756-3702	Pharmacy Locations/Questions: (800) 248-1062	
<a href="http://www.SaintXavierInsurance.com">www.SaintXavierInsurance.com</a>		

Please keep card in your possession at all times. Pre-Certification is not required.

Detach and retain.



SCAN for a direct link to your student insurance website.

---

## TABLE OF CONTENTS

---

PLAN HIGHLIGHTS . . . . .	3
*POLICY TERM . . . . .	3
TERMINATION DATES. . . . .	3
PERIODS OF COVERAGE FOR UNDERGRADUATES AND GRADUATE STUDENTS . . . . .	3
ELIGIBILITY . . . . .	3
2016-2017 INSURANCE RATES . . . . .	3
HOW DO I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM? . . . . .	3
NEWBORN CHILDREN . . . . .	4
REFUND POLICY. . . . .	4
OUT-OF-POCKET EXPENSE LIMIT. . . . .	4
IMPORTANT NOTE ABOUT YOUR BENEFITS. . . . .	4
STUDENT HEALTH CENTER - REFERRAL REQUIRED . . . . .	4
GRADUATE STUDENT ENROLLMENT PROCESS. . . . .	4
PHCS PREFERRED PROVIDER NETWORK. . . . .	4
SCHEDULE OF BENEFITS 2016-2017. . . . .	5
ESSENTIAL HEALTH BENEFITS . . . . .	8
PRESCRIPTION DRUG CARD . . . . .	8
DEFINITIONS . . . . .	8
EXCLUSIONS . . . . .	10
EXTENSION OF BENEFITS . . . . .	11
THIRD PARTY REFUND . . . . .	11
APPEALS . . . . .	11
PRIVACY NOTICE. . . . .	11
HOW DO I FILE A CLAIM UNDER MY STUDENT HEALTH INSURANCE PLAN?. . . . .	11
HOW DO I CHECK THE STATUS OF A CLAIM I HAVE ALREADY FILED?. . . . .	11
HOW DO I OBTAIN MY IDENTIFICATION CARD?. . . . .	11
ON CALL INTERNATIONAL . . . . .	12
OPTIONAL DENTAL/VISION/PHARMACY DISCOUNT CARD. . . . .	13
SAINT XAVIER UNIVERSITY ACCIDENT AND SICKNESS 2016-2017 OFFLINE ENROLLMENT FORM. . . . .	14

## PLAN HIGHLIGHTS

1. Coverage anywhere in the world.
2. Unlimited maximum medical and pharmacy benefits per policy year.
3. Deductible waived and 100% reimbursement for covered treatment at the Student Health Center.
4. Benefits for Preventive Services.
5. Prescription Drug Card.
6. Coverage for all Illinois Mandated Benefits.
7. Benefits for Repatriation, Medical Evacuation and International Assistance through OnCall International.
8. Monthly payment option for Graduate student.
9. Full policy benefits for pre-existing conditions.
10. Dental and Vision Coverage Options through Security Life Insurance Company.

### HOW DO I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?

Please call the servicing agency, at (800) 452-5772, or email us through the Student Insurance website:

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

### \*POLICY TERM

The insurance under Saint Xavier University's Accident and Sickness Health Insurance Plan for the Annual Policy is effective 12:01 a.m., on August 11, 2016. The Annual Policy terminates at 12:01 a.m. on August 11, 2017 or at the end of the period through which the premiums are paid. Coverage is effective 24 hours a day on a worldwide basis.

### TERMINATION DATES

An Insured Person's insurance will terminate on the earliest of:

1. The date this Policy terminates for all insured persons; or
2. The end of the period of coverage for which premium has been paid; or
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date an Insured Person enters military service; or
5. For International Students, the date Insured Person departs the Country of Assignment for his/her Home Country (except for scheduled school breaks);
6. For International Students, the date the student ceases to meet Visa requirements;
7. On any premium due date the Policyholder fails to pay the required premium for an Insured Person except as the result of an inadvertent error.

### PERIODS OF COVERAGE FOR UNDERGRADUATES AND GRADUATE STUDENTS

Annual	August 11, 2016 to August 11, 2017
Waiver and Enrollment Deadline	September 21, 2016
Fall Semester One	August 11, 2016 to December 31, 2016
Waiver and Enrollment Deadline	September 21, 2016
Fall Semester Two	October 3, 2016 to December 31, 2016
Waiver and Enrollment Deadline	October 31, 2016
Spring & Summer-Semesters One	January 1, 2017 to August 11, 2017
Waiver and Enrollment Deadline	February 1, 2017
Spring & Summer-Semesters Two	March 1, 2017 to August 11, 2017
Waiver and Enrollment Deadline	March 31, 2017
Summer Semester (New Students Only)	May 19, 2017 to August 11, 2017
Waiver and Enrollment Deadline	June 13, 2017
Graduate Students Enrollment Deadlines*	
Fall/Annual - September 11, 2016, Spring - February 1, 2017	
Summer - June 13, 2017	

\* If your existing coverage terminates during the policy term, you may enroll in this plan if enrollment form and premium are received within 30 days of prior plan termination date.

## ELIGIBILITY

Enrolled Domestic and International Undergraduate Students and scholars attending Saint Xavier University who cannot produce evidence of insurance coverage will be automatically enrolled in this insurance plan.

Unless Undergraduate Students submit an insurance waiver which will provide information on their existing insurance, through [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com), they will automatically receive the school's health insurance and the fee for health insurance coverage will be charged to the Student's account each semester. The deadline for submission of a waiver is shown in Periods of Coverage.

Enrolled Student/Scholar is a person: (1) who is a member of an eligible class of persons as described above; (2) has enrolled for coverage under this Plan, if required; (3) for whom premium has been paid; and (4) while covered under the Plan.

To be eligible for coverage under this Policy, a Student must:

1. meet the enrollment requirements stated in the Insurance Information Schedule; and
2. pay the required premium; and
3. attend classes for at least the first 31 days of the period for which premium has been paid except in the case of medical withdrawal.

We maintain the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever We discover that they have not been met, our only obligation is to refund premium.

**This plan is optional for Graduate Students and premiums must be paid directly to the Plan Administrator. Enroll online at [SaintXavierInsurance.com](http://SaintXavierInsurance.com).**

Coverage for Dependents is not offered.

### 2016-2017 INSURANCE RATES

Premiums are NOT pro-rated other than shown.

Coverage Available For	Annual	*Fall Semester Installment
Student Only	\$1,952	\$926
Coverage Available For	Spring & Summer Semester Installment	New Students Spring & Summer
Student Only	\$1,129	\$1,559
Coverage Available For	New Students Summer	
Student Only	\$770	

An Administrative Fee is included in all rates.

## GRADUATE STUDENT ENROLLMENT PROCESS

Enrollment forms may be obtained from the Student Insurance website at: [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com).

1. You may access the website on CLAWS and pay with an electronic check, major credit card, or debit card.
2. Application and insurance payment may be mailed directly to:  
STUDENT INSURANCE PLAN  
609 N. Pine Street, Suite 202, Burlington, WI 53105
3. You may call and enroll over the telephone using a Major Credit Card or Debit Card, (800) 452-5772.
4. You can email questions to us at: [office@AIPStudentInsurance.com](mailto:office@AIPStudentInsurance.com)

NOTE: It is your responsibility to submit payment prior to expiration date in order to avoid a lapse in coverage. You must re-enroll in the insurance plan. **Please note enrollment deadlines!**

It is important to update all address changes with the Servicing Agency, (800) 452-5772, or by sending an email through the Student Insurance website at: [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com).

## NEWBORN CHILDREN

A newly born child of an Insured Person will be covered from the moment of birth. Such newborn child will be covered for Covered Injury or Covered Sickness for an initial period of 31 days. This includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities from the moment of birth.

## REFUND POLICY

Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only:

1. For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made.
2. For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school.
3. For International Students, Scholars, Visiting Faculty member and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who:
  - a. Withdraws from School during his/her first semester; and
  - b. Returns to his/her Home Country.A written request must be sent to us within 60 days of such departure.

No other refunds will be allowed.

## OUT-OF-POCKET EXPENSE LIMIT

After the Out-of-Pocket Expense Limit has been reached as shown in this Schedule of Benefits, benefits will be paid at 100% of the PPO Allowance (In-Network) or 100% of Usual and Reasonable charge for Non-Network.

The Out-of-Pocket Expense Limit is the most you could pay during the Policy Year for your share of the cost of covered services. The policy Deductible, Co-insurance and Co-payments count toward meeting the Out-of-Pocket Maximum.

## IMPORTANT NOTE ABOUT YOUR BENEFITS

Should state law and/or federal law require certain benefits to be included in the Master Policy that are not included in this brochure, such benefits shall be deemed to be included in this brochure to the extent necessary to satisfy the minimum requirements of such law. For more information about your benefits, please read the Summary of Benefits and Coverages available at [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com) and the Glossary of Terms available at [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com) or [www.cciio.cms.gov](http://www.cciio.cms.gov), or you may request a copy by calling 1-800-452-5772.

## PHCS PREFERRED PROVIDER NETWORK

Persons insured under this Plan may choose to be treated within, or out of, the PHCS Preferred Provider Network. The PHCS Preferred Provider Network consists of hospitals, doctors, and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. Reimbursement rates will vary according to the source of care, as described under the Description of Benefits herein.

When an Insured Person uses the services of a PHCS Preferred Provider Network provider, the covered expenses incurred will be payable at 80% of PPO Allowance. (Covered Medical Expenses incurred at the Student Health Center will be reimbursed at 100%). However, when treatment is rendered by providers outside the PHCS Preferred Provider Network, expenses will be payable at 50% of Usual and Reasonable Covered Charges.

Assignment of a network Doctor does not guarantee eligibility or the right to Student Health Benefits.

In order to use the services of a participating provider, you must present your National Guardian Life Insurance Company Medical Identification Card that is provided to all students insured under the Saint Xavier University Student Health Insurance Plan.

*You should always confirm that a Preferred Provider is participating at the time services are required (by asking the provider when you make an appointment for service).*

A complete listing of participating providers are available on the web at: [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com)

## STUDENT HEALTH CENTER - REFERRAL REQUIRED

This is a supplemental plan. Where available, the student must first use the resource of the Student Health Center (SHC) where treatment will be administered or a referral issued. Expenses incurred for medical treatment rendered outside of the SHC for which no prior approval or referral is obtained may be excluded from coverage. A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary ONLY under the following conditions:

- a. For an Emergency Medical Condition. The student must return to the SHC for necessary follow-up care;
- b. When the SHC is closed;
- c. For medical care received when the student is more than 20 miles from campus;
- d. For medical care obtained when a student is no longer able to use the SHC due to a change in student status.
- e. For maternity care;
- f. When service is rendered at another facility during break or vacation period;
- g. Psychiatric services.

## STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN SCHEDULE OF BENEFITS 2016-2017

All covered expenses are subject to the deductible and copays unless indicated otherwise.

<b>REFERRAL FOR TREATMENT IS REQUIRED BY STUDENT HEALTH CENTER (SHC) FOR TREATMENT</b>		
Coinsurance with SHC Referral: Deductible applies unless otherwise specified. Covered Medical Expenses are payable at 80% of PPO Allowance when In-Network. Coinsurance without SHC Referral to another Provider: Deductible applies unless otherwise specified. Covered Medical Expenses are payable at 50% of Usual and Reasonable Charge. Medical Deductible: \$500 per Policy Year Medical Expense Benefit: Unlimited Out-of-Pocket Expense Limit: \$6,250 per Policy Year		
<b>BENEFITS PER COVERED INJURY/SICKNESS</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>
<b>INPATIENT BENEFITS</b>		
Hospital Room & Board Expenses	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Hospital Intensive Care Unit Expense - in lieu of normal Hospital Room & Board Expenses	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Hospital Miscellaneous Expenses for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, miscellaneous supplies.	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Pre-admission Testing	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Physician's Visits while Confined	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Inpatient Surgery; Surgeon Services	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Anesthetist	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Assistant Surgeon	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Registered Nurse Services for private duty nursing while confined	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Skilled Nursing Facility Expense Benefit	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Mental Health Disorder Benefits	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Substance Use Disorder Benefits	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
<b>BENEFITS PER COVERED INJURY/SICKNESS</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>
<b>OUTPATIENT BENEFITS</b>		
Outpatient Surgery Surgeon Services	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Anesthetist	30% of Benefits Payable for Surgeon's Services	30% of Benefits Payable for Surgeon's Services
Assistant Surgeon	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery – expenses for services & supplies, such as cost of operating room therapeutic services, miscellaneous supplies, oxygen, oxygen tent, and blood & plasma	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy  Habilitative Services are covered to the extent that they are Medically Necessary. Cardiac Rehabilitation services limited to 36 treatment sessions per Policy Year.	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Emergency Services Expenses (Emergency medical care because of a criminal sexual assault or abuse – no cost sharing)	80% of PPO Allowance for Covered Medical Expenses \$500 Copayment	80% of PPO Allowance for Covered Medical Expenses \$500 Copayment

**STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN  
SCHEDULE OF BENEFITS 2016-2017 (CONTINUED)**

All covered expenses are subject to the deductible and copays unless indicated otherwise.

BENEFITS PER COVERED INJURY/SICKNESS	IN-NETWORK	NON-NETWORK
<b>OUTPATIENT BENEFITS (CONTINUED)</b>		
In Office Physician's Visits	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Mental Health Disorder	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Substance Use Disorder	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Urgent Care Centers or Facilities	80% of PPO Allowance for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Diagnostic X-ray Services	80% of PPO Allowance for Covered Medical Expenses \$25 Copayment	80% of Usual and Reasonable Charge for Covered Medical Expenses \$25 Copayment
Laboratory Procedures (Outpatient)	80% of PPO Allowance for Covered Medical Expenses \$25 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$25 Copayment
Allergy Testing and Treatments Benefit	80% of PPO Allowance for for Covered Medical Expenses \$40 Copayment	50% of Usual and Reasonable Charge for Covered Medical Expenses \$40 Copayment
Prescription Drugs	Generic Copayment \$25 Preferred Brand Copayment \$45 Brand Copayment \$60 (See Prescription Card)	N/A
Outpatient Miscellaneous Expense for Services not otherwise covered but excluding surgery	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Home Health Care Expenses	80% of PPO Allowance for for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Hospice Care Coverage	80% of PPO Allowance for for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Private Duty Nursing	80% of PPO Allowance for for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Chiropractic Care	80% of PPO Allowance for for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
<b>OTHER BENEFITS</b>		
Ambulance Services	80% of PPO Allowance for for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Braces and Appliances	80% of PPO Allowance for for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Durable Medical Equipment	80% of PPO Allowance for for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Maternity Benefit	Same as any Covered Sickness	Same as any Covered Sickness
Routine Newborn Care	Same as any Covered Sickness	Same as any Covered Sickness
Consultant Physician Services	Same as any Covered Sickness	Same as any Covered Sickness
Additional Surgical Opinion upon request by Insured Person	80% of PPO Allowance for for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Student Health Center/Infirmary / Expense	100% of Usual and Reasonable Charge for Covered Medical Expenses. Deductible Waived.	
Accident Injury Dental Treatment for Insured Persons over age 18	80% of PPO Allowance for for Covered Medical Expenses	80% of Usual and Reasonable Charge for Covered Medical Expenses
Pediatric Dental Care Benefit Preventive Dental Care limited to 1 dental exam every 6 months	See Benefit for limitations 100% of PPO Allowance for	See Benefit for limitations 50% of Usual and Reasonable Charge for Preventive Services
<i>The benefit amount payable for the following services is different for Preventive Dental Care</i>		
Emergency Dental	50% of Usual and Reasonable Charge	50% of Usual and Reasonable Charge
Clinical Oral Evaluations	50% of Usual and Reasonable Charge	50% of Usual and Reasonable Charge
Endodontic Services	50% of Usual and Reasonable Charge	50% of Usual and Reasonable Charge
*Periodontal Services	50% of Usual and Reasonable Charge	50% of Usual and Reasonable Charge
*Prosthodontic Services	50% of Usual and Reasonable Charge	50% of Usual and Reasonable Charge
Medically Necessary Orthodontic Care	50% of Usual and Reasonable Charge	50% of Usual and Reasonable Charge

**STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN  
SCHEDULE OF BENEFITS 2016-2017 (CONTINUED)**

All covered expenses are subject to the deductible and copays unless indicated otherwise.

<b>OTHER BENEFITS (CONTINUED)</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>
Pediatric Vision Care Benefit Limited to 1 visit per policy year and 1 pair of prescribed lenses and frames	100% of PPO Allowance for Preventive Services	50% of Usual and Reasonable Charge for Covered Medical Expenses
Naprapathic Service Up to \$1,000 per policy year	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Non-Emergency Treatment outside the United States	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
Hearing Aid Benefit	80% of PPO Allowance for Covered Medical Expenses	50% of Usual and Reasonable Charge for Covered Medical Expenses
<b>MANDATED BENEFITS</b>		
Habilitative Services for Children	Same as any other Habilitative Service	
Human Papillomavirus Vaccine Benefit	Same as any other Preventive Service	
Shingle Vaccine for Insureds age 60 or older	Same as any other Preventive Service	
Infertility Treatment Up to 4 treatments Additional 2 treatments following a live birth	Same as any other Covered Sickness	
Post-Mastectomy Care	Same as any other Covered Sickness	
Reconstructive Breast Surgery	Same as any other Surgical Benefit	
Routine Care During Clinical Cancer	Same as any other Covered Sickness	
<b>TRIALS BENEFIT</b>		
Amino Acid-base Elemental Formula Benefit	Same as any other Covered Sickness	
Adjunctive Services in Dental Care Benefit	Same as any other Covered Sickness	
Breast Cancer Pain Medication and Therapy Benefit	Same as any other Prescription Drug	
Multiple Sclerosis Preventive Physical Therapy Benefit	Same as any other Covered Sickness	

## ESSENTIAL HEALTH BENEFITS

Per the Patient Protection and Affordable Care Act. Benefits are included in the following categories: ambulatory patient services, emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

Coverage is subject to limits on the number of visits, specific dollar amounts paid by the issuer, deductibles, copayments, coinsurances in and out of network, and age requirements in accordance with the terms of the policy and state and federal guidelines.

## PRESCRIPTION DRUG CARD

Prescriptions purchased from the OptumRx Network of pharmacies will be covered. For a complete list of pharmacy providers, please visit [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com).

NOTE: The prescription drug benefit is through the OptumRx Pharmacy Program. The OptumRx Pharmacy Network includes national chains as well as local pharmacies. When you need to have a prescription filled, present your insurance ID card at a participating pharmacy. You will pay a co-payment for your medications. The pharmacy will submit additional charges to the Insurance Company.

OptumRx Drug Card co-payments:

- Zero for generic contraceptives
- \$25 co-pay generic medications.
- \$45 co-pay for preferred brand medications.
- \$60 for brand medications.

Co-payments are for a 30 day supply only.

## DEFINITIONS

These are key words used in this Policy. They are used to describe the Policyholder's rights as well as Ours. Reference should be made to these words as the Policy is read.

**Accident** means a sudden, unforeseeable event that causes Injury to an Insured Person. The Accident must occur while coverage is in effect for the Insured Person.

**Ambulance Service** means transportation to a Hospital by an Ambulance Service.

**Anesthetist** means a Physician or nurse who administers anesthesia during a surgical procedure. He or she may not be an employee of the Hospital where the surgical procedure is performed.

**Brand Name Drugs** means drugs for which the drug manufacturer's trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label.

**Coinsurance** means the ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

**Complications of Pregnancy** means conditions that require Hospital confinements before the pregnancy ends and whose diagnoses are distinct from but caused or affected by pregnancy. These conditions are acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar conditions as severe as these.

Complications of Pregnancy also include non-elective cesarean section, termination of an ectopic pregnancy, and spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Complications of Pregnancy do not include false labor, occasional spotting or Physician prescribed rest during the period of pregnancy, morning Sickness, preeclampsia, and similar conditions not medically distinct from a difficult pregnancy.

## DEFINITIONS (CONTINUED)

**Copayment** means the amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

**Country of Assignment** means the country in which an Eligible International Student, scholar or visiting faculty member is:

1. Temporarily residing; and
2. Actively engaged in education or educational research related activities sponsored by the National Association for Foreign Student Affairs or its Member Organizations.

**Covered Injury** means a bodily injury that is:

1. Sustained by an Insured Person while he/she is insured under this Policy or the School's prior policies; and
2. Caused by an accident.

Coverage under the School's policies must have remained continuously in force:

1. From the date of Injury; and
2. Until the date services or supplies are received, for them to be considered as a Covered Medical Expense under this Policy.

**Covered Medical Expense** means those charges that are:

1. Not in excess of the PPO Allowance for any Medically Necessary treatment, service, or supplies that are received from Network Providers;
2. Not in excess of the Usual and Reasonable charges for any Medically Necessary treatment, service, or supplies are received from Non-Network providers;
3. Not in excess of the charges that would have been made in the absence of this insurance;
4. Incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

**Covered Sickness** means Sickness, disease or trauma related disorder due to Injury which:

1. causes a loss while the Policy is in force; and
2. which results in Covered Medical Expenses.

Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

**Deductible** means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

**Elective Surgery or Elective Treatment** means surgery or medical treatment that is:

1. not necessitated by a pathological or traumatic change in the function or structure of any part of the body; and
2. which occurs after the Insured Person's effective date of coverage.

**Elective Treatment** includes, but is not limited to, treatment for acne, warts and moles removed for cosmetic purposes, weight reduction, learning disabilities, routine physical examinations, fertility tests and pre-marital examinations, preventive medicines or vaccines except when required for the treatment of Cover Injury or Covered Sickness to the extent coverage is not required by state or federal law. **Elective Surgery** includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for a deviated nasal septum, other than for necessary treatment of acute sinusitis to the extent coverage is not required by state or federal law. Elective surgery does not include Plastic or Cosmetic Surgery required to correct an abnormality caused by a Covered Injury or Covered Sickness.



## DEFINITIONS (CONTINUED)

**Eligible Student** means a student who meets all enrollment requirements of the School named as the Policyholder in the Insurance Information Schedule.

**Emergency Medical Condition** means a medical condition which:

1. manifests itself by acute symptoms of sufficient severity (including severe pain); and
2. causes a prudent layperson, who possesses an average knowledge of health and medicine, to reasonably expect that the absence of immediate medical attention might result in:
  - a. 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;
  - b. Serious impairment to bodily functions; or
  - c. Serious dysfunction of any bodily organ or part.

**Emergency Services** means, with respect to an Emergency Medical Condition: transportation services, including but not limited to ambulance services, and covered inpatient and outpatient Hospital services furnished by a Hospital or Physician qualified to furnish those services that are needed to evaluate or Stabilize an Emergency Medical Condition.

**Essential Health Benefits** mean benefits that are defined as such by the Secretary of Labor and are to be provided in a manner that is equal to the scope of benefits provided under a typical employer plan. This applies to the following general categories and the items and services covered within the categories:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

**Formulary** means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

**Generic Drugs** means a drug that is identical or bioequivalent to a Brand Named drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent.

**Habilitation/Habilitative Services** means health care services that help the Insured Person keep, learn, or improve skills and functions for daily living. Habilitative Services may include such services as physical therapy, occupational therapy, and speech therapy.

**Home Country** means the Insured Student's country of citizenship. If the Insured Student has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the United States. The Insured Student's Home Country is considered the Home Country for any dependent of an Insured Student while insured under this Policy.

## DEFINITIONS (CONTINUED)

**Hospital** means an institution that:

1. Operates as a Hospital pursuant to law;
2. Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
3. Provides 24-hour nursing service by Registered Nurses on duty or call;
4. Has a staff of one or more Physicians available at all times; and
5. Provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

Hospital does not include the following:

1. Convalescent homes or convalescent, rest or nursing facilities;
2. Facilities primarily affording custodial, educational, or rehabilitant care; or
3. Facilities for the aged.

**Hospital Confined or Hospital Confinement** means a stay of eighteen (18) or more consecutive hours as a resident bed patient in a Hospital.

**Immediate Family Member** means the Insured Person and his or her spouse or the parent, child, brother or sister of the Insured Person or his or her spouse.

**Insured Person** means an Insured Student or dependent of an Insured Student while insured under this Policy.

**Insured Student** means a student of the Policyholder who is eligible and insured for coverage under this Policy.

**International Student** means an international student:

1. With a current passport and a student Visa;
2. Who is temporarily residing outside of his or her Home Country; and
3. Is actively engaged, on a full time basis, as a student or in educational research activities through the Policyholder.

In so far as this Policy is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

**Loss** means medical expense caused by an Injury or Sickness which is covered by this Policy.

**Medically Necessary** means medical treatment that is appropriate and rendered in accordance with generally accepted standards of medical practice. The Insured Person's health care provider determines if the medical treatment provided is medically necessary.

**Mental Health Disorder** means a condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Mental Health Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

**Network Providers** are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.

**Non-Network Providers** have not agreed to any pre-arranged fee schedules.

**Out-of-pocket Expense Limit** means the amount of expenses that an Insured Person is responsible for paying.

## DEFINITIONS (CONTINUED)

**Physician** means a:

1. Doctor of Medicine (M.D.); or
2. Doctor of Osteopathy (D.O.); or
3. Doctor of Dentistry (D.M.D. or D.D.S.); or
4. Doctor of Chiropractic (D.C.); or
5. Doctor of Optometry (O.D.); or
6. Doctor of Podiatry (D.P.M.); or
7. Doctor of Naprapathy (D.N);

who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered.

A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a Health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

**Physician** means any licensed practitioner of the healing arts who We are required by law to recognize as a "Physician." This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

The term Physician does not mean any person who is an Immediate Family Member.

**PPO Allowance** means the amount a Network Provider will accept as payment in full for Covered Medical Expenses.

**Preferred Brand Drug** means a formulary drug that is within a select subset of therapeutic classes, which make up the formulary drug list.

**Private Duty Nursing Services** means services that cannot be provided by non-professional personnel and can only be provided by a licensed health care provider. Private Duty Nursing includes teaching and monitoring of complex care skills such as tracheotomy suctioning, medical equipment use and monitoring to home caregivers.

**School or College** means the college or university attended by the Insured Student.

**Skilled Nursing Facility** means an institution that provides skilled nursing care under the supervision of a Physician, provides 24-hour nursing service by or under the supervision of a registered nurse (R.N.) and maintains a daily record of each patient. Skilled nursing facilities must be licensed by an appropriate state agency and approved for payment of Medicare benefits to be eligible for reimbursement.

**Sound, Natural Teeth** means natural teeth. The major portion of a tooth must be present, regardless of fillings, and not carious, abscessed or defective. Sound, Natural Teeth will not include capped teeth.

**Stabilize** means, with respect to an Emergency Medical Condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

**Student Health Center or Student Infirmary** means an on campus facility that provides:

1. Medical care and treatment to Sick or Injury students; and
2. Nursing services.

A Student Health Center or Student Infirmary does not include:

1. Medical, diagnostic and treatment facilities with major surgical facilities on its premises or available on a pre-arranged basis; or
2. Inpatient care

**Substance Use Disorder** means any condition or disorder that substantially limits the life activities of the Insured Person with the disorder. Substance Use Disorders must be listed in the most recent version of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization.

## DEFINITIONS (CONTINUED)

**Treatment** means the medical care of a Covered Injury or Covered Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

**Usual and Reasonable** means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a:

1. Like service by a provider with similar training or experience; or
2. Supply that is identical or substantially equivalent.

**Visa**, in so far as this Policy is concerned, means the document issued by the United States Government that permits an individual to participate in the education activities of a college, university or other institution of higher learning either as a student or in another academic capacity. An International Student must have and maintain a valid visa, either an F-1 (Academic), J-1 (Exchange) or M-1 (Vocational) in order to continue as a student in the United States.

**We, Us, or Our** means National Guardian Life Insurance Company or its authorized agent.

## EXCLUSIONS

**Exclusion Disclaimer:** Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

This Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Policy and as shown in the Schedule of Benefits.

**International Students Only** – Eligible expenses within the Insured Person's Home Country or country of origin that would be payable or medical treatment that is available under any governmental or national health plan for which the Insured Person could be eligible.

- preventive medicines, serums or vaccines of any kind except as specifically provided under the Policy.
- routine physical or other examinations where there are no objective indications of impairment of normal health or except as specifically provided under the Policy.
- dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's Sound, Natural Teeth or as provided by the Pediatric Dental Care Benefit.
- services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
- services or supplies in connection with eye examinations, eyeglasses or contact lenses, except those resulting from a covered accidental Injury or as provided by the Pediatric Vision Care Benefit:
- expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- any expenses in excess of Usual and Reasonable charges.
- loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Schedule of Benefits.
- loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate sports.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
- treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured person is required to pay.

## EXCLUSIONS (CONTINUED)

- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.
- expenses for weight increase or reduction, except Medically Necessary bariatric surgery and hair growth or removal unless otherwise specifically covered under the policy.
- expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses, except as required for repair caused by a Covered Injury.
- hearing examinations for the prescription or fitting of hearing aids, except for one inpatient hearing screening for a newborn dependent;
- expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery.
  - o For the purposes of this provision, **Reconstruction Surgery** means surgery performed to correct or repair tumors or disease to either improve function or to create a normal appearance, to the extent possible.
  - o For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance).
- treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same.
- an Insured Person's:
  - o committing or attempting to commit a felony,
  - o being engaged in an illegal occupation, or
  - o participation in a riot.
- expenses that are not recommended and approved by a Physician.

## EXTENSION OF BENEFITS

Coverage under this Policy ceases on the Termination Date shown in the Insurance Information Schedule. However, coverage for an Insured Person will be extended as follows:

If an Insured Person is Hospital confined for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to 90 days from the Termination Date while such confinement continues.

## THIRD PARTY REFUND

1. when an Insured Person is injured through the negligent act or omission of another person (the "third party"); and
2. when benefits are paid under the Policy as a result of that Injury, We are entitled to a refund by the Insured Person of all Policy benefits as a result of the Injury.

The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro rata charges, such as legal fees and court costs, may be deducted from the refund made to Us. The Insured Person must complete and return the required forms to Us upon request.

## APPEALS

If a claim is wholly or partially denied, a written notice or message on the Explanation of Benefits (EOB) will be sent to the Insured Person containing the reason for the denial. The notice or message will include a reference to the provision in the Plan and a description of additional information, which might be necessary for reconsideration of the claim.

## PRIVACY NOTICE

For a copy of the Company's Privacy Notice, go to:

[www.commercialtravelers.com/privacy.html](http://www.commercialtravelers.com/privacy.html)

or request one from the Health Center at your school  
or request one from:

National Guardian Life Insurance Company  
c/o Privacy Officer • 70 Genesee Street • Utica, NY 13502  
(Please indicate the school you attend with your written request.)

## HOW DO I OBTAIN MY IDENTIFICATION CARD?

1. You may detach and retain the Identification Card provided on the brochure.
2. You may obtain your Identification Card on the Internet at:  
[www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com)

"Click" on Print ID Card. You will need to provide your name, Student Identification Number, and your birth date. If you experience any difficulty, please call us at (800) 452-5772.

3. You may call (800) 452-5772 and request that your Identification Card be mailed to you.

## HOW DO I FILE A CLAIM UNDER MY STUDENT HEALTH INSURANCE PLAN?

Should an Injury or Sickness occur, the following steps should be taken:

1. Secure the necessary medical treatment. A listing of Preferred Providers is available at: [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com)
2. Obtain itemized bills from your physician or provider.
3. Please make certain all additional medical bills submitted show your name, school ID, social security number, school, and description of medical condition.
4. Mail your medical bills as soon as possible to the Claims Administrator:  
Commercial Travelers  
College Claims Division  
70 Genesee Street  
Utica, NY 13502  
(800) 756-3702

## HOW DO I CHECK THE STATUS OF A CLAIM I HAVE ALREADY FILED?

1. Online Inquiry:
  - a) go to: [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com) to obtain your permanent identification card.
  - b) After obtaining your identification card, click on "Check Claims Online".
  - c) You will need to set up an account by providing your first and last name, your birth date, your student identification number and the policy number. This information should be taken directly from your permanent identification card.
2. Telephone Inquiry: Call Commercial Travelers (800) 756-3702.

Your service representative:



ASSOCIATED  
INSURANCE PLANS  
INTERNATIONAL, INC.

609 N. Pine Street, Suite 202  
Burlington WI 53105  
(800) 452-5772 • FAX (262) 758-6344  
(e-mail) [office@aipstudentinsurance.com](mailto:office@aipstudentinsurance.com)  
Visit us and **enroll on the Web** at:  
[www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com)

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Saint Xavier University. Any discrepancies between this brochure and the Policy will be governed by the Policy.

## ON CALL INTERNATIONAL GLOBAL ASSISTANCE PROGRAM

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added services are provided by On Call International.

The Global Assistance Program (GAP) is supplemental to the Student Insurance Plan. The GAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 1-855-226-7915 (toll free) or collect at 1-603-952-2045. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The Global Assistance Program is effective when you are outside your home country, or over 100 miles from home within the United States or when you are traveling.

**The following emergency services are included\*:**

**Emergency Medical Evacuation and Repatriation** If you suffer an accident, injury or sickness resulting in a serious medical condition which in the opinion of the On Call physician requires transportation to be treated adequately, On Call will arrange and pay for air and/or surface transportation, medical care during transportation, communication and all usual and customary ancillary charges incurred in moving and transporting you to the nearest hospital where appropriate medical care is available.

After being treated at a medical facility, On Call will arrange and pay for the transport of the Participant with a qualified medical attendant to the Country of Domicile or Country of Residence for further medical treatment or recovery should it be deemed medically necessary by the On Call physician.

**Return of Remains** In the event of death, On Call shall make the arrangements and pay for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

**Return of Dependent Children** If your Dependent(s) are present but left unattended as a result of your hospitalization or Medical Evacuation, On Call shall make and pay for travel arrangements to return them home, including a non-medical escort as needed. This service has a limit of \$5,000.

**Visit by Family/Friend** If the Participant has or will be hospitalized for more than five (5) days while traveling, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of

your choice to join them. This service includes flights and up to \$200 a day for hotel for a maximum of seven (7) days, up to a combined service limit of \$5,000.

\*On Call International must pay and arrange for all services included above, reimbursement for self-paid expenses will not be considered; it is not insurance but it is added as a service in your Student Health Insurance Policy.

**Additional Medical and Travel Assistance**

If there are third party costs associated with the following services, On Call will notify you and you will be responsible for the costs:

- Pre-Trip Information
- Referral to the nearest, most appropriate medical facility, and/or provider.
- Medical monitoring by board certified emergency physicians in the United States
- Guarantee of Payment to provider and assistance in coordinating insurance benefits
- Prescription Replacement Assistance or Dispatch of Medicine if not available locally
- Emergency Message Forwarding to family, friends, personal physician, school, etc.
- Emergency Travel Arrangements for disrupted travel
- Legal Consultation and Referral
- Interpreter Assistance and Referral
- Lost Luggage Assistance
- Lost/Stolen Travel Documents Assistance

**24 Hour Nurse Helpline**

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. A Registered Nurse counselor will provide a clinical assessment to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Member's ailments.

**Contact On Call International to access any of the GAP services described above.**

Toll Free from U.S. and Canada: 1-855-226-7915

Collect Worldwide: 1-603-952-2045

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

This is only an outline of services and terms, conditions and exclusions apply.

The following Dental & Vision Services are not part of the plan underwritten by National Guardian Life Insurance Company. They are provided by Security Life Insurance Company.

## OPTIONAL DENTAL/VISION/PHARMACY *DISCOUNT CARD*

(Additional premium required.)

May be purchased without Health Coverage.)

- No Claim Forms
- No Waiting Periods
- No Pre-existing Conditions
- No Deductibles or Maximums
- No Age Restriction
- Discount is immediate at time of service
- Over 100,000 participating providers nationwide

The Co-Health Group Collegiate plan has been specifically designed to meet the needs of today's College and University students, whether they are incoming freshmen, graduate, evening students, international or domestic students attending Saint Xavier University.

The Co-Health Benefit Plan provides discounts in certain health care areas not normally reimbursed by insurance. In the "Collegiate Plan" we are offering the Vision, Dental and Pharmacy Discount Plan as a single package of Benefits, or you may purchase discounts for pharmacy or vision separately. Here's how the plan works:

This is not an Insurance Plan. The Co-Health Group Collegiate Plan is a Discount Care Plan offering discounts and savings for Vision, Dental and Prescription Pharmacy expenses.

Each of the benefit plans (Vision, Dental, and Prescription Pharmacy) has a network of Providers (for example, the participating dentists in the Dental Plan.) As a member of the Plan you can go to any of the providers listed and purchase their products or services on a negotiated discount basis. You get your discount/savings on the spot. There are no exclusions for "pre-existing" conditions. There are no claim forms to fill out and no paperwork to be filed. Simply show your Co-Health membership card at the time of your scheduled appointment or at a participating pharmacy.

The discounts you will receive are substantial and these savings can be very important to you. The services that make up the Collegiate Plan (Vision, Dental and Pharmacy) are also the three most common areas where you will have unexpected expenses. With our Benefits, you can substantially reduce your out of pocket expenses, and as an added bonus, you can use our plan benefits anywhere in the United States, except the State of Washington.

You simply show your Co-Health ID Card and get your discount on the spot. **Annual Premiums - enroll anytime throughout the year at [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com). You do not need to purchase health insurance to enroll in the optional dental/vision/pharmacy discount plan.**

## OPTIONAL DENTAL AND VISION *INSURANCE PLAN*

(Additional premium required.)

May be purchased without Health Coverage.)

Underwritten by Security Life Insurance Company of America

- Freedom to Use Dentist of Your Choice
- Coverage for Adult Sealants
- Multiple Plan Design Options – some with orthodontia and extractions
- No Waiting Periods for Most Services
- Optional Vision Coverage for Additional Premium
- Effective as early as the following day
- Available to any Individual to age 65.
- Monthly payment.

QUESTIONS? PLEASE CALL AIP AT 800-452-5772.

**You do not need to purchase health insurance to enroll in the optional dental and vision insurance plan.**

Enroll for Dental and Vision Coverage online at [www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com).

ANNUAL PREMIUMS	Credit Card or Internet Payment	Check By Mail
Dental/Vision/Pharmacy		
Student Only	\$72.00	\$62.00
Family	\$88.00	\$78.00
Dental & Vision		
Student Only	\$62.00	\$52.00
Family	\$79.00	\$69.00
Dental & Pharmacy		
Student Only	\$62.00	\$52.00
Family	\$79.00	\$69.00
Vision & Pharmacy		
Student Only	\$40.00	\$30.00
Family	\$50.00	\$40.00
Vision		
Student Only	\$25.00	\$15.00
Family	\$30.00	\$20.00
Pharmacy		
Student Only	\$25.00	\$15.00
Family	\$30.00	\$20.00

SAINT XAVIER UNIVERSITY  
ACCIDENT AND SICKNESS 2016-2017  
OFFLINE ENROLLMENT FORM for Graduate Students

Please Print Legibly

Student's Name \_\_\_\_\_  
(First) (M) (Last)

Student I.D. # \_\_\_\_\_

Billing Address:

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address (IMPORTANT!) \_\_\_\_\_

I wish to enroll in the Student Insurance Plan checked below. My check or money order for the amount shown is attached.

Make check or money order payable to Student Insurance Plan.  
Mail this enrollment card along with premium to:  
609 N. Pine Street, Suite 202  
Burlington, WI 53105

I wish to have my Saint Xavier Student Account charged for the insurance term selected below.

Coverage Available For	Annual	*Fall Semester Installment
Student Only	\$1,952	\$926
Coverage Available For	Spring & Summer Semester Installment	New Students Spring & Summer
Student Only	\$1,129	\$1,559
Coverage Available For	New Students Summer	*Monthly
Student Only	\$770	

An administrative fee is included in all rates.

Note: For term date, see page 3, Periods of Coverage.

Please charge my Saint Xavier Student Health Insurance: Coverage is not automatic. You must re-enroll in the insurance plan each term.

SAINT XAVIER STUDENT ACCOUNT  VISA  DISCOVER  MASTERCARD  AMEX

Credit//Debit Card Number \_\_\_\_\_

3 or 4 digit security code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print name of cardholder \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Please Charge \$ \_\_\_\_\_ for Student Health Insurance.

Student signature \_\_\_\_\_

NOTE: You may enroll "On-line" and pay your premium by electronic check or major credit card at  
[www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com)