2014 - 2015

PLAN 1. STUDENT ACCIDENT INSURANCE PLAN
POLICY NO. 2014-S3-A08

Pre-Certification is not required
Underwritten by:
Companion Life Insurance Company

Servicing Agent:
Associated Insurance Plans International
P.O. Box 189
Libertyville, IL 60048
(800) 452-5772 • Fax (847) 281-8813
email: office@AIPStudentInsurance.com
Student Insurance Website: www.DominicanInsurance.com
Please contact between the hours of 9:00 a.m. to 5:00 p.m. Central Standard Time.
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**HOW DO I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?**

Please call the Administrator, at (800) 452-5772, Monday through Friday, between the hours of 9:00 a.m. to 5:00 p.m. Central Standard Time, or email us through the Student Insurance website: [www.DominicanInsurance.com](http://www.DominicanInsurance.com)

We appreciate hearing from you with your comments, questions, and concerns.
ACCIDENT INSURANCE PLAN – FOR ALL REGISTERED STUDENTS

DOMINICAN UNIVERSITY
ACCIDENT INSURANCE PLAN FOR ALL REGISTERED STUDENTS 2014-2015

The following is a brief description of the benefits of the Student Accident Insurance Plan which has been designed especially for all students attending class at Dominican University.

This program provides coverage for 104 weeks from the date of an accident occurring during the policy period for accident occurring while at School, or during class, or for accident occurring while involved in a Dominican University sponsored event or extra-curricular activity, including internships or practicums anywhere in the world. Accidents occurring as the result of the play and practice of intercollegiate athletics are also covered by this Plan.

Benefits include travel to and from School, or travel directly to and from a School activity. The exact provisions governing this insurance are contained in the Master Policy issued to Dominican University by Companion Life Insurance Company and may be viewed online at www.DominicanInsurance.com.

ELIGIBILITY

All registered students are covered for accidents occurring while on campus at Dominican University. Benefits are in force while attending class, internships or practicums programs, and while attending any Dominican University sponsored event or activity. Coverage is also provided for travel directly to and directly from such events.

EFFECTIVE AND EXPIRATION DATES

Benefits will become effective at 12:00 am on August 1, 2014 and expire at 11:59 pm on August 31, 2015.

REFUND POLICY

There is no provision for cancellation other than upon entry into the Armed Forces. Any student withdrawing from school during the first 31 days of the period for which coverage is purchased (annual, fall, spring, or summer) shall not be covered under the Policy and a full refund of the payment will be made. Such a student will not be entitled to any benefits during the days preceding withdrawal, and no claims received will be honored. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which the payment has been paid and no refund will be available unless the student does not attend classes for the next semester, and no claim has been made. In this instance the student may apply for a refund of the unearned premium. Pro-rata refunds will be made upon the entry of any insured person into the Armed Forces of any country. NO OTHER REFUNDS WILL BE PERMITTED.
<table>
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<th>Eligibility/Terms of Coverage</th>
<th>All registered students will be covered for accidents occurring while insured under this program, anywhere in the world. This policy includes coverage for the practice, play, and off-seasoning conditioning for Intercollegiate Sports.</th>
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DEFINITIONS FOR ACCIDENT POLICY (CONTINUED)

“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 the Accident or Sickness occurs 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 Person” means any eligible person or an eligible Dependent who applies for coverage, and for whom the required premium is paid to Us.

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy.

“Doctor” means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate. It will not include a Covered Person or a member of the Covered Person’s Immediate Family or household.

“Elective Surgery or Elective Treatment” means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that:

1) are deemed by the Insurer to be research, investigative, or experimental;

2. are not generally recognized and accepted medical practices in the United States.

“Emergency Hospitalization” and “Emergency Medical Care” means hospitalization or medical care: That is provided for an Injury or a Sickness caused by the unexpected onset of a medical condition with acute symptoms of sufficient severity and pain that would cause a prudent layperson with an average knowledge of health and medicine to expect that the absence of immediate medical care to result in:

1. The Covered Person’s health or in the case of a pregnant woman, the health of the woman and her unborn child, being placed in serious jeopardy.

2. Serious impairment of the Covered Person’s bodily functions.

3. Serious dysfunction of any of the Covered Person’s bodily organs or parts.

“Expanded Medical Coverage” Coverage is expanded to include conditions, which result from participation in athletics, not necessarily the direct result of an accident as defined above. These conditions may include wear and tear damage caused by overuse, treatment of repetitive motion injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans, and heat exhaustion not related to a specific injury.

“Experimental or Investigational” means any procedure, treatment, facility, supply, device, or drug that:

1. is not generally accepted by the United States medical community as effective for diagnosis, care or treatment; or

2. is subject to research protocols indicating that the procedure, treatment, facility, supply, device, or drug is “experimental or investigational”; or

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DEFINITIONS FOR ACCIDENT POLICY
(CONTINUED)

3. requires the patient to sign a consent form which indicates that the procedure, treatment, supply, device, or drug is “experimental or investigational” or is part of a research or study program; or
4. requires the provider’s institutional review board to acknowledge that the procedure, treatment, facility, supply, device, or drug is “experimental or investigational,” and subject to the board's approval.

Important Notice – The insurer may rely upon the advice of medical and dental peer review groups and other medical and dental experts to determine which services and/or supplies are experimental or investigational. The decision whether there is enough scientific data, and the decision whether a service or supply is “experimental or investigational” will be made by the insurer.

The insurer will determine, in its discretion, whether a procedure, treatment, facility, supply, device, or drug is “experimental or investigational.”

“Heart/Circulatory Coverage” Coverage is extended to cover the treatment of heart and/or circulatory system resulting from participation in a covered activity such as stroke, heat exhaustion, heart attack, and brain circulatory malfunctions.

“HMO/PPO Limitation Waiver” This plan will cover expenses only in excess of any other valid and collectible insurance or plan, including but not limited to, HMO's (Health Maintenance Organizations) or PPO's (Preferred Provider Organizations). Failure by an insured to follow the terms and conditions of his/her primary coverage will result in a benefit reduction of eligible expenses otherwise payable. Coverage is expanded to include benefits for HMO/PPO denials when an attempt for compliance has been made by the college to utilize authorized medical providers and the HMO/PPO still requires the student-athlete to return to his/her home area for treatment to be covered.

“Home Country” means the Covered Person’s country of domicile or citizenship named on the enrollment form or the roster, as applicable. However, the Home Country of an eligible Dependent who is a child is the same as that of the eligible participant.

“Home Health Care” means nursing care and treatment and Daily Living Services provided to a Covered Person in His home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:
1. the Home Health Care plan must be established and approved in writing by a Covered Person’s attending Doctor, including certification in writing by the attending Doctor that confinement in a Hospital or extended care facility would be required in the absence of Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency; and
3. Daily Living Services must be approved in writing by the attending Doctor or by the provider of the nursing care services.

“Daily Living Services” means cooking, feeding, bathing, dressing and personal hygiene services performed by a Home Health Aide, and which are necessary to the care and health of the Covered Person.

DEFINITIONS FOR ACCIDENT POLICY
(CONTINUED)

“Hospice” means a public or private agency or facility which:
1. administers medically supervised, written plans of physical, psychological, social and spiritual care for terminally ill individuals and their immediate family;
2. has its own staff doctors, nurses and medical and social counseling services on call 24 hours a day, 7 days a week or contracts and monitors this staff if not furnished by the hospice itself;
3. is supervised on a full-time basis by a doctor or registered nurse (RN);
4. keeps a written record of all hospice services furnished to its patients and families;
5. makes use of trained volunteers and keeps written records of their use and cost savings;
6. is licensed or certified according to the laws of the state in which it is located; and
7. provides bereavement and medical social services.

“Hospital” means an institution that:
1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
2. provides 24-hour nursing service by Registered Nurses on duty or call;
3. has a staff of one or more licensed Doctors available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either:
   a. on its premises; or
   b. in facilities available to it, on a pre-arranged basis;
5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Hospital also means a licensed alcohol and drug abuse rehabilitation facility or a mental hospital. Alcohol and drug abuse rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises on a prearranged basis.

“Hospital Confined” means a stay of 18 or more consecutive hours as a registered resident bed-patient in a Hospital;

“Injury” means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. 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.

“Insured” means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

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

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DEFINITIONS FOR ACCIDENT POLICY (CONTINUED)

1. is investigational, experimental or for research purposes;
2. is provided solely for the convenience of the patient, the patient’s family Doctor, Hospital or any other provider;
3. exceeds in scope, duration or intensity the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. could have been omitted without adversely affecting the person's condition or the quality of medical care; or
5. involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration.

“Prescription Drugs” mean 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs that under the applicable state or federal law may be dispensed only upon written prescription of a Doctor; and 4) injectable insulin.

“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.

“We, Our, Us” means Companion Life Insurance Company, Inc., or its authorized agent.

EXCLUSIONS FOR ACCIDENT POLICY

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

1. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.
2. Suicide, or any attempt thereat or self-inflicted Injuries while sane;
3. Expenses in connection with services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems;
4. Skeletal irregularities of one or both jaws including Temporomandibular Joint Dysfunction (TMJ), orthognathia and mandibular retrognathia; nasal or sinus surgery;
5. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of:
   a. covered Injury that occurred while the Covered Person was insured;
   b. covered child’s congenital defect or anomaly; or
   c. as specifically provided for in the Policy.
6. Expenses incurred for birth control drugs, procedures, supplies or devices, including oral contraceptives used for birth control. Drugs and medications for the treatment of impotence and/or sexual dysfunction;
7. Reproductive/Infertility procedures and fertility tests, including but not limited to: family planning, fertility tests, infertility (male or female), including any supplies rendered for the purpose or with the intention of achieving conception; premarital examinations. Examples of fertilization procedures are: ovulation induction; in vitro fertilization; embryo transplant; or similar procedures that augment or enhance the Covered Person’s reproductive ability; impotence organic or otherwise.
8. Expenses incurred in connection with voluntary sterilization or sterilization reversal, vasectomy or vasectomy reversal and sexual reassignment;
9. War, or any act of war, whether declared or undeclared; service in the Armed Forces of any country. Loss which occurs during or as a result of committing or attempting to commit an assault, felony, or participation in a riot or insurrection, engaging in an illegal occupation;
10. Expenses incurred for Injury for which benefits are paid or payable under any Worker’s Compensation or Occupational Disease Law or Act, or similar legislation.
11. Treatment, services, supplies, in a Veteran’s Administration or Hospital owned or operated by a national government or its agencies unless there is a legal obligation for the Covered Person to pay for the treatment.
12. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries to sound natural caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit;
13. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, conceptual handicap, developmental delay or disorder, or mental retardation;
14. Elective Surgery or Elective Treatment as defined by the Policy;
15. Foot care including: flat foot conditions, supportive devices for the foot, subluxations, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, week feet, foot strain, and symptomatic complaints of the feet, except those related to diabetic care;
16. Hearing examinations or hearing aids; or other treatment for hearing defects or problems. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
17. Immunizations, except as specifically provide in the Policy; preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy;
18. Hirsutism, alopecia;
19. Weight management, weight reduction, treatment for obesity, surgery for the removal of excess skin or fat, or nutrition programs, except as related to treatment for diabetes;
20. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of any Injury, except as specifically provided by the Policy;
COORDINATION OF BENEFITS
The policy will coordinate benefits as outlined in the Master Policy which may be reviewed at www.DominicanInsurance.com.

COMPLAINT RESOLUTION
Insured persons or their representatives may call the Customer Service Department with questions or complaints at (800) 452-5772. If the question or complaint is not resolved to the satisfaction of the complainant, the complainant may submit a written request to the claims review committee, which will make a thorough investigation and respond to the complainant in a timely manner. The Company will not retaliate against the complainant because of the complaint.

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.

MY IDENTIFICATION CARD?
1. You may detach and retain the temporary Identification Card provided on the brochure.
2. You may obtain your permanent Identification Card on the internet at: www.DominicanInsurance.com “Click” on Print ID Card. You will need to provide your name, student identification number, and 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 permanent Identification Card be mailed to you.

HOW DO I FILE A CLAIM UNDER MY STUDENT INSURANCE PLAN?
Should an Injury or Sickness occur, the following steps should be taken:
2. Obtain itemized bills from your physician or provider.
3. You must complete a claim form. Claim forms may be obtained on the Student Insurance website: www.DominicanInsurance.com
4. Please make certain all additional medical bills submitted show your name, school ID number, school, and description of medical condition. Only one claim form, per condition, needs to be mailed.
5. Mail the completed claim form and medical bills as soon as possible:
   Administrative Concepts, Inc.
   994 Old Eagle School Road, Suite 1005
   Wayne, PA 19087-1802
   (800) 452-5772
   Please contact between 9:00 a.m. to 5:00 p.m. C.S.T.
6. You may check the status of a claim you have already filed at www.DominicanInsurance.com and click on “Check Claims Online”.

HOW CAN I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?
Please call the Administrator, at (800) 452-5772, Monday through Friday, between the hours of 9:00 a.m. to 5:00 p.m. Central Standard Time, or email us through the Student website, www.DominicanInsurance.com. We appreciate hearing from you with your comments, questions, and concerns.

Any provision of the Policy, or the brochure, which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

Please keep this brochure as a general summary of the insurance. The Master Policy contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure.

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6. You may check the status of a claim you have already filed at www.DominicanInsurance.com and click on “Check Claims Online”.

HOW CAN I CHECK THE STATUS OF A CLAIM I HAVE ALREADY FILED?
1. Online Inquiry:
   a.) go to: www.DominicanInsurance.com 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 birthdate, your student identification number and the Policy number. This information should be on taken directly from your permanent Identification Card.
2. Telephone Inquiry: Call Administrative Concepts, Inc. at (888) 293-9229 between the hours of 8:00 a.m. to 5:00 p.m. CST.
Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Privacy Promise
We understand the importance of handling your medical information with care. We are committed to protecting the privacy of your medical information. State and federal laws require us to make sure that your medical information is kept private. Federal law requires that we provide you with this Notice of Privacy Practices, which describes our legal duties and privacy practices with respect to your medical information and your legal rights with respect to our use and disclosure of your medical information. We are required by law to follow the terms of this notice currently in effect. This Notice is effective September 23, 2013, and will remain in effect until it is changed or replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as the law allows. These changes will be effective for all medical information that we keep, including medical information we created or received before we made the changes. When we make a material change to our privacy practices, we will provide a copy of a new notice (or information about the changes to our privacy practices and how to obtain a new notice) in a mailing to members who are covered under our health plans at that time.

Uses and Disclosures of Medical Information

We may use and disclose your medical information for purposes of treatment, payment, and health care operations.

Treatment:

We may disclose your medical information to a physician or other health care professional to help him or her provide your treatment.

Payment:

We may use or disclose your medical information in these and other activities related to payment:

- Paying claims from physicians, hospitals and other health care providers.
- Obtaining premium payments.
- Issuing explanations of benefits to the named insured.
- Providing information to health care professionals or other entities that are bound by the federal Privacy Rules for their payment activities.

Health Care Operations:

We may use or disclose your medical information in the normal course of conducting health care operations, including such activities as:

- Quality assessment and improvement activities.
- Reviewing the qualifications of health care professionals.
- Compliance and detection of fraud and abuse.
- Underwriting, enrollment and other activities related to creating, renewing or replacing a plan of benefits.
- Providing information to another entity bound by the federal Privacy Rules for its health care operations, in limited circumstances.

You and Your Family and Friends

We may use and disclose your medical information to communicate with you for purposes of customer service or to provide you with information you request. We may disclose your medical information to a family member, friend or other person to the extent necessary for him or her to assist with your health care or payment for your health care. Before we disclose your medical information to that person, we will give you a chance to object to us doing so. If you are not available, or if you are incapacitated or in an emergency situation, we may, in the exercise of our professional judgment, determine whether the disclosure would serve your best interest. We may also use or disclose your medical information to notify (or help notify, including identifying and locating) a family member, a personal representative or other person responsible for your care of your location, general condition or death.

Your Employer or Organization Sponsoring Your Group Health Plans

We may disclose summary information and enrollment information to your employer (or other plan sponsor). Summary information is a summary of the claims history, claims expenses or types of claims that members of your group health plan have filed. The summary information will not include demographic information about you or any details in the group health plan, but your employer or plan sponsor may be able to identify individuals from the summary information provided.

Disaster Relief

We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit

We may use or disclose our members’ medical information as authorized by law for the following purposes that are in the public interest or benefit:

- As required by law.
- For public health activities, including disease and vital statistics reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury.
- To report adult abuse, neglect or domestic violence.
- To health oversight agencies.
- In response to court and administrative orders and other lawful processes.
- To law enforcement officials in response to subpoenas and other lawful processes concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies and to identify or locate a suspect or other person.
- To coroners, medical examiners and funeral directors.
- To organize procurement organizations.
- To avert a serious threat to health or safety.
- In connection with certain research activities.
- To the military and to federal officials for law enforcement, counterintelligence and national security activities.
- To correctional institutions regarding inmates.
- As authorized by state workers’ compensation laws.

Your Authorization

We may not use or disclose your medical information without your written authorization, except as described in this notice. You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us authorization, we will abide it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by the authorization while it was in effect.

We need your written authorization to use or disclose psychotherapy notes, except in the following circumstances, to send you communications about products and services. We do not need your written authorization, however, to send you communications about health-related products or services, as long as the products or services are associated with your coverage or are offered by us.

Individual Rights

You have certain rights with respect to the medical information we maintain about you. To exercise any of these rights or to obtain more information about these rights (including any applicable fees), contact us using the information listed at the end of this notice.

Access

You have the right to inspect or receive a copy of your medical information, with some exceptions. To inspect or receive your medical information, you must submit the request in writing. If you request to receive a copy of your records, we are allowed to charge a reasonable, cost-based fee.

Disclosure Accounting

You have the right to request, in writing, a record of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, and as allowed by law. We will provide you with a record of such disclosures for up to the previous six years. If you request a record of disclosures more than once in a 12-month period, we may charge you a reasonable, cost-based fee for each additional request.

Restriction

You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your medical information. If you request such restrictions, we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions will be made in writing and signed by a person authorized to make such an agreement for us.

Confidential Communications

You have the right to request, in writing, that we communicate with you about your medical information by other means, or to another location. We are not required to agree to your request unless you state that you could be in danger if we do not communicate to you in confidence. In that case, we must accommodate your request if it is reasonable, if it is not contrary to your ability to communicate, and if it permits us to continue to collect premiums and pay claims under your health plan. We will not be bound to your request unless our agreement is in writing.

Even if we agree to communicate with you in confidence, an explanation of benefits we issue to the named insured for health care services the named insured (or others covered by the health plan) received might contain sufficient information (such as deductible and out-of-pocket amounts) to reveal that you obtained health care services for which we paid.

Amendment

You have the right to request, in writing, that we amend the medical information about you that is maintained in our records. If the information we want to amend is accurate and complete, we will make the necessary amendment. If we disagree, you have the right to request, in writing, that we append a notation to your record commenting on the accuracy or completeness of the information, or that we inform the person or entity to whom the record is sent of such notation. You have the right to request that we restrict our use and disclosure of your medical information. By law, we are not required to agree to this request unless you state that you could be in danger if we do not communicate to you in confidence. In that case, we must accommodate your request if it is reasonable, if it is not contrary to your ability to communicate, and if it permits us to continue to collect premiums and pay claims under your health plan. We will not be bound to your request unless our agreement is in writing.

Notice of Breach

We are required to notify affected individuals following a breach of unsecured medical information.

Electronic Notice

You may request a written copy of this notice at any time or download it from our website.

Questions and Complaints

If you want more information about our privacy practices, or if you have questions or concerns, please contact us using the information below.

If you believe we may have violated your privacy rights, you may submit a complaint to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with that address upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Attn: Bruce Honeycutt, Privacy Officer
120 East @ Alpine Road (AX-E01)
Columbia, SC 29219
(803) 264-7258 (telephone)
(803) 264-7257 (fax)

www.DominicanInsurance.com
STUDENT ACCIDENT INSURANCE PLAN

www.DominicanInsurance.com

OPTIONAL - ADDITIONAL PREMIUM REQUIRED
DENTAL/VISION/PHARMACY DISCOUNT PLAN

Additional premium required (see rates listed below).

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 Dominican 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 Program 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 programs (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 receive 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 Coverage Premiums
Enroll anytime throughout the year at www.dentalvisionrxdiscount.com.

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OPTIONAL, ADDITIONAL PREMIUM DENTAL AND VISION INSURANCE PLAN
(Additional premium required)

Underwritten by Security Life Insurance Company of America

• Freedom to Use Dentist of Your Choice
• Up to $2,000 Annual Maximum
• Coverage for Adult Sealants
• Six Plan Design Options
• No Waiting Periods for Most Services
• Coverage for Orthodontia
• Optional Vision Coverage for Additional Premium

QUESTIONS? PLEASE CALL 800-452-5772.
You do not need to purchase health insurance to enroll in the optional dental and vision insurance plan. Enroll online at www.DominicanInsurance.com.