

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.



SCAN for a direct link to your
student insurance website.

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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

We appreciate hearing from you with your comments, questions, and concerns.

ACCIDENT INSURANCE PLAN – FOR ALL REGISTERED STUDENTS

Detach and keep in your possession.

Dominican University 2014-2015
Accident Insurance Plan Identification Card
Companion Life Insurance Company

NOTE: In a life threatening emergency, go to the nearest emergency room for treatment.

Print name and school ID number

This ID card is for identification only. Possession of the card does not guarantee the right to services or other benefits unless the holder is complying with all provisions of the Member Policy and is currently insured on the date of service. Contact the Company to verify coverage.

Notification of Injury must be provided to the Company within 30 days after the date of accident. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment. Pre-certification is not required.

Policy Number: 2014-S3-A08

Direct all claim inquiries and correspondence to:
Administrative Concepts, Inc.
Payor #: 22384
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(888) 293-9229 - 8 am - 6 pm CST
www.DominicanInsurance.com

 PHCS www.phcs.com
800-922-4362



 MultiPlan
www.multiplan.com
800-464-0292

Note: The attached is a temporary ID card. Once you are enrolled in the insurance plan a permanent ID card will be mailed to you. For a replacement card please call 800-452-5772. You may also print an ID card online at www.DominicanInsurance.com.

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 practicum 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.

DOMINICAN UNIVERSITY
SCHEDULE OF BENEFITS – ACCIDENT POLICY

Eligibility/Terms of Coverage	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.
Policy Provisions	Excess to any other valid or collectible insurance
Benefit Maximum per Condition	\$15,000
Deductible	None
Benefit Period	104 weeks from date of injury
Coverage/Benefits	
Room & Board Expense	100% of Semi-Private Room Rate
Hospital Miscellaneous	100% of Reasonable and Customary
Intensive Care	Paid under Room & Board
Physiotherapy (in or outpatient), Benefits are limited to one visit per day.	100% of Reasonable and Customary
Surgeon's Fees (in or outpatient)	100% of Reasonable and Customary
Anesthetist	100% of Reasonable and Customary
Physician's Visits (in or outpatient), Benefits are limited to one visit per day.	100% of Reasonable and Customary
Pre-Admission Testing	100% of Reasonable and Customary
Day Surgery Miscellaneous	100% of Reasonable and Customary
Medical Emergency Expenses	100% of Reasonable and Customary
Diagnosis X-ray and Laboratory Services	100% of Reasonable and Customary
Radiation Therapy & Chemotherapy	No Benefits
Test & Procedures	100% of Reasonable and Customary
Injections	100% of Reasonable and Customary
Prescription Drugs	100% of Reasonable and Customary
Ambulance Services	100% of Reasonable and Customary
Durable Medical Equipment	100% of Reasonable and Customary
Mental Health	No Benefits
Alcoholism/Substance Abuse	No Benefits
Consultant Physician Fees	100% of Reasonable and Customary
Dental Treatment	\$5,000 per injury to sound; natural teeth
Benefits for Expanded Medical Coverage, HMO/PPO Limitation Waiver, Heart/Circulatory Coverage, and Off-Season (supervised/sponsored) Conditioning	Included
Accidental Death and Dismemberment	\$10,000 Principal Sum
Additional Programs – Accident Policy	
Travel Assistance Services	
On Call Nurse Line	

TRAVEL ASSISTANCE FOR ALL STUDENTS

Included in this health insurance plan is access to a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact On Call International for any of these services:

Toll Free from U.S. and Canada: 1-800-850-4556, or collect outside the U.S. and Canada, 603-328-1713, 603-898-9159.
www.oncallinternational.com

24-HOUR NURSE ADVICE LINE

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. ON CALL provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor 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 Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in Dominican University's Student Accident and Sickness Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556 or collect outside the U.S. and Canada, 603-328-1713.

DEFINITIONS FOR ACCIDENT POLICY

"Accident" means an unexpected and unintended event, which is the direct cause of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

"Allowable Charge" means the charge which is the lesser of: 1) The actual charge, or 2) the Usual and Customary Charge for a covered service.

"Benefit Period" means a period commencing on the first date of treatment for a covered Accident or covered Sickness and continuing for a maximum period shown in the Schedule of Benefits. The term, Benefit Period; includes any Extension of Benefits shown in the Policy.

"Covered Accident" means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

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

DEFINITIONS FOR ACCIDENT POLICY (CONTINUED)

- 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
- 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:

- 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;
- 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
- 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:

- administers medically supervised, written plans of physical, psychological, social and spiritual care for terminally ill individuals and their immediate family;
- 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;
- is supervised on a full-time basis by a doctor or registered nurse (RN);
- keeps a written record of all hospice services furnished to its patients and families;
- makes use of trained volunteers and keeps written records of their use and cost savings;
- is licensed or certified according to the laws of the state in which it is located; and
- provides bereavement and medical social services.

"Hospital" means an institution that:

- operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
- provides 24-hour nursing service by Registered Nurses on duty or call;
- has a staff of one or more licensed Doctors available at all times;
- provides organized facilities for diagnosis, treatment and surgery, either.
 - on its premises; or
 - in facilities available to it, on a pre-arranged basis;
- 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:

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

EXCLUSIONS FOR ACCIDENT POLICY (CONTINUED)

- 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;
 21. Expenses incurred for acupuncture.

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.

APEALS

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:

1. Secure the necessary medical treatment. A listing of Preferred Providers is available at: www.DominicanInsurance.com
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 to:

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 DO 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 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.

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. If any discrepancy exists between the brochure and the Policy, the Master Policy will govern and control the payment of benefits. This brochure is based on Policy 2014-S3-A08.

Medical Benefits Underwritten by:



Companion Life Insurance Company
Policy Number: 2014-S3-A01

Claims should be made to:
Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(800) 452-5772

Direct All Inquiries To:



Post Office Box 189 • Libertyville, Illinois 60048
(800) 452-5772 • FAX (847) 281-8813
(e-mail) office@aipstudentinsurance.com
Visit us and **enroll on the Web at:**
www.DominicanInsurance.com

You may also contact the Wellness Center at Dominican University at 708-524-6229 wellness@dom.edu with any questions or concerns you have.

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Dominican University, on file at the Business Office.

STUDENT ACCIDENT INSURANCE PLAN
www.DominicanInsurance.com

PRIVACY PRACTICES

Notice of 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 the 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 Treatment, Payment, Health Care Operations:

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 for these and other activities related to payment:

- Paying claims from physicians, hospitals and other health care providers.
- Obtaining premiums.
- 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. We may not, however, use or disclose genetic information for underwriting purposes.
- 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 be in 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 others 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 organ 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 lawful intelligence, 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, you may revoke 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 limited circumstances such as when a disclosure is required by law. We also must obtain your written authorization to sell your medical information to a third party or, in most 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 paper or electronic 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. By law, 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 specifies the other means or location, 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 your medical information. Your request must explain why we should amend the information. We may deny your request if we did not create the information you want amended and the person or entity that did create it is available, or we may deny your request for certain other reasons. If we deny your request, we will send you a written explanation.

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)

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.

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	\$62.00	\$52.00
Family	\$79.00	\$69.00
Dental & Pharmacy		
Student	\$62.00	\$52.00
Family	\$79.00	\$69.00
Vision & Pharmacy		
Student Only	\$40.00	\$30.00
Family	\$50.00	\$40.00
Dental		
Student	\$50.00	\$40.00
Family	\$70.00	\$60.00
Vision		
Student Only	\$25.00	\$15.00
Family	\$30.00	\$20.00
Pharmacy		
Student Only	\$25.00	\$15.00
Family	\$30.00	\$20.00

OPTIONAL, ADDITIONAL PREMIUM DENTAL AND VISION *INSURANCE PLAN*

(Additional premium required)

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.

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