

Northern Illinois University  
Student Insurance Office  
Health Services, Room 201  
DeKalb, Illinois 60115-2879

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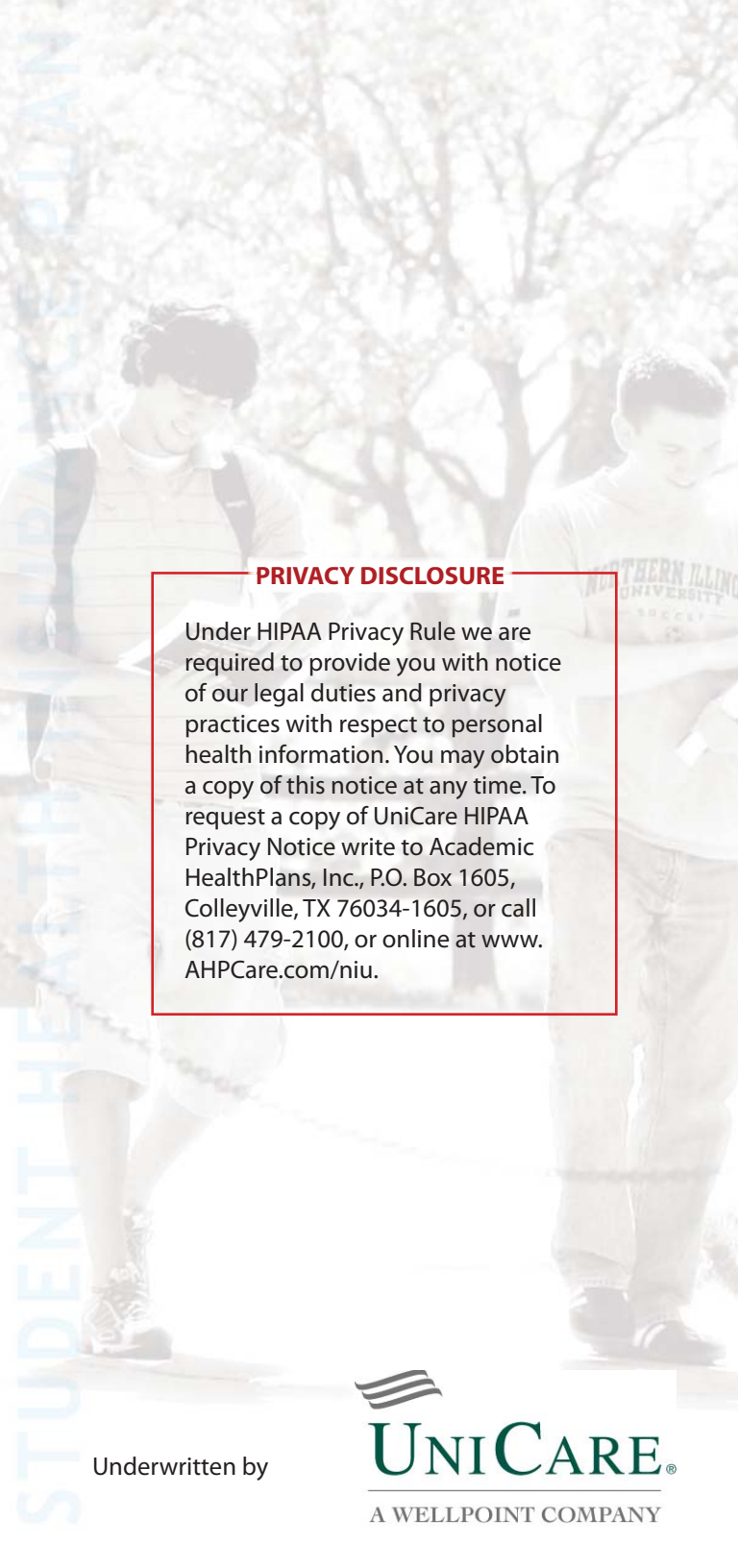
northern illinois university   health services   division of student affairs



# STUDENT HEALTH INSURANCE PLAN

*Please read:* Important information about student health insurance requirements, including participation options.

2008-09



### **PRIVACY DISCLOSURE**

Under HIPAA Privacy Rule we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You may obtain a copy of this notice at any time. To request a copy of UniCare HIPAA Privacy Notice write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605, or call (817) 479-2100, or online at [www.AHPCare.com/niu](http://www.AHPCare.com/niu).

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## Important Points to Consider

- NIU students enrolled for 9 or more on-campus semester hours, all students studying abroad, and all international students are required to maintain health insurance coverage while attending NIU. This plan will help cover unexpected medical expenses while you are an NIU student. Please review the Student Health Insurance Plan enrollment and waiver process described in this Brochure.
- Students who are insured elsewhere should consider retaining the NIU Student Health Insurance Plan (NIU Plan) for supplemental coverage. Very few group plans cover all medical expenses. The NIU Plan is designed to coordinate benefits with your primary coverage to reduce or eliminate many Out-of-Pocket expenses that you would be responsible for without additional coverage.
- Evaluate the eligibility rules of the group health insurance plan before assuming that you are covered by your parent's policy at their place of employment. Many group health insurance plans do not cover part-time student Dependents and may contain an upper age limit for full-time student Dependents.
- If financial independence has been declared to obtain financial aid, coverage through a parent's group health insurance program may no longer be in effect. Please check to see if your parent's group health insurance plan requires children to be financially dependent upon the parents in order to be covered.
- If you are a student enrolled in on-campus courses and have health insurance through a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO), you should determine the level of coverage payable in the DeKalb area where it may be needed the most.
- The NIU Plan has open enrollment for students (i.e., there is no insurability requirement), and the plan does not discriminate on the basis of age, gender, or marital status.

## How to Obtain Assistance

Questions regarding the NIU Student Health Insurance Plan should be directed to the NIU Student Insurance Office, Health Services, Room #201 at (815) 753-0122.

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# Summary of Insurance Plan

Your health care benefits are summarized below. However, to fully understand your coverage, it is important that you read this entire Brochure.

The Policy provides for Covered Medical Expenses incurred by the Covered Person for loss due to a Covered Injury or Sickness. Benefits will be paid up to the Maximum Benefit for each service scheduled below. After the Deductible has been satisfied, benefits will be paid based on the Provider selected. Covered Medical Expenses include:

BENEFIT	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>Student</b> Aggregate Maximum Deductible	\$250,000 Lifetime Maximum \$250 of Covered Medical Expenses per Policy Year, per student	
<b>Dependent</b> Aggregate Maximum Deductible	\$100,000 Lifetime Maximum \$250 of Covered Medical Expenses per Policy Year, per Insured Person	
<b>Out of Pocket Maximum</b> (Preferred Provider Hospitals Only—Inpatient/ Outpatient)	\$5,000 per Policy Year excluding Deductible(s)	
<b>Hospital Benefits</b> (Inpatient/Outpatient)	80% of Preferred Allowance	60% of Usual & Customary Charge
<b>Physician's Benefits</b>	Benefits provided for office visit charge (only) when related to allergy.	
	80% of Preferred Allowance	80% of Usual & Customary Charges
<b>Emergency Care</b> (Medical Emergencies Only)	80% of Preferred Allowance	80% of Usual & Customary Charges
<b>Emergency Room Deductible</b>	\$100 per visit (in addition to the \$250 Policy Year Deductible)	
<b>Diagnostic and Laboratory Services</b>	80% of Preferred Allowance	80% of Usual & Customary Charges
<b>Prescription Drugs</b>		
Inpatient	80% of Actual Charges	80% of Actual Charges
Outpatient	Not Covered	Not Covered
<b>Physical/Occupational Therapy</b>	\$3,000 combined maximum per Policy Year	
	80% of Preferred Allowance	80% of Usual & Customary Charges
<b>Elective Termination of Pregnancy</b>	Limited to \$750 maximum per Policy Year	
	80% of Preferred Allowance	80% of Usual & Customary Charges
<b>Mental Health Care and Drug Abuse</b>	Inpatient: 30 days maximum per Policy Year Outpatient: 25 visits maximum per Policy Year	
	80% of Preferred Allowance	80% of Usual & Customary Charges

BENEFIT	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>Alcoholism Care</b>		
Inpatient	Paid as any other Sickness	Paid as any other Sickness
Outpatient	Limited to a maximum of 25 visits per Policy Year	Limited to a maximum of 25 visits per Policy Year
	80% of Preferred Allowance	80% of Usual & Customary Charges
<b>Skilled Nursing Facility</b>	Limited to a maximum of 120 days of confinement per Policy Year	Limited to a maximum of 120 days of confinement per Policy Year
	80% of Preferred Allowance	80% of Usual & Customary Charges
<b>Home Health Care Expenses</b>	Limited to a maximum of 40 visits per Policy Year	Limited to a maximum of 40 visits per Policy Year
	80% of Preferred Allowance	80% of Usual & Customary Charges
<b>Dental</b> (Injury only to sound natural teeth)	80% of Preferred Allowance	80% of Usual & Customary Charges
<b>Other Covered Medical Expenses</b>	80% of Preferred Allowance	80% of Usual & Customary Charges

This Plan will pay as a secondary payor if you are covered through another plan. The NIU Deductibles will be waived after other valid group insurance has determined benefits. Please refer to the sections entitled "Duplicate Coverage" and "Deductible Rules" if you have other group health insurance coverage.

The payment of any Deductibles, the balance above any Coinsurance amount, and any medical expenses not covered by this plan are the responsibility of the Insured Person.

Academic HealthPlans has arranged for you to access DeKalb County Healthcare Purchasing Group, a Preferred Provider Network in the DeKalb community and Beech Street, Inc. National PPO Network outside the local network area. Acute Care facilities and Mental Health networks are available nationally if you require hospitalization outside the immediate area of the NIU campus. You may obtain information regarding Preferred Providers at [www.AHPCare.com/niu](http://www.AHPCare.com/niu).

To maximize your savings and reduce Out-of-Pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Providers are subject to Usual and Customary (U&C) Charge allowance maximums. Any charges in excess of the U&C allowance are not covered under this Plan.

**Covered Medical Expenses** are those expenses identified in this Brochure under the section entitled "Covered Medical Expenses" and are subject to the conditions of the Policy, including satisfaction of the Deductible(s) and Pre-existing Condition limitation. Please refer to the sections of this Brochure entitled "Definitions" and "Benefit Exclusions" for more information.

## Requirement for Health Insurance Coverage

Northern Illinois University requires all students enrolled for 9 or more on-campus semester hours to be covered under the NIU Student Health Insurance Plan and/or to be covered by equal or better health insurance. All international students and all students studying abroad are required to be covered by the NIU Student Health Insurance Plan.

## Eligibility and Enrollment Procedures

### Eligibility and Enrollment-Students

#### Students Registered for 9 or More On-Campus Semester Hours<sup>1</sup>

Fall and Spring semester students registered and actively attending instruction for 9 or more on-campus semester hours (by September 24, 2008 for the Fall semester and February 11, 2009 for the Spring semester), who do not successfully complete a Waiver application for this policy year will be automatically assessed the \$377 per semester fee for the Student Health Insurance Plan. These students are automatically enrolled in the Plan and, provided they meet their financial obligations to the university, are eligible for benefits.

Students participating in Study Abroad programs and international students who are registered for classes (by September 24, 2008 for the Fall semester and February 11, 2009 for the Spring semester) of the Fall and Spring semester will be automatically assessed the \$377 per semester fee for the Student Health Insurance Plan. These students are automatically enrolled in the Plan and, provided they meet their financial obligations to the university, are eligible for benefits.

Students whose registration is processed or completed after the 30<sup>th</sup> calendar day of the semester will not be automatically assessed the fee for the Student Health Insurance Plan unless they complete an enrollment form before the published deadline. Please refer to the section titled "Enrollment Deadlines" for information on open enrollment and deadlines.

Extension classes, off-campus classes, online courses, and continuing education classes are not considered when determining eligibility.

Please note: The fee for the Student Health Insurance Plan will not be removed from the Statement of Account unless the student: (1) drops below 6 on-campus semester hours by September 24, 2008 for the Fall semester and February 11, 2009 for the Spring semester of the semester, or (2) successfully completes an application to waive enrollment in the NIU Plan by the Waiver deadline. Please refer to the section titled "Waiver Application Deadlines" for information on deadlines.

<sup>1</sup> On-campus Semester Hours are those (semester or Summer session) hours of instruction for which on-campus student fees are assessed. These courses are listed in the on-campus section of the NIU Schedule of Classes booklet.

## **Students Registered for 6–8 On-Campus Semester Hours**

Students registered for 6–8 on-campus semester hours are eligible for coverage but are not automatically enrolled in the Plan. These students must complete an enrollment form at the NIU Student Insurance Office. This process must be completed by September 9, 2008 for the Fall semester, January 27, 2009 for the Spring semester and June 19, 2009 for the Summer session. Please refer to the section titled “Enrollment Deadlines” for information on open enrollment dates.

## **Spring Semester Open Enrollment for Students Who Waived Enrollment in the NIU Plan During the Fall Semester**

Students who have successfully waived enrollment and have been removed from the NIU Student Health Insurance Plan will not be automatically charged or covered by the Plan for the following Spring Semester. If coverage is desired, these students must complete a Student Insurance Enrollment Form at the Student Insurance Office before January 27, 2009. Please refer to the section titled “Enrollment Deadlines” for more information on open enrollment dates. Please refer to the section titled “Late Enrollment” if you are dropped from another plan mid-semester after the enrollment deadline has passed.

## **Students Registered for Off-Campus Semester Hours<sup>2</sup>**

NIU students who register for at least 6 semester hours, some or all of which may be off-campus, are eligible to enroll in the Student Health Insurance Plan. Enrollment is optional, not automatically assessed, and these students must complete an Enrollment Form (available at the Student Insurance Office) and provide evidence that they are registered for at least 6 semester hours. This process must be completed by September 9, 2008 for the Fall semester, January 27, 2009 for the Spring semester and June 19, 2009 for the Summer session. Please refer to the sections titled “Enrollment Deadlines” and “Cost” for information on enrollment dates and insurance costs. The purchase of the Student Health Insurance Plan does not entitle use of NIU Health Services.

## **Students Who Drop Below 6 Semester Hours**

Students who have been charged and/or have purchased the Student Health Insurance Plan and who drop below 6 semester hours on or before September 24, 2008 for the Fall semester and February 11, 2009 for the Spring semester of the semester and International and Study Abroad students who withdraw from the university for non-medical reasons by September 24, 2008 for the Fall semester and February 11, 2009 for the Spring semester of the semester are ineligible for coverage and should contact the Student Insurance Office for information regarding refund/credit. Please refer to the “Waiver of Enrollment in NIU Student Insurance” section of this Brochure for further information on the Student Health Insurance Plan fee removal.

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<sup>2</sup> *Off-campus Semester Hours are those (semester or Summer session) hours of instruction for which on-campus student fees are not assessed, including but not limited to classes listed in the off-campus section of the NIU Schedule of Classes booklet and online classes.*

## **Summer Enrollment**

Summer (only) enrollment is available exclusively to students who have not purchased Spring semester coverage and who register for 6 or more semester hours of instruction during Summer session. Students are not automatically billed and may apply at the Student Insurance Office by the 5<sup>th</sup> day of Summer session (deadline June 19, 2009).

All NIU students attending Summer Study Abroad Programs will be assessed the fee for Student Insurance for the Summer session.

## **International Student Health Insurance Requirement**

All international students are required to carry health insurance coverage. The NIU Student Health Insurance Plan fee will be assessed automatically on the Statement of Account for international students registered for at least 1 semester hour. These students will be charged \$377 per semester and will be enrolled automatically in the Plan. The Spring semester fee includes Summer coverage.

Coverage for Dependents of international students is available at the NIU Student Insurance Office. The Enrollment Form must be completed during regular enrollment periods. Please refer to the section titled “Enrollment Deadlines” for information on enrollment dates.

International students who enter this country after the published enrollment deadlines must contact the NIU Student Insurance Office for information on late enrollment for themselves and their Dependents. The Enrollment Form must be completed within 30 days of arrival to be considered eligible for coverage. Coverage is effective on the date the Enrollment Form and full semester premium is assessed, regardless of the date of arrival.

This Plan meets the requirements of regulations governing U.S.I.A. exchange visitor programs 22 CFR 514-14, as applicable to individuals enrolled for 1 or more credit hours.

## **Late Enrollment (mid-semester)**

Enrollment following successful waiver of enrollment in the NIU Plan and after the open enrollment deadline will only be granted to students who lose coverage under a group insurance plan (e.g., attainment of maximum age for Dependent children, change of marital status, loss of employment, or ineligibility due to course load reduction to part-time status). An Enrollment Form must be submitted, with evidence of loss of coverage and termination date, to the NIU Student Insurance Office within 60 days of the loss of coverage under the group insurance plan. This option is only available to students who have registered and paid tuition and fees for 6 or more semester hours by September 9, 2008 for the Fall semester, January 27, 2009 for the Spring semester and June 19, 2009 for the Summer session. Premium rates will not be prorated, and the effective date of coverage will be the date that the Enrollment Form and termination notice are received by the NIU Student Insurance Office or the ending date of the terminating plan, whichever is later. This option is not available between semesters to students who are not yet registered for the upcoming semester.

## Eligibility and Enrollment-Dependents

Students insured by the Plan may purchase Dependent coverage. Please refer to the section titled “Enrollment Deadlines” for information on enrollment dates. The cost and coverage dates for Dependent coverage are shown in the sections of this brochure titled “Cost” and “Enrollment Dates”. Late enrollment is allowed for Dependents on the same basis as late enrollment for students as described in this brochure. The purchase of Dependent insurance does not entitle Dependents to use NIU Health Services.

Eligible Dependents are defined as the lawful spouse of the covered full or part-time student, domestic partner<sup>3</sup> of the covered student, and/or the covered student’s unmarried children, including adopted children and stepchildren under the age of 19 who are legally dependent upon the covered student for support. Such children are not eligible for insurance as Dependents if they are eligible as students, and in the event that both parents of any Dependent child are eligible for insurance as students, then the child shall be considered as a Dependent of one parent only.

Note: Summer (only) Dependent enrollment is available exclusively to eligible students who register for 6 or more semester hours of Summer session instruction.

## Change in Family Status, Newborn Child and Adopted Child Coverage

If you are enrolled for Dependent coverage under the Plan, it is necessary that you notify the Student Insurance Office within 31 days whenever you change from one to another of the following classifications: eligible spouse only; eligible spouse and child; or eligible child only.

In the event of the birth of a child to an Insured Person while the insurance is in force, that child will become an Insured Person from the moment of birth. The Dependent Deductible and Dependent Plan limitations apply. Enrollment form and Notification of Birth must be furnished to the NIU Student Insurance Office within 31 days of birth in order to have the coverage continue beyond such 31-day period.

Coverage is provided for a child legally placed for adoption with an Insured Person from the time of the filing of a petition for adoption, provided the child lives in the household of the Insured Person and is dependent upon the Insured Person for support, and if Notification and Enrollment form for coverage is submitted to the NIU Student Insurance Office within 31 days following the date of placement.

Under this provision, coverage is effective on the date of birth or adoption or placement for adoption and the full semester premium is required for the entire Plan period, regardless of the effective date.

Eligibility to insure newly acquired Dependents ceases after 31 calendar days of acquiring the Dependent until the next open enrollment period.

<sup>3</sup> Domestic Partner Coverage-Spouse coverage is available for domestic partners of covered students. Contact the Student Insurance Office for eligibility requirements.

## Enrollment Deadlines

Application for student and Dependent coverage will be accepted at the Student Insurance Office, Health Service Building, Room 201, until the following deadlines:

- The last day to apply for coverage for Fall semester 2008 is September 8, 2008.
- The last day to apply for coverage for Spring semester 2009 is January 26, 2009.
- The last day to apply for coverage for Summer session 2009 is June 19, 2009.

## Enrollment Appeals

Students who are denied enrollment in the NIU Plan for themselves and/or their Dependents because they have missed the deadline for open enrollment may appeal in writing to the Student Insurance Appeals Board. The board consists of two faculty/staff members and one student. A signed Appeal form, available through the Student Insurance Office, is required along with a detailed explanation of why the enrollment period was missed. These documents should be submitted to the Student Insurance Office within 30 days of the date indicated on the Appeal Form. The decision of the Board will be sent to the student in writing. All decisions of the Board are final. If the appeal is granted, the effective date of coverage will be determined by the Appeals Board based upon established criteria. The fees for the NIU Plan are not prorated, other than as specified herein.

## Enrollment Dates

Fall semester 2008 coverage begins at 12:01 a.m. on August 15, 2008, and ends at 11:59 p.m. on January 1, 2009.

Spring semester 2009 coverage begins at 12:01 a.m. on January 2, 2009, and ends at 11:59 p.m. on August 13, 2009.

Summer only 2009 coverage begins at 12:01 a.m. on June 5, 2009, and ends at 11:59 p.m. on August 13, 2009.

## Cost

The cost for student and Dependent coverage is shown below:

	Annual 2008/2009	Fall 2008	Spring/ Summer 2009	Summer (only)
Student	\$754	\$377	\$377	\$162
Spouse/ Domestic Partner	\$3,114	\$1,557	\$1,557	\$617
Per Child	\$1,438	\$719	\$719	\$293

These rates include an administration fee.

# Waiver of Enrollment in NIU Student Insurance

## Waiver Applications

Students with equal or better health insurance coverage may apply for removal from the NIU Student Health Insurance Plan by completing a waiver process on or before September 9, 2008 for the Fall semester, January 27, 2009 for the Spring semester and June 19, 2009 for the Summer session. The waiver process is available online at [www.studentinsurance.niu.edu](http://www.studentinsurance.niu.edu). Students who are unable to complete the process online may contact the Student Insurance Office for alternate waiver options.

Please note the following important points regarding completion of the NIU Insurance Waiver application for 2008–2009:

- Students must be registered for classes in order to access the site.
- Students who successfully complete the waiver application process during the Fall semester are also waived out of the Plan for the following Spring semester and are not covered at all during the entire plan year which starts August 15, 2008, and ends August 13, 2009.
- The waiver of enrollment is effective for one policy year only and should be completed each Fall semester if eligible continuing students do not require NIU coverage.
- Coverage by the NIU Plan is terminated at the start of the benefit period for students who successfully complete the waiver process, regardless of the date that the waiver process is completed.
- The student is responsible for all medical expenses incurred during the benefit period(s) in which the waiver is in effect.
- Students registered for Study Abroad programs are required to maintain NIU Student Health Insurance while they are studying abroad.
- International students may be ineligible to complete the online waiver process.

## Waiver Application Deadlines

Students may obtain and submit a Waiver application at our website, [www.studentinsurance.niu.edu](http://www.studentinsurance.niu.edu), on or before the following deadlines:

- The last day to complete a Waiver for Fall semester 2008 coverage is September 9, 2008.
- The last day to complete a Waiver for Spring semester 2009 coverage is January 27, 2009.

## Waiver Appeals

Students who are denied a waiver of enrollment in the NIU Plan because they have missed the deadline for completing the Waiver process may appeal in writing to the Student Insurance Appeals Board. The board consists of two faculty/staff members and one student.

A signed Appeal Form, available through the Student Insurance Office, is required along with a detailed explanation of why the waiver period was missed and proof of continuous health insurance coverage. These documents should be submitted to the Student Insurance Office within 30 days of the date indicated on the Appeal Form. The decision of the Board will be sent to the student in writing. All decisions of the Board are final. Waiver appeals that are granted will cancel enrollment in the NIU Plan retroactively to the first date of coverage for the semester in which the appeal is requested.

## Refunds

Refunds will be made upon the entry of any Insured Person into the armed forces of any country. A prorated refund will be returned to such person, and any covered Dependents. **No other prorated refunds are allowable under this Plan.**

## Medical Withdrawal from NIU

Students who withdraw from the university or reduce course loads for medical reasons and who seek refunds of payments made for tuition and fees do not receive a refund of the Student Health Insurance fee. Students who officially withdraw from the university for medical reasons will continue to be insured through the Student Health Insurance Plan for the remainder of the Policy term provided coverage was in effect for that student at the time of withdrawal. This provision is available to students for one academic term only.

## Termination of Insurance

Insurance coverage for a student and his/her Dependent(s) will terminate on the earlier of:

- 1) The last day of the period of coverage for which full payment of the Student Insurance fee has been made; or
- 2) The date NIU no longer provides a Student Health Insurance Plan; or
- 3) The date the Insured Person enters into military service of any country, except for temporary duty of 30 days or less, if a refund is requested; or
- 4) The date Eligibility requirements are no longer met.

In the event the insured student withdraws from NIU within the first 30 calendar days of the semester or reduces semester hours to less than 6 within the first 30 calendar days of the semester, certain refund and termination of coverage provisions apply as explained in the sections of this brochure titled “Refunds” and “Eligibility and Enrollment Procedures”

# NIU Student Health Insurance Benefits

## Treatment at NIU Health Services

Whenever possible, your first point of contact when you need medical care should be NIU Health Services (815) 753-1311. Hours at NIU Health Services are Monday through Friday 8a.m.–4:30 p.m. and Saturday 9 a.m.–1 p.m. Summer hours may vary.

Most services at NIU Health Services are available without a charge to students taking on-campus hours. However, if you are billed at NIU Health Services for Covered Medical Expenses resulting from a Sickness or Injury, excluding charges for prescription drugs (see “Benefit Exclusions” in this brochure), the Plan will pay 100 percent of Covered Medical Expenses. This means the Deductible(s), Coinsurance, and Pre-existing Condition exclusion will be waived for Covered Medical Expenses incurred at NIU Health Services.

*Please note:* Charges for care outside NIU Health Services (including charges resulting from a Health Services referral) do not apply under this benefit and will be assessed all applicable Deductibles, Copayments, and other Plan limitations.

NIU Health Services charges that are paid under this benefit cannot be used to reduce or eliminate the Deductibles or Coinsurance applicable to Covered Medical Expenses incurred outside NIU Health Services.

*Please note:* Students enrolled in off-campus courses only and Dependents of insured students are not eligible to use NIU Health Services.

## Treatment Outside NIU Health Services

Benefits will be paid after an Insured Person satisfies a Policy Year Deductible. The Deductible consists of \$250 of Covered Medical Expenses for each Insured Person. In addition to the Policy Year Deductible, an Insured Person must also satisfy a \$100 per visit Emergency Room Deductible, if treatment is obtained through an Emergency Room. Please refer to the section titled “Deductible Rules” if you are covered by another health insurance plan in addition to this Plan.

After the Deductible(s) has been satisfied, the Plan will pay up to 80 percent of Covered Medical Expenses during the Policy Year, and if a Preferred Provider is utilized for covered Hospital expenses, the Plan will pay 100 percent for covered Hospital expenses for the remainder of the Policy Year once a \$5,000 Out-of-Pocket maximum (excluding Deductibles) has been reached.

## Preferred Provider Network

The NIU Student Health Insurance Plan for the 2008–2009 academic year has two PPO (Preferred Provider Organization) networks. The local network is DeKalb County Healthcare Purchasing Group and Beech Street, Inc. when outside the local network area. These PPO networks have participating Physicians as well as participating Hospitals.

Benefits are payable at 80 percent for Covered Medical Expenses provided at Preferred Hospitals. Benefits are payable at 60 percent for Covered Medical Expenses provided at Hospitals that do not participate in the DeKalb County Healthcare Purchasing Group or Beech Street, Inc. networks.

Benefits are payable at 80 percent for Covered Medical Expenses for Physicians, regardless of whether you choose to utilize the services of Preferred Providers through the DeKalb County Healthcare Purchasing Group or Beech Street, Inc. networks. However, if you choose a Preferred Provider, your bill will be discounted and this will decrease your Out-of-Pocket expenses (the amount you pay after insurance has made a benefit determination). Choosing a Preferred Provider may substantially reduce your health care costs. We encourage you to take advantage of the savings available to you.

Please remember, however, that whenever possible your first point of contact should be NIU Health Services (815) 753-1311. Most services at NIU Health Services are available without a charge to students taking on-campus semester or Summer session hours.

When treatment is not available at NIU Health Services, students who live in the DeKalb area should contact a Preferred Provider in the DeKalb County Healthcare Purchasing Group network or the Beech Street, Inc. network for Physicians and Hospitals in the greater Chicago, Rockford, and Aurora areas. You may obtain the names of Preferred Providers at [www.AHPCare.com/niu](http://www.AHPCare.com/niu).

Preferred Providers are independent contractors and are neither employees nor agents of Northern Illinois University, Academic HealthPlans or UniCare Health Insurance Company of the Midwest.

If you have a Medical Emergency, you may go to any Hospital (see definition of Emergency Medical Condition). However, you will be assessed a \$100 Deductible for each Emergency Room visit in addition to the \$250 Policy Year Deductible (if it has not yet been met).

## Definitions

**INJURY** means bodily injury which is: 1) directly caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this Policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one Injury. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a Sickness under this Policy.

**INSURED PERSON** means 1) the Named Insured; and 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the appropriate Dependent premium has been paid. The term “Insured” also means Insured Person.

**MEDICAL EMERGENCY** means the occurrence of a serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**MEDICAL NECESSITY** means those services or supplies provided or prescribed by a Hospital or Physician which are:

- 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury;
- 2) Provided for the diagnosis or the direct care and treatment of the Sickness or Injury;
- 3) In accordance with the standards of good medical practice;
- 4) Not primarily for the convenience of the Insured, or the Insured's physician; and
- 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital confined means that: 1) the Insured requires acute care as a bed patient; and 2) the Insured cannot receive safe and adequate care as an outpatient.

No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

**PRE-EXISTING CONDITION** means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured's Effective Date under this Policy; or 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under this Policy.

**PREFERRED ALLOWANCE** means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

**PREFERRED PROVIDER** means the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

**SICKNESS** means sickness or disease of the Insured Person which causes loss and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one Sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior

to this Policy's Effective Date will be considered a Sickness under this Policy.

**USUAL AND CUSTOMARY CHARGES** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this Policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges. The definition of Usual and Customary Charges does not apply to charges made by Preferred Providers.

## Description of Benefits

**Covered Medical Expenses** (described in this Brochure) include Medically Necessary charges for Hospitalization, Surgery, Physician's services, private registered nursing, medicines (except outpatient prescription drugs as explained in the section titled "Benefit Exclusions") and medical supplies, X-rays, Laboratory services, Physical Therapy services, Home Health Care, and many other services. Please note: Referral by NIU Health Services is not a guarantee of benefits. The Plan does not cover all expenses. Please refer to the sections titled "Benefit Exclusions" and "Deductible Rules" and all other sections of this Brochure for a description of expenses not covered or limited by this Plan.

Benefits are payable at 80 percent of Covered Medical Expenses for Preferred Provider Hospitals and at 60 percent of Covered Medical Expenses for Non-Preferred Provider Hospitals. Benefits will be payable at 80 percent of Covered Medical Expenses for all other providers regardless of whether you choose to utilize the services of Preferred Providers. However, if you choose a Preferred Provider, your bill will be discounted and this will decrease your Out-of-Pocket expense (the amount you pay after insurance has made its benefit determination). Choosing a Preferred Provider may substantially reduce your health care costs. You can obtain information regarding Preferred Providers at [www.AHPCare.com/niu](http://www.AHPCare.com/niu).

## Health Expense Coverage for You and Your Dependents

The benefits described in this Brochure apply separately to each Insured Person. Refer to the "Covered Medical Expense" section for a description of how the benefits may be payable.

## Deductible Rules

Only Covered Medical Expenses may be used to satisfy the \$250 per person, per Policy Year Deductible.

Only covered Emergency Room Expenses may be used to satisfy the \$100 per Emergency Room visit Deductible.

Expenses that are not billed to the Insured Person cannot be applied to, Reduce, or eliminate Deductibles or Coinsurance applicable to charges outside NIU Health Services.

NIU Health Services charges may not be used to satisfy the Deductible(s) under the Plan.

The \$250 per Policy Year and the \$100 per Emergency Room Visit Deductibles may be waived for eligible charges incurred outside NIU Health Services when the NIU Student Health Insurance Plan assumes a secondary payor position to other valid health insurance coverage. An Explanation of Benefits (EOB) from the primary health insurance plan must be submitted to the NIU Student Health Insurance Office on all secondary payor claims in order to have the \$250 Deductible and/or the \$100 per Emergency Room Visit Deductible waived.

### **Out-of-Pocket Maximum**

The Plan pays 100 percent of Covered Medical Expenses for Hospital care after the Insured Person has paid \$5,000 in Out-of-Pocket expenses, excluding the Deductible(s). This provision is available only to Insured Persons who utilize Preferred Provider Hospitals.

### **Maximum Payment for You and Each Dependent**

The aggregate Lifetime Maximum Benefit for each NIU student covered under the Plan is \$250,000. The aggregate Lifetime maximum Benefit for each covered Dependent is \$100,000.

### **Benefit Period**

The Policy Year is August 15, 2008, through August 13, 2009.

## **Covered Medical Expenses**

### **Hospital Services**

- 1) Room and Board, at no more than the Hospital's regular daily semiprivate room rate. Intensive care and medically necessary isolation charges will be deemed as Covered Medical Expenses.
- 2) Other Hospital Services and Supplies, including outpatient services and supplies and emergency room charges for Medical Emergencies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.

### **Other Services**

**Physician's or Surgeon's Services** for a surgical procedure and other medical care and treatment, including Hospital, home, and office visits. Surgery is the performance of any medically recognized, non-investigational surgical procedure including specialized instrumentation and the correction of fractures or complete dislocations and any other procedures recognized as Medically Necessary.

**Registered Nursing Care** by a duly licensed nurse when an attending Physician certifies the necessity of the care.

**Emergency Transportation Service** by professional ambulance to and from the Hospital. Ambulance transportation means local transportation in a specially equipped certified vehicle from your home, scene of accident, or medical emergency to a Hospital; between Hospital and Hospital; between Hospital and Skilled Nursing Facility; or from a Skilled Nursing Facility or Hospital to your home. If there are no facilities in the local area equipped to provide the care needed, ambulance transportation then means transportation to the closest facility that can provide the necessary service.

**X-ray and Laboratory Examinations** made for diagnostic or treatment purposes.

**Anesthetics and their Administration.** Anesthesia means a service to induce partial or complete loss of sensation before a surgical service is performed.

### **Medical Supplies provided include:**

- 1) Surgical supplies including bandages, dressings, and appliances to replace physical organs or parts, or to aid in their function, but limited to the initial charge for the first such appliance;
- 2) Oxygen and rental of equipment for its administration;
- 3) Rental of respiratory paralysis equipment;
- 4) Blood or blood plasma only if not donated or replaced; and
- 5) Medical supplies that are medically necessary.

**Durable Medical Equipment:** 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacements are not covered. Durable Medical Equipment include durable, medical equipment which is equipment that:

- a) Is primarily and customarily used to serve a medical purpose;
- b) Can withstand repeated use; and
- c) Generally is not useful to person in the absence of Injury.

No benefits will be paid for rental charges in excess of the purchase price.

**Pap Smears** will be provided for one annual Cervical Smear or Pap Smear for women.

**Skilled Nursing Care Facilities** for room and board and other services and supplies, but not including any day of confinement after the first 120 days.

**Home Health Care** furnished in the patient's home by a Home Health Care Agency for the following services and supplies up to a maximum of 40 visits per year:

- 1) Part-time or intermittent nursing care by or under the supervision of a registered graduate nurse (R.N. or L.P.N.);
- 2) Part-time or intermittent home health aide services consisting primarily of caring for the patient; and
- 3) Physical therapy, occupational therapy, and speech therapy, up to 40 visits in a policy Year. Each visit by a member of a home health care team or home health aide service will be considered one home health visit.

**Hospice Care** services provided by licensed medical care providers for Insured Persons not expected to live more than six months.

**Birth Center Services** for room and board and other services and supplies.

**Therapy Services** rendered by a Physician for one or more of the following services used to treat or promote recovery from an illness or Injury:

- (a) Radiation Therapy is using X-ray, radium, cobalt, or high energy particle sources. Radiation Therapy includes rental or cost of radioactive materials. Diagnostic Services requiring the use of radioactive materials are not Radiation Therapy. “Diagnostic Services” means medically accepted tests or procedures used to identify a specific illness or Injury.
- (b) Chemotherapy for the treatment of malignant disease by using chemical or biological antineoplastic agents.
- (c) Renal Dialysis for the treatment of acute kidney failure or chronic irreversible renal insufficiency by removing waste products from the body. Renal Dialysis includes hemodialysis and peritoneal dialysis.
- (d) Physical Therapy of the type and duration prescribed by the attending Physician performed by a duly qualified physiotherapist or physical therapist. Physical therapy is treatment to restore the ability to perform the ordinary tasks of daily living. These tasks may include special skills required by your job at the time of your illness or Injury. In no event will such services exceed a Policy Year combined Physical and Occupational Therapy maximum of \$3,000.
- (e) Speech Therapy is treatment to correct impaired speech.
- (f) Inhalation Therapy is treatment to correct impaired breathing. It may be done by introducing specialized gasses into your lungs by mechanical means.
- (g) Occupational Therapy provided by an occupational therapist and prescribed by the attending Physician. In no event will such services exceed a Policy Year combined Physical and Occupational Therapy maximum of \$3,000.
- (h) Manipulation Therapy not to exceed a Policy Year maximum of \$250.

## Pregnancy Benefits

**Pregnancy** benefits are provided on the same basis as any other temporary condition pursuant to Title IX of the Education Amendments of 1972, as amended by the Civil Rights Restoration Act of 1987. In the event of an inpatient confinement, such benefits will be payable for inpatient care of the Insured Person, and any newborn child, for a maximum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Upon discharge, benefits will be payable for one post-delivery home visit by a health care provider if the visit is prescribed by the attending Physician. If a person is discharged earlier, benefits will be payable for one post-delivery home visit by a health care provider within 24 hours of the discharge and, if prescribed by the attending

Physician, one additional home visit. This benefit includes coverage for involuntary miscarriage. Complications of Pregnancy are covered on the same basis as any other temporary condition, but are not considered to be a separate condition from the pregnancy. “Complications of Pregnancy” means all physical effects suffered as a result of pregnancy that would not be considered the effect of normal pregnancy.

**Therapeutic Termination of Pregnancy** means that a Physician indicates that the procedure to terminate the pregnancy is necessary for the preservation of life of the woman seeking such treatment. Also included are induced premature births unless intended to produce a live viable child and the procedure is necessary for the health of the mother and her unborn child.

**Elective Termination of Pregnancy** means a voluntary termination of pregnancy. Benefits not to exceed a Policy Year maximum of \$750.

## Mental Health Care<sup>4</sup> and Drug Abuse Benefits

**Inpatient Care** provided while confined as a full-time inpatient in a Hospital or Treatment Center will be paid up to 80 percent of Preferred Allowance for Preferred Providers and 80 percent of Usual and Customary for Non-Preferred Providers up to a maximum of 30 days per Policy Year.

**Outpatient Care** benefits will be provided up to 80 percent of Preferred Allowance for Preferred Providers and 80 percent of Usual and Customary for Non Preferred Providers, up to a maximum of 25 visits per Policy Year.

## Alcoholism Benefits

**Inpatient care** provided while confined as an inpatient in a Hospital or Treatment Center<sup>5</sup> will be paid the same as any other Sickness.

**Outpatient care** benefits will be provided up to 80 percent of Preferred Allowance for Preferred Providers and 80 percent of Usual and Customary for Non Preferred Providers, up to a maximum of 25 visits per Policy Year.

## State Mandated Benefits

The Policy will always pay benefits in accordance with any applicable Illinois State Insurance Law(s).

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<sup>4</sup> “Mental Illness” means those illnesses classified as mental disorders in the latest revised edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, which is current as of the date services are rendered to a patient.

<sup>5</sup> The treatment center must be licensed or approved by the regulatory agency having responsibility for such licensing or approval under the laws in the jurisdiction in which it is located.

## Reimbursement from Third Party

If an Insured Person incurs expenses for Sickness or Injury that occurred due to the negligence of a third party the Company has the right to reimbursement for all benefits paid from any and all damages collected from the third party for those same expenses whether by action at law, settlement or compromise.

## Duplicate Coverage

This Plan contains a “Duplicate Coverage” Provision. No benefits are payable under this coverage for any Injury or Sickness expenses incurred that are payable or paid by other valid and collectible insurance.

## Continuously Insured

Continuously Insured means that the Insured must be continuously insured under the school's student insurance Policy for at least 12 consecutive months.

## Continuation of Coverage

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is hospitalized Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed the earlier of: 1) the date of discharge; or 2) 90 days after the Insured's termination date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

## Benefit Exclusions and Limitations

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

- 1) Acne; acupuncture; allergy (including allergy testing) except as provided in the Policy;
- 2) Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, conceptual handicap, developmental delay or disorder or mental retardation, and educational testing;
- 3) Congenital conditions, except as specifically provided for Newborn (or adopted) infants;
- 4) Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
- 5) Dental treatment, except for accidental Injury to Sound, Natural Teeth;
- 6) Elective Surgery or Elective Treatment;
- 7) Eye examination, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems;

- 8) Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
- 9) Hearing examinations or hearing aids; or other treatment for hearing defects and problems. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
- 10) Hirsutism; alopecia;
- 11) Immunizations, except as specifically provided in the Policy; preventive medicines or vaccines, except where required for treatment of a covered Injury; or as specifically provided in the Policy;
- 12) Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
- 13) Injury sustained while (a) participating in any intercollegiate, or professional sport, contest or competition; or (b) traveling to or from such sport, contest or competition as a participant;
- 14) Organ transplants, only those considered experimental are excluded;
- 15) Participation in a riot or civil disorder; commission of or attempt to commit a felony;
- 16) Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months;
- 17) Prescription Drugs dispensed or purchased while not Hospital Confined;
- 18) Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
- 19) Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
- 20) Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
- 21) Services provided (normally without charge) by the Health Service of the Policyholder; or services covered or provided by the student health fee;
- 22) Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery;
- 23) Supplies, except as specifically provided in the policy;
- 24) Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
- 25) War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
- 26) Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

## Accidental Death and Dismemberment Benefit

### Loss of Life, Limb, or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury resulting in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the Policy Maximum Benefit.

#### For Loss Of:

Life.....	\$10,000
Two or More Members.....	\$10,000
One Member.....	\$ 5,000
Thumb or Index Finger.....	\$ 2,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

## Global Emergency Services (Provided by Scholastic Emergency Services)

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

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

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

## Claim Procedure

A Claim Payment will be calculated on the basis of the Covered Medical Expense you incur, regardless of any separate financial arrangement between the Insurance Company and a particular Provider.

In order to obtain benefits under the NIU Student Health Insurance Plan, it is necessary for a claim to be filed with the NIU Student Insurance Office. To file your claim, follow these instructions:

- 1) Complete a Student Health Insurance Claim Form. These are available from the NIU Student Insurance Office or by calling Academic HealthPlans at (888) 308-7320, or online at: [www.AHPCare.com/niu](http://www.AHPCare.com/niu). If you have other health insurance coverage, be sure to include an Explanation of Benefits (EOB) from your other insurance coverage, along with itemized bills. Include these items when you file the Student Health Insurance Claim Form, or your claim will be delayed.
- 2) Attach copies of all bills to be considered for benefits. Review your bills to make sure they include the provider's name and address; the patient's name; the diagnosis code; the CPT code; the date of service; a description of the service; and the Claim Charge.
- 3) Mail the completed Claim Form with attachments to:

Northern Illinois University  
Student Insurance Office  
Health Services Building, Room 201  
DeKalb, IL 60115-2879

**Do not send your bills to Academic HealthPlans, HCH Administration, or UniCare Health Insurance Company of the Midwest, or your claim may be delayed.**

- 4) Save copies of all your bills, including expenses for services that will be applied toward the Deductible.

Bills should be received by the Company within 90 days of service. Bills submitted after one year from the date of service will not be considered for payment except in the absence of legal capacity.

“Claim” means that notification is required, in a form acceptable to the Insurance Company, that a service is rendered or furnished to you. This notification must include an itemized bill including full details of the service received, including your name, age, sex, identification number, the name and address of the Provider, an itemized statement of the service rendered or furnished, the date of service, the diagnosis, the Claim Charge, and any other information that the Insurance Company may request in connection with services rendered to you.

“Claim Charge” is the amount that appears on a Claim as the Provider's charge for service rendered to you, without adjustment or reduction and regardless of any separate financial arrangement between the Insurance Company and a particular Provider.

“Claim Payment” is the benefit payment calculated after submission of a Claim, in accordance with the benefits described in this booklet.

#### For Claim Inquiries:

HCH Administration  
(866) 679-0831  
[www.hch-online.com](http://www.hch-online.com)

## Master Policy

The extent of this coverage for each individual is governed at all times by the complete terms of the Master Policy issued by UniCare Health Insurance Company of the Midwest. In the event of an inadvertent conflict between the Master Policies and this Brochure, the Master Policy will prevail. Additional information is available through the Northern Illinois University Student Insurance Office.

This Plan is in full compliance with the Civil Rights Restoration Act of 1987, as this law amended Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

This student Plan fulfills the definition of creditable coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the customer service number on your ID card.

The university reserves the right to make changes in fees, enrollment dates, eligibility requirements, and Plan benefits. Reasonable effort will be made to publicize such changes should they occur. However, responsibility for complying with all applicable requirements ultimately rests with the student.

**Plan Underwritten by:**



UniCare Health Insurance Company of the Midwest  
Chicago, IL

Preferred Provider Networks including  
DeKalb County HealthCARE Purchasing Group  
and Beech Street.



*An Academic Risk Management Business Partner*

P.O. Box 1605  
Colleyville, TX 76034

(888) 308-7320 or (817) 479-2100  
Fax (817) 479-2101

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

**For more information about this plan please visit**

[www.AHPCare.com/niu](http://www.AHPCare.com/niu)

**For Campus Assistance:**

Student Insurance Office  
(815) 753-0122

Northern Illinois University is an equal opportunity institution and does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, disability, or status as a disabled or Vietnam-era veteran. The Constitution and Bylaws of Northern Illinois University afford equal treatment regardless of political views or affiliation, and sexual orientation.