



Student Health Insurance Plan

Please read this brochure to understand your coverage.

Policy Number: 141251

Underwritten by



141251-0709

2009-2010

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Welcome to the 2009/2010 NIU Student Insurance Plan! We have some new enhancements that we are sure you will like as well as the great benefits we've always had.

Not sure when to use your NIU Student Insurance plan or when to go to NIU Health Services?

NIU Student Health Insurance (NIU Plan) is used when you go to a doctor off campus or to a hospital. The NIU Plan may be used inside or outside of the DeKalb area and when the Health Services is closed.

NIU Health Services should be used for non-emergency medical conditions. No insurance is required to use Health Services. You can use Health Services for:

- Acute and chronic medical care including injuries, mental health and sports medicine evaluation and treatment
- Men's and women's health exams, screening, and treatment
- Immunizations (including HPV, Hepatitis B, Meningitis as well as the state-required immunizations) HIV testing, TB testing and travel counseling and vaccines
- Laboratory testing ordered by Health Services and limited testing ordered by outside health care providers
- Pharmacy fills prescriptions from Health Services and outside health care providers
- Psychiatric assessment, medication, and/or referral
- Radiology general diagnostic x-rays including fluoroscopic and sports medicine x-ray exams and electrocardiography (EKG) when ordered by Health Services

The NIU Student Insurance office is located in the Health Services Building, Room 201. The Health Services building is on Lucinda Road, near the corner of Normal Road.

Office hours are: 8:00 a.m. to 4:30 p.m. Monday through Friday; hours during summer may vary. For more information, please call 815-753-0122 or come to the Health Services Building Room 201.



Dates of Coverage

- Fall semester 2009 coverage begins at 12:01 a.m. on August 14, 2009, and ends at 11:59 p.m. on December 31, 2009.
- Spring semester 2010 coverage begins at 12:01 a.m. on January 1, 2010, and ends at 11:59 p.m. on August 12, 2010.
- Summer only 2010 coverage begins at 12:01 a.m. on June 4, 2010, and ends at 11:59 p.m. on August 12, 2010.

Enrollment Deadlines

Enrollment forms for student and dependent coverage will be accepted at the Student Insurance Office, Health Services Building, Room 201, until the following deadlines:

- The last day to enroll in coverage for fall semester 2009 is September 15, 2009.
- The last day to enroll in coverage for spring semester 2010 is January 26, 2010.
- The last day to enroll in coverage for summer session 2010 is June 18, 2010.

Cost

The cost for student and dependent coverage is shown below:

	Fall 2009	Spring/ Summer 2010	Summer (only)
Student	\$395	\$395	\$166
Spouse/ Domestic Partner	\$1698	\$1698	\$666
Per Child	\$778	\$778	\$311

These rates include an administration fee.

Waiver of Enrollment in NIU Student Insurance

Students with health insurance coverage that meets or exceeds the NIU basic coverage limits may apply for removal from the NIU Plan by completing the waiver process on or before September 15, 2009 for the fall semester and January 26, 2010 for spring semester.

The waiver process is available online beginning mid-July for the fall semester and early December for the spring semester at 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 Online Waiver form for 2009-2010:

- Students must be registered and billed 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 NIU Plan for the following spring semester and are not covered at all during the entire plan year which starts August 14, 2009, and ends August 12, 2010.
- The waiver of enrollment is effective for one policy year only and must be completed each fall semester if eligible 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.
- International students are ineligible to complete the online waiver process and should contact the Student Insurance office.

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.
- Students who are insured elsewhere should consider retaining the 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 your group health insurance program may no longer be in effect. Please check to see if your 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.

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.

Eligibility and Enrollment - Students

Students Registered for 9 or More On-Campus Semester Hours by September 15, 2009 for the fall semester and January 26, 2010 for spring semester, who do not successfully complete a Waiver application for this policy year will be automatically assessed the \$395 per semester fee for the NIU Plan. These students are automatically enrolled in the Plan and are eligible for benefits.

Students whose registration is processed or completed after September 15, 2009 for the fall semester and January 26, 2010 for the spring semester will not be automatically assessed the fee for the NIU Plan unless they complete an enrollment form by those dates.

Students Registered for 6–8 On-Campus Semester Hours are eligible for coverage but are not automatically enrolled in the NIU Plan. These students must complete an enrollment form and return it to NIU Student Insurance Office. This process must be completed by September 15, 2009 for the fall semester, January 26, 2010 for spring semester and June 18, 2010 for summer session.

Students Who Drop Below 6 Semester Hours on or before September 23, 2009 for the fall semester; February 10, 2010 for spring semester; or before July 14, 2010 for the summer semester are ineligible for coverage.

Students Registered for Off-Campus Semester Hours who register for at least 6 semester hours are eligible for coverage but are not automatically enrolled in the NIU Plan. These students must complete an Enrollment Form and return it to the NIU Student Insurance Office. This process must be completed by September 15, 2009 for the fall semester, January 26, 2010 for spring semester. The purchase of the NIU Plan does not entitle use of NIU Health Services.

Students Who Waived Enrollment in the NIU Plan during the Fall Semester will not be automatically charged or covered by the Plan for the following spring semester. If coverage is desired, these students must complete an Enrollment Form and return it to the Student Insurance Office before January 26, 2010.

International Students are required to carry health insurance coverage. The NIU Plan fee will be assessed automatically on the Statement of Account for international students registered for at least 1 semester hour.

Students participating in Study Abroad programs are required to carry the NIU Plan. The NIU Plan fee is automatically included in the study abroad charges.

Late Enrollment after the open enrollment deadline will only be granted to students who lose coverage and meet eligibility under a group insurance plan. 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. 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.

Eligibility and Enrollment – Dependents

Students insured by the NIU Plan may purchase dependent coverage. Dependent enrollment must take place at the initial time of student enrollment or beginning with the next enrollment period, with the exception of newborn or adopted children, marriage or divorce. The purchase of dependent insurance does not entitle dependents to use NIU Health Services.

Eligible dependents are defined as the lawful spouse or domestic partner of the covered student and/or the covered student's unmarried children, including adopted children and stepchildren under the age of 26 who are legally dependent upon the covered student for support. 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.

Enrollment/Waiver 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 or completing the waiver process may appeal in writing to the Student Insurance Appeals Board which 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/waiver period was missed and proof of continuous health insurance coverage was not furnished for the waiver. 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 enrollment appeal is granted, the effective date of coverage will be determined by the Appeals Board based upon established criteria. 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. The fees for the NIU Plan are not prorated, other than as specified herein.

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 Withdrawals

Students who withdraw from the university or reduce course loads for medical reasons do not receive a refund of the NIU Plan. Students will continue to be insured through the NIU 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: The last day of the period of coverage for which full payment of the Student Insurance fee has been made; or the date NIU no longer provides a NIU Plan; or 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 the date Eligibility requirements are no longer met.

Treatment at NIU Health Services

Whenever possible, your first point of contact when you need medical care should be NIU Health Services. 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 Expenses, the NIU Plan will pay 100 percent of these expenses. The deductible and coinsurance will be waived for Covered Expenses incurred at NIU Health Services.

Treatment outside NIU Health Services

Benefits will be paid after an insured person satisfies the Policy Year deductible(s). After the deductible(s) has been satisfied, the NIU Plan will pay up to 80 percent of Covered Expenses during the Policy Year, until a \$2,000 Out-of-Pocket maximum (excluding deductibles) has been reached. The NIU Plan will then pay 100% of Covered Expenses up to a plan lifetime maximum of \$250,000.

The NIU 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.

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.

Preferred Provider Network

The NIU Plan for the 2009–2010 has two PPO (Preferred Provider Organization) networks. The local PPO network is DeKalb County Healthcare Purchasing Group and when outside the local network, HealthLink/UniCare. Students may access the provider search at 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.

DEFINITIONS

Covered Expenses means expense 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.

Injury means 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.

Medical Necessity 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 services, drug or supply is provided. A service, drug or supply will not be considered as Medically Necessary if, it: 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 State Food and Drug Administration.

Preferred Allowance means the amount a Preferred Provider will accept as payment in full for Covered 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 an illness, disease or condition of the Covered person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charges 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.

DESCRIPTION OF BENEFITS

Covered Expenses 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.

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.

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 includes 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.

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 are provided on the same basis as any other temporary condition. 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.

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.

Extension of Coverage

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is hospitalized on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered 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.

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.

State Mandated Benefits

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

Conversion Policy Benefits

For information regarding Continuation Benefits, please contact Academic HealthPlans at (888) 308-7320.

General Policy Exclusions

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) Prescription Drugs dispensed or purchased while not Hospital Confined;
- 17) 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;
- 18) 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;
- 19) 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;
- 20) Services provided (normally without charge) by the Health Service of the Policyholder; or services covered or provided by the student health fee;
- 21) Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery;
- 22) Supplies, except as specifically provided in the policy;
- 23) Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
- 24) 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
- 25) 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 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 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 NIU Student Insurance Claim form. These are available from the NIU Student Insurance office or online at www.studentinsurance.niu.edu - Forms and Brochures. Claims should be sent to: Northern Illinois University, Student Insurance office, Health Services Building, room 201, DeKalb, IL 60015. It can also be faxed to us at 815-753-0965.
- 2) Have the provider's office send the NIU Student Insurance office a copy of all bills to be considered for benefits and, if you also have other insurance coverage, a copy of the Explanation of Benefits.

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.

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 view online at www.AHPCare.com/niu.

NOTES

For Campus Assistance:
Student Insurance Office
Health Services Building room 201

(815) 753-0122
www.studentinsurance.niu.edu
Email: studentinsurance@niu.edu

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.



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

For more information about this plan please visit www.AHPCare.com/niu

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