



MARICOPA
COMMUNITY
COLLEGES®



2010-2011
**International
Student
Health
Insurance
Plan**

This plan of insurance is designed to protect international students against unforeseen medical expenses while studying outside their home countries. **All international students must have proof of insurance to register.**

underwritten by:
Nationwide Life Insurance Company

policy number:
302-093-0208

ID CARD

Your ID is located on the back cover.
Please detach and keep it with you.

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ATTENTION

This brochure gives a brief description of the coverage. Full details are in the policy. A copy of the policy may be reviewed at the International Student Office. Any discrepancy between this brochure and the policy will be governed by the policy.

ID Card

Your permanent ID Card is on the back cover of this brochure. Please detach and retain for proof of coverage. No other will be issued. Covered Dependents may also use this card to obtain treatment.

FAQ

There is a tear-out Quick Reference Guide with Frequently Asked Questions at the back of this brochure. Tear it out and keep it with you along with your ID card.

Translations

Translated versions of the brochure are available in Arabic, Chinese, Japanese, Korean, Spanish and Vietnamese. Visit www.renstudent.com/mcccd.

ELIGIBILITY

Students

All registered international students are automatically eligible for and are enrolled in the International Student Health Insurance Plan, designed for Eligible Students and their Eligible Dependents. Students who meet the Maricopa County Community College District waiver requirements will be waived from coverage.

An Eligible Student is an international student, visiting faculty, scholar or other person who: 1) is engaged full-time in international educational activities, including a qualifying Optional Practical Training program; 2) is temporarily located outside the student's home country or country of regular domicile as a non-resident alien in the United States; 3) has a current passport or student visa, if required; and 4) has not applied for permanent residency status in the United States.

Dependents

An Eligible Dependent is a dependent of an Eligible Student who: 1) has a current passport or visa; 2) is temporarily located outside the dependent's home country or country of regular domicile as a nonresident alien in the United States; 3) has not applied for permanent residency status in the United States; 4) is the Eligible Student's lawful spouse or unmarried child under age 19 and dependent upon the Eligible Student or the student's spouse for the child's main support and care; 5) resides with the Eligible Student; and 6) is enrolled for coverage under the policy at the same time the Eligible Student enrolls. A dependent who does not meet the definition of an Eligible Dependent at the time the Eligible Student enrolls may be enrolled later, but only within 31 days of the date the dependent first meets the definition of an Eligible Dependent.

Newborn Dependent Children

A newborn child of an Insured Student will automatically be insured for 31 days from the moment of its birth only for Covered Medical Expenses incurred which are due directly to Injury or Sickness, premature birth, or congenital condition which exists at birth. In order to continue the coverage of a newborn child beyond the 31st day following date of birth: 1) notice of the birth of the child must be provided to the Company or its authorized administrator within 31 days from the date of the birth; and 2) the required payment of the appropriate premium, if any, must be received. If 1) and 2) above are not satisfied, coverage of a newborn child, including any extension of benefits, will terminate 31 days from the date of birth. Should the student's coverage terminate before the end of the 31-day period, newborn coverage will not extend beyond the student's termination date.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium, less claims paid.

ENROLLMENT

Enrollment for Eligible Students is automatic for the Fall and Spring/Summer Terms.

Students enrolled in a Special Group or Study Abroad program may enroll by completing the appropriate enrollment form (available at www.renstudent.com/mcccd) and returning it along with the proper payment to Renaissance Insurance Agency, Inc.

To enroll Eligible Dependents, complete the attached Enrollment Form, have the form signed by a representative from the International Student Office or Registrar, and submit to Renaissance Insurance Agency, Inc., along with proper payment. Dependents must enroll for the same period of coverage as the insured student.

Eligibility requirements must be met each time a premium is paid to continue coverage.

COVERAGE PERIOD

Effective Date

Provided proper premium is paid and, if required, an Enrollment Form received on or prior to the beginning date of the term of coverage, an Eligible Student (and Eligible Dependent) becomes an Insured at 12:01 a.m. on the first day of the term in which the student is enrolled. If the Enrollment Form and premium are received after the beginning date of the term, coverage will be effective at 12:01 a.m. on the date immediately following the date on which the Insurance Enrollment Form and premium are received. Dependent coverage cannot become effective prior to the Effective Date of coverage of the Eligible Student.

Termination Date

Coverage will automatically terminate at 12:01 a.m. on the earliest of:

1. The date the policy terminates (08/11/11);
2. The last day of the period for which premium has been timely paid accordingly to policy provisions;
3. The date the Insured departs the United States for his or her home country or country of regular domicile;
4. The date requested by the Insured and approved by the Policyholder (no sooner than 5 days after the date the company or its authorized administrator receives written notice).

There is no continuation coverage for this plan for students and/or dependents who are no longer eligible. Eligibility requirements must be met each time premium is paid to continue coverage.

We do not send termination or renewal notices. It is the Covered Person's responsibility to renew coverage in a timely manner, subject to continuing eligibility.

COSTS OF COVERAGE


	Fall 08/11/10 to 01/15/11	Spring/Summer 01/15/11 to 08/11/11
Student	\$ 414.00	\$ 582.00
Spouse	\$ 1,409.00	\$ 1,977.00
Child(ren)	\$ 1,430.00	\$ 2,008.00

PREMIUM REFUNDS

All refund requests must be made in writing to the Company or its authorized administrator. Upon approval of the refund request, any unearned premium will be returned, but returned premium will only be for the number of full months remaining in the unexpired term of coverage.

PREFERRED PROVIDER ORGANIZATION

Please read the following information so you will know from whom or what group of providers health care may be obtained.

This plan has incorporated into the coverage access to the First Health  Network of Hospitals and Doctors (PPO). The network is available for local, state and nationwide medical care. Network access provides benefits nationwide for Covered Charges incurred at 100% of the PPO charges for covered Injury or Sickness when treated by network providers. Benefits are provided worldwide for Covered Charges at 60% of actual charges when treated by non-network providers. If a non-PPO provider or facility is utilized, there is a 40% coinsurance factor for which the Insured is responsible. However, all Covered Charges for non-network anesthesiologist, emergent care treatment, and radiologist will be paid at the PPO level.

For a complete listing of the PPO Hospital and Doctor facilities, call First Health at **1-800-226-5116** or visit www.myfirsthealth.com.

If an Insured is being treated by a Preferred Provider for an acute, serious chronic condition, pregnancy, newborn, or a terminal illness, and the Provider's contract terminates with the PPO, the Insured may be eligible under certain conditions to continue treatment with the Provider at the PPO rate. Contact the claims administrator for details.

Please be aware that if you are treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. In addition, if you are referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which you are referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is a network lab.

STATE MANDATED COVERAGE

Arizona mandates coverage for the following benefits: 1) reconstructive surgery following mastectomy; 2) mammograms; 3) costs of the birth of any child legally adopted by the Insured under certain circumstances; 4) hospital length of stay of 48 hours following a normal delivery and 96 hours following cesarean section; 5) diabetes equipment and supplies; 6) patient care costs associated with a cancer clinical trial; 7) medical foods to treat inherited metabolic disorders; 8) prescription contraceptives to include oral, implant and injectable contraceptive drugs; 9) intrauterine devices and prescription barrier methods and outpatient contraceptive services; 10) treatment of Autism Spectrum Disorder, including Medically Necessary behavioral therapy services, up to the maximums specified by the state; 11) gastrointestinal disorder formula; 12) drugs prescribed for the treatment of cancer; and 13) home health care in lieu of hospital services, performed by a licensed home health agency when prescribed by a Doctor, provided the hospital services would have been covered expenses under the policy. Please see the Policy on file with the College for further details.

PREGNANCY BENEFITS

Covered Charges for pregnancy, including pregnancy expenses of the birth mother of an adopted child as defined in the policy, are payable on the same basis as covered expenses for any other Sickness with respect to an Insured Student or Covered Dependent spouse. No benefits are payable for any expenses which relate to the pregnancy of a dependent child.

MEDICAL EVACUATION BENEFIT

Subject to prior approval from the Company or its authorized administrator, as an additional benefit, the policy will cover, up to a maximum benefit of \$25,000, charges for air evacuation of an injured or sick Insured and a health care provider or escort if directed by the attending Doctor, to the individual's home country or country of regular domicile, provided air evacuation:

1. Is upon the attending Doctor's written certification;
2. Results from a covered Injury or Sickness; and
3. Does not occur prior to the benefit approval.

REPATRIATION BENEFIT

As an additional benefit, the policy will cover, up to a maximum benefit of \$10,000 in the aggregate, reasonable expenses which are incurred in connection with the preparation and transportation of the body of a deceased Insured to the Insured's place of residence in his or her home country. This benefit does not include transportation expenses of any person accompanying the body. Prior approval from the Company or its authorized administrator is required.

EXTENSION OF BENEFITS

Benefits will still be payable up to a maximum benefit of \$5,000 or 13 weeks, whichever comes first, for a covered Injury or Sickness for which an Insured has a continuing claim on the date his or her insurance terminates. Dependents that are newly acquired during the insured student's Extension of Benefits period are not eligible for benefits under this provision.

EXCESS COVERAGE

The Policy is secondary and provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Insured is covered by other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid by this plan. The Policy is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision.

EXCLUSIONS

The policy will not cover charges or expenses for:

1. Treatment, services or supplies which: are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member;
2. Expenses incurred as a result of loss due to war or any action of war, declared or undeclared; service in the armed forces of any country;
3. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion;
4. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline;
5. Any service or supply not specifically listed as a Covered Charge;
6. Cosmetic surgery other than reconstructive surgery incidental to or following Injury occurring while the Policy is in force or reconstructive surgery because of a congenital disease or anomaly as provided for Dependent newborns;
7. Surgery and/or treatment for: allergy testing; breast implants or breast reduction; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof; learning disabilities; obesity; tubal ligation; vasectomy;
8. Immunizations, vitamins and antitoxins, except as specifically stated;

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EXCLUSIONS (continued from page 5)

9. Routine physical examinations, health examinations;
10. Myofacial pain or Temporomandibular Joint Dysfunction (TMJ);
11. Treatment of mental or nervous disorders, except as specifically provided;
12. Expenses incurred as a result of dental treatment, except as specifically stated;
13. Hearing aids, eyeglasses, contact lenses, eye or hearing testing, examinations or prescriptions thereof, except expenses for same resulting from an Injury for eye surgery;
14. Expense incurred in connection with birth control, except as provided herein; sterilization or sterilization reversal, including surgical procedures and devices;
15. Expenses resulting from a motor vehicle Accident if the Insured is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place. This exclusion will not apply to passengers if they are insured under the Policy;
16. Treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception;
17. Injury resulting from parachuting, hang gliding, skydiving;
18. Voluntary or elective abortions;
19. Injury resulting from the practicing for, participating in, interscholastic, intercollegiate or professional sports;
20. Medical care, treatment, services or supplies normally given without charge and provided by employees or Doctors employed by, under contract with, or retained by the College; and
21. Suicide or attempted suicide or intentionally self-inflicted Injury, whether sane or insane.

PRE-EXISTING CONDITIONS LIMITATION

Pre-Existing Condition means a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the Effective Date of the Insured's coverage under this Policy. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

The Pre-Existing Condition Waiting Period is 12 months. If an Insured receives treatment or service for a Pre-Existing Condition: 1) the Company will not pay benefits for such condition until the day after a 12 consecutive month period has passed from the Insured's effective date; and 2) the Company will pay only for loss or expense incurred after such 12 consecutive month period.

The Pre-Existing Condition Waiting Period will be reduced by the aggregate period of Creditable Coverage of the
(continued on page 7)

PRE-EXISTING CONDITIONS (continued from page 6)

Insured, if the Creditable Coverage was continuous to a date not more than 63 days before the Effective Date of the coverage.

Payment will be in accord with the provisions of this Policy. If the Insured has a lapse in coverage of more than 63 days, the Pre-Existing Condition Waiting Period will have to be satisfied again.

The Pre-Existing Condition Waiting Period will not apply:

1. To pregnancy;
2. In the case of an Insured who, as of the last day of the 30-day period beginning on the date of his birth, is covered under Creditable Coverage;
3. In the case of a child who is adopted or placed for adoption before attaining the age of 18 years and who, as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, whichever is earlier, is covered under Creditable Coverage. The provisions of this paragraph do not apply to coverage before the date of adoption or placement for adoption; and
4. In the case of a condition for which medical advice, diagnosis, care or treatment was recommended or received for the first time while the Insured held Creditable Coverage, and the medical advice, diagnosis, care or treatment was a benefit under the plan, if the Creditable Coverage was continuous to a date not more than 63 days before the Effective Date of the new coverage.

The provisions of paragraphs (2) and (3) do not apply to an Insured after the end of the first 63-day period during all of which the Insured was not covered under any Creditable Coverage.

Creditable Coverage means health benefits or coverage provided to a person pursuant to:

1. A group health plan;
2. Health insurance coverage;
3. Part A or Part B of Title XVIII of the Social Security Act;
4. Title XIX of the Social Security Act, other than coverage consisting solely of benefits under Sec. 1928 of that Title;
5. The Civilian Health and Medical Program of Uniformed Services, CHAMPUS, Chapter 55 of Title 10, U.S.C.;
6. A medical care program of the Indian Health Service or of a tribal organization;
7. A State health benefit risk pool;
8. A health plan offered pursuant to the Federal Employees Health Benefits Program, FEHBP, under chapter 89 of title 5, U.S.C.;
9. A public health plan as defined in 45 C.F.R. Sec. 146.113, authorized by the Public Health Service Act, 42 U.S.C. Sec. 300gg(c)(1)(I);
10. A health benefit plan under Sec. 5(e) of the Peace Corps Act, 22 U.S.C. Sec. 2504(e).

DEFINITIONS

Accident means a sudden, unforeseeable, external event which results in an Injury

Covered Charge means the Reasonable Charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Doctor means a legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a Family Member, including but not limited to: a Doctor of medicine; a Doctor of osteopathy; a dentist; a podiatrist, a chiropractor; an optometrist; or a psychologist.

Emergency means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following: 1) the patient's life or health would be in serious jeopardy; 2) bodily functions would be seriously impaired; or 3) a body organ or part would be seriously damaged. Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the above listed complications.

Hospital Confined/Hospital Confinement means confinement in a Hospital for at least 18 consecutive hours for which a room and board charge is made by reason of a Sickness or Injury for which benefits are payable. The readmission for the same or related Sickness or Injury, within a 72-hour period, will be considered a continuation of the confinement.

Injury means bodily injury due to a sudden, unforeseeable, external event which: 1) results solely, directly and independently of disease, bodily infirmity or any other causes; 2) occurs after the Insured's effective date of coverage; and 3) occurs while coverage is in force.

Insured means any Eligible Student or Eligible Dependent who is insured under this plan.

Medically Necessary means a treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided.

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DEFINITIONS (continued from page 8)

Preferred Allowance means the amount a Network Provider has agreed to accept as payment in full for Covered Charges.

Reasonable Charges (RC) means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of: 1) the actual amount charged by the provider; 2) the negotiated rate, if any; or 3) the charge which would have been made by the provider of medical services for a comparable service or supply made by other providers in the same geographic area, as reasonably determined by the Company for the same service or supply.

Sickness means illness, disease, pregnancy and complications of pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

SCHEDULE OF BENEFITS

LIFETIME AGGREGATE MAXIMUM—\$100,000 per Injury or Sickness

DEDUCTIBLE—\$50 per policy year per Insured for treatment by a non-PPO provider

The Insured is responsible for paying the deductible amount listed above before the Company will begin paying benefits.

COVERED CHARGES are payable worldwide, up to the following limits:

Diagnosis and treatment by a Doctor	After a \$25 copay per visit, 100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO
Diagnosis and treatment by a registered nurse (not a close relative of or same legal residence as the Insured)	100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO
Diagnosis and treatment by a radiologist	100% of Preferred Allowance for PPO; 100% of actual charges for non-PPO
Hospital room and board (not to exceed daily semiprivate room rate)	100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO
Intensive care unit charges	100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO
Hospital outpatient treatment	100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO
Outpatient medical supplies used on the premises of a Hospital	100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO
Emergent care treatment (including charges for an emergent care Doctor) when immediately followed by Hospital Confinement for inpatient treatment*	100% of Preferred Allowance for PPO; 100% of actual charges for non-PPO
Emergent care treatment (including charges for an emergent care Doctor) when NOT immediately followed by Hospital Confinement for inpatient treatment**	After a \$250 deductible; 60% of Preferred Allowance for PPO; 60% of actual charges for non-PPO
Anesthetist	100% of Preferred Allowance for PPO; 100% of actual charges for non-PPO
Inpatient treatment of Mental or Nervous Disorders (includes treatment for drug and/or alcohol abuse)	100% of Preferred Allowance for PPO; 100% of actual charges for non-PPO; up to a 30-day aggregate benefit per calendar year
Outpatient treatment of Mental or Nervous Disorders (includes treatment for drug and/or alcohol abuse)	100% of Preferred Allowance for PPO; 100% of actual charges for non-PPO; up to a maximum of 10 visits per calendar year
Physical therapy	After a \$25 copay per visit, 100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO; up to 5 visits
Chiropractic-type services	After a \$25 copay per visit, 100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO; up to 5 visits
Laboratory, x-ray, and other diagnostic examinations	100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO
Preventative pap smear (covers costs of test only)	One (1) per year; 100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO; up to a maximum of \$30
Annual Wellness Exam	After a \$25 copay per visit, 100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO; up to a maximum of \$100 per policy year
STI/STD Exam and Testing	After a \$25 copay per visit, 100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO; up to a maximum of \$100 per policy year
Inpatient prescription drugs	100% of charges
Outpatient prescription drugs	50% of charges
Ambulance (ground or air) to a Hospital for Emergency only	100% of charges
Dental treatment for Injury to sound natural teeth	Up to a maximum benefit of \$100 per tooth
Pregnancy	100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO
Orthopedic or prosthetic devices or appliances*	100% of Preferred Allowance for PPO; 60% of actual charges for non-PPO

* Includes the following orthopedic or prosthetic devices or Hospital equipment: 1) man-made limbs or eyes for the replacing of natural limbs or eyes; 2) casts, splints or crutches; 3) purchase of a truss or brace; 4) oxygen and rental of equipment for giving oxygen; 5) rental of a wheelchair or hospital bed; 6) rental of dialysis equipment and supplies; and 7) colostomy bags and ureterostomy bags. The policy will not cover rental charges for equipment in excess of the purchase price of the equipment.

** See the definition for Hospital Confinement on page 8.

HOW TO SUBMIT A CLAIM

Students must obtain an authorized signature from the International Director on campus before submitting a claim form.

In the event of Injury or Sickness:

1. Insured students and dependents should obtain treatment from the nearest Doctor or hospital. You may use any Doctor or Hospital you choose, but using the Doctors and Hospitals available through the Preferred Provider Organization (PPO) may decrease your costs. For a complete listing of these PPO Hospital and Doctor facilities, call **1-800-226-5116** or visit **www.myfirsthealth.com**.
2. If you go to a Doctor's office or to the Hospital, show your identification card. If the Doctor or Hospital needs to verify your coverage, they may call Personal Insurance Administrators, Inc. at **1-800-314-3938**.
3. After you receive treatment, complete an insurance claim form. You may download a claim form from **www.renstudent.com/mcccd**. Be sure to include your policy number (as shown on your ID card) on the claim form. Answer all the questions and be sure to sign the claim form before submitting it.
4. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.

Please note you will need pay for prescriptions at the time of pickup. You may then submit a claim for reimbursement for the portion the Company is responsible for paying.

5. Send your claim form and all other bills to:

Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040

Providers may submit claims electronically:
PAYER ID 95397

6. Try to have all itemized bills attached to the same claim form.
 - a) Please do not send bills without completed claim form. Bills cannot be considered unless all the information required on the claim form is submitted.
 - b) A properly completed claim form must be submitted for each Injury or Sickness.
7. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-314-3938**.

A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be paid.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on Medical Necessity.

Be sure to keep a copy of all documents submitted for claims.

NATIONWIDE LIFE HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to Nationwide Life Insurance Company®, National Casualty Company, and the area within Nationwide Mutual Insurance Company® that performs healthcare functions. In this Notice, "Nationwide Life" or "We" means the healthcare functions of Nationwide Life Insurance Company, which is a hybrid covered entity. the healthcare functions of National Casualty Company, and Nationwide Mutual Insurance Company, a business associate As permitted by law, Nationwide Life will share protected health information (PHI) of members as necessary to carry out treatment, payment, and healthcare operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members' PHI and to provide members with notice of our legal duties and privacy practices with respect to their PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. Copies of the revised notices will be mailed to all current plan members or insureds.

Protected health information (PHI) that is the subject of this Notice is information that is created or received by Nationwide; and relates to the past, present, or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member; and that identifies the member or for which there is a reasonable basis to believe the information can be used to identify the member. It includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. Except as outlined below, we will not use or disclose your PHI for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, unless we have taken any action in reliance on the authorization.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make. We may release your PHI to your plan sponsor, provided your plan sponsor certifies that the information provided will be maintained in a confidential manner and not used in any other manner not permitted by law. (continued on page 14)

OTHER PRIVACY LAWS AND REGULATIONS

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact.

RIGHTS THAT YOU HAVE

Access to Your Protected Health Information. You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact.

Amendments to Your Protected Health Information. You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested Amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact.

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on some of our uses and disclosures of your PHI. We are not required to agree to your restriction request. A request form can be obtained by writing your designated contact.

Disclosures for Treatment, Payment and Health Care Operations. We will make disclosures of your PHI as necessary for your treatment, payment, and/or health care operations. For instance, for your Treatment, a Doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For Payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For Health Care Operations, we will use and disclose your PHI as necessary, and as permitted by law, for our health care operations, which include responding to customer inquiries regarding benefits and claims.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care.

If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure

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may be in your best interest, we may share limited PHI with such individuals without your approval.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide some of your PHI to one or more of these outside persons or organizations. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services. We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services which may be available to you as a member of the health plan. For example, we may use your PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Information Received Pre-enrollment. We may request and receive from you and your health care providers PHI either prior to your enrollment in the health plan or the issuance of your policy. We will use this information to determine whether you are eligible to enroll in the health plan and to determine your rates. We will protect the confidentiality of that information in the same manner as all other PHI we maintain and, if you do not enroll in the health plan we will not use or disclose the information about you we obtained without your authorization.

Communications With You. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the "Contact Information" section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

If you have any questions about this statement, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling 1-800-314-3938, or mail your request to:

Privacy Officer
PIA, Inc.
30401 Agoura Road, Suite 250
Agoura Hills, CA 91301

As a member, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Nationwide Life HIPAA Notice of Privacy Practices is effective April 14, 2003.

CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE

If a Covered Person is no longer eligible to be insured under the plan, he or she should request a Certification of Qualifying Health Plan Coverage from Renaissance Insurance Agency, Inc. This request can be made by phone or in writing, and must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

AUTHORIZED REPRESENTATION

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured who have reached the age of majority.

If the Covered Person would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Renaissance Insurance Agency, Inc. at the address below or complete a form via the Internet at: www.renstudent.com.

SUMMARY OF PRIVACY POLICY

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about Covered Persons and we are committed to protecting the privacy of Covered Persons. We do not disclose any nonpublic information about Covered Persons to anyone, except as permitted or required by law. We do not sell or otherwise disclose Covered Person's personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about Covered Persons from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. Covered Persons have the right to access, review and correct all personal information collected. Covered Persons may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing the Policy, by writing to the address or visiting the website shown below. Covered Persons may also submit a request, in writing, to review your information at the address below.

Attention: Privacy Manager
Renaissance Insurance Agency, Inc.
P.O. Box 2300
Santa Monica, CA 90407-2300
Phone: 1-800-537-1777
Facsimile: 1-310-394-0142
Website: www.renstudent.com

MARICOPA COMMUNITY COLLEGES INTERNATIONAL STUDENT HEALTH INSURANCE PLAN QUICK REFERENCE GUIDE

Underwritten by:

Nationwide Life Insurance Company

Policy Number:

302-093-0208

For questions regarding benefits or claims:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

Toll Free 1-800-314-3938

www.piaclaims.com

For questions regarding eligibility or enrollment:

Renaissance Insurance Agency, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

1-800-537-1777

To download claim forms, ID cards or translated brochures, visit

www.renstudent.com/mcccd

Frequently Asked Questions (FAQs)

Why do I need health insurance?

Medical costs can be overwhelming and are rising continuously. Without health insurance, a student can go into debt with excessive medical bills that may hinder his or her academic career.

The College requires its international students to carry medical insurance coverage. It is a requirement of this College that International Students be insured under the Maricopa Community Colleges endorsed health insurance plan. Any questions about this requirement should be directed to the responsible person at each college.

How do I enroll?

All registered international students are automatically enrolled in the International Student Health Insurance Plan.

All dependents may enroll by submitting the enrollment form attached to this brochure with proper payment. Dependents must enroll for the same period of coverage as the insured student. Please see page 1 of this brochure for dependent eligibility requirements.

For further questions regarding when your coverage begins or ends, if you and/or your dependents are eligible for coverage and how to enroll, contact Renaissance Agencies at 1-800-537-1777.

If you need a receipt for payment or proof of coverage, contact Renaissance Insurance Agency, Inc. at 1-800-537-1777.

Where do I get an ID card?

Detach the ID card on the back cover. You may use this card to obtain treatment after you have enrolled in the plan.

This ID card may also be used for your covered dependents. For replacement cards, visit www.renstudent.com/mcccd.

QUICK REFERENCE GUIDE (continued)

What is covered under the plan?

Please refer to the brochure for a list of benefits or contact Personal Insurance Administrators, Inc. at **1-800-314-3938**.

What do I do if I get sick or injured?

In the case of an Emergency, call 911.

Students and insured dependents should obtain treatment from the nearest Doctor or hospital. You may choose any Doctor or hospital, but you will pay a lower coinsurance, and the deductible will be waived, when using the Doctors and hospitals available through the First Health Network (PPO). For a complete listing of the PPO Hospital and Doctor facilities, visit **www.myfirsthealth.com** or call **1-800-226-5116**.

You should only obtain treatment from an emergency room in case of an Emergency. For non-Emergencies your out-of-pocket expenses may be decreased by obtaining treatment at an urgent care facility instead of a hospital emergency room.

If you go to a Doctor's office or to the hospital, be sure to show your insurance identification card. Dependents covered under the plan do not receive separate ID cards and may use the insured student's ID card to obtain treatment. If the Doctor or hospital needs to verify coverage for you or your dependents, have them call Personal Insurance Administrators, Inc. at **1-800-314-3938**.

How do I submit my medical bills for payment?

1. After you receive treatment, complete an insurance claim form. You may download a claim form from **www.renstudent.com/mcccd**.
2. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.

Please note you will need pay for prescriptions at the time of pickup. You may then submit a claim for reimbursement for the portion the Company is responsible for paying.

3. Send your claim form and all other bills to:

Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040

4. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-314-3938**.

A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be paid.

Be sure to keep a copy of all documents submitted for claims.

Keep your insurance ID card with you at all times.

**2010-2011 MARICOPA COMMUNITY COLLEGES
INTERNATIONAL STUDENT HEALTH INSURANCE PLAN
DEPENDENT ENROLLMENT FORM**

1. PLEASE INDICATE WHICH COLLEGE YOU ATTEND

- | | |
|--|---|
| <input type="checkbox"/> CHANDLER-GILBERT CC | <input type="checkbox"/> PARADISE VALLEY CC |
| <input type="checkbox"/> ESTRELLA MOUNTAIN CC | <input type="checkbox"/> PHOENIX COLLEGE |
| <input type="checkbox"/> GATEWAY CC | <input type="checkbox"/> RIO SALADO COLLEGE |
| <input type="checkbox"/> GLENDALE CC | <input type="checkbox"/> SCOTTSDALE CC |
| <input type="checkbox"/> MARICOPA SKILL CENTER | <input type="checkbox"/> SOUTH MOUNTAIN CC |
| <input type="checkbox"/> MESA CC | |

2. PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

STUDENT'S LAST NAME/ FAMILY NAME	
STUDENT'S FIRST NAME	INITIAL
STUDENT'S PERMANENT U.S. MAILING ADDRESS—STREET	
APT/BOX #	
CITY	STATE ZIP
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YY)
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT ID NUMBER
STUDENT'S E-MAIL ADDRESS	

3. STUDENT MUST OBTAIN AN AUTHORIZED SIGNATURE FROM THE COLLEGE REPRESENTATIVE OFFICE.

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

4. MARK THE COVERAGE YOU WISH TO PURCHASE. DEPENDENTS MUST BE ENROLLED ON THE DATE THE STUDENT ENROLLS OR WITHIN 31 DAYS OF THE DATE OF BIRTH, MARRIAGE, OR ARRIVAL IN THE U.S.

	FALL 08/11/10 to 01/15/11	SPRING/SUMMER 01/15/11 to 08/11/11
SPOUSE	<input type="checkbox"/> \$1,409.00	<input type="checkbox"/> \$1,977.00
CHILD(REN)	<input type="checkbox"/> \$1,430.00	<input type="checkbox"/> \$2,008.00

5. LIST DEPENDENTS ON REVERSE SIDE.

6. MAKE CHECK OR MONEY ORDER PAYABLE TO:
RENAISSANCE INSURANCE AGENCY, INC.
REMITTANCE IN U.S. FUNDS ONLY

7. RETURN PAYMENT WITH ENROLLMENT FORM TO:
RENAISSANCE INSURANCE AGENCY, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

8. STUDENT MUST SIGN FORM BELOW.

I AM ENROLLED IN THE STUDENT INSURANCE PLAN FOR THE SAME TERM OF COVERAGE FOR WHICH MY DEPENDENT(S) ARE APPLYING. I HAVE READ THE CONDITIONS CONCERNING DEPENDENT COVERAGE IN THIS BOOKLET.

STUDENT'S SIGNATURE

DATE

PLEASE DETACH AND RETAIN THE ID CARD ON THE BACK COVER. COVERED DEPENDENTS MAY ALSO USE ID CARD TO OBTAIN TREATMENT.

OPTUM NURSELINE

This plan incorporates access to the Optum NurseLine, which provides direct access to nurses who can provide the Covered Person with immediate general information and advice about health care issues. Optum's skilled nurses deliver satisfaction and peace of mind for nearly any health concern 24 hours a day, seven days a week. For example, NurseLine nurses help callers:

- Learn self-care for minor illnesses and injuries
- Understand diagnosed conditions
- Manage chronic diseases
- Discover and evaluate possible benefits and risks of various treatment options
- Learn about specific medications
- Prepare questions for doctor visits
- Develop and maintain healthful living habits

Bilingual nurses are available to address the needs of Spanish-speaking callers and through the Language Line translation service they can support callers in more than 140 languages.

Individuals also have access to more than 1,700 recorded messages, through the audio Health Information Library.

To access the Optum NurseLine:

1. Call **1-877-856-8163**
2. Press **1** for a NurseLine registered nurse
3. Press **2** for the Health Information Library (use the **PIN 761**)
4. For further information, visit www.healthforums.com.

ATTENTION

Your permanent ID Card is below. Please detach and retain for proof of coverage. No other will be issued.

Covered Dependents may also use this card to obtain treatment.

ID CARD—PLEASE DETACH AND RETAIN FOR PROOF OF COVERAGE

PROVIDERS MAY SUBMIT CLAIMS ELECTRONICALLY TO:
PAYER ID 95397

SUBMIT CLAIMS BY MAIL TO:

Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040

For questions about claims, benefits, or for language assistance, call 1-800-314-3938 or visit www.piaclaims.com

NOTE: Benefits are subject to payment of appropriate premium and verification of eligibility. Both the effective and termination dates of coverage are at 12:01 a.m. and are subject to verification by the Company.

MARICOPA COMMUNITY COLLEGES INTERNATIONAL STUDENT HEALTH INSURANCE PLAN

LIST DEPENDENTS TO BE INSURED BELOW.

DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED UNDER THIS PLAN.

LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	SEX
SPOUSE _____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD _____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD _____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD _____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S SIGNATURE _____	DATE SIGNED _____				

**COLLEGES INCLUDED IN THE
MARICOPA COUNTY COMMUNITY
COLLEGE DISTRICT**

Chandler-Gilbert Community College
Estrella Mountain Community College
GateWay Community College
Glendale Community College
Maricopa Skill Center
Mesa Community College
Paradise Valley Community College
Phoenix College
Rio Salado College
Scottsdale Community College
South Mountain Community College

Underwritten by:

Nationwide Life Insurance Company

Policy number:

302-093-0208

For questions regarding benefits or claims:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

Toll Free 1-800-314-3938

www.piaclaims.com

For questions regarding eligibility or enrollment:

Renaissance Insurance Agency, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

1-800-537-1777

**To download claim forms, ID cards or
translated brochures, visit**

www.renstudent.com/mcccd

ID CARD—PLEASE DETACH AND RETAIN FOR PROOF OF COVERAGE

MARICOPA COMMUNITY COLLEGES

2010–2011 INTERNATIONAL STUDENT HEALTH INSURANCE PLAN

Student:

PRINT NAME HERE

College:

PLEASE PRINT

Underwritten by: **NATIONWIDE LIFE INSURANCE COMPANY**

Policy Number: **302-093-0208**

Copay for office visits: **\$25**

PPO: **First Health Network**
For PPO Provider list: call **1-800-226-5116**
or visit **www.myfirsthealth.com**

