



The Endorsed

STUDENT INJURY AND SICKNESS INSURANCE PLAN

Limited Benefit Plan. Please Read Carefully.

Designed Especially for the Students of

LMU | **LA**
Loyola Marymount
University

2006-2007

StudentResources
a Division of The MEGA Life and Health Insurance Company

**This is your
Temporary ID
Card.**



STUDENT INSURANCE PROGRAM
The MEGA Life and Health Insurance Company

**Beech Street
ASSURANCE**

Name:
Policy #: 2006-794-1
Group Name: LOYOLA MARYMOUNT UNIVERSITY
Customer Service #: 1-877-848-8472
24/7 Nurse Advise: 1-866-389-6769
05-ID1

CLAIM INSTRUCTIONS

Claims should be submitted to the Company within 90 days after date of treatment. Please mail all medical and hospital bills along with the insured student's name and patient's name, ID number, address, and name of the college or university under which the student is insured to the address listed on this card. Send claims to: Student Insurance, PO Box 809025, Dallas, TX 75380-9025. Emdeon (formerly WebMD)#: 74227
For emergencies while traveling, call Assist America 1-877-488-9833 in the US, 1-609-452-8570 Collect outside the US. Reference # 01-AA-SID-01031.
For Hospital pre-admission call Avidyn at 1-800-295-0720.

NOTICE TO ALL HEALTHCARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claim instructions, please call Customer Service at the number listed on the front of this card.

Dear Student,

This brochure describes the 2006-2007 Student Insurance Plan. The MEGA Life and Health Insurance Company is the plan underwriter.

There are three components to the Plan: the Injury portion, the Sickness portion, and specific coverage for athletes injured during NCAA-related activities.

Sickness & Injury Insurance requirements vary as noted below.

Undergraduate students enrolled in 7 or more units:

The cost of the Injury insurance cannot be waived and is charged with University fees. All students must demonstrate they have valid Sickness insurance coverage. Students who do not provide documentation of being covered by personal Sickness insurance will be automatically enrolled in the Sickness insurance plan described in this booklet. The cost of the Sickness insurance will be charged with University fees. Students who have other Sickness insurance can complete the waiver component of the Controller's Worksheet.

Graduate students enrolled in 7 or more units:

The cost of the Injury insurance cannot be waived and is charged with University fees. Students who do not provide documentation of being covered by personal Sickness insurance will be automatically enrolled in the Sickness benefits plan described in this booklet. The cost of the Sickness insurance will be charged with University fees. Students who have other insurance can complete the waiver component of the Controller's Worksheet.

International students:

(F1 and J1 Visa Status) The cost of the Injury and Sickness plans is charged with University fees.

Eligible Undergraduate and Graduate students who satisfy the criteria above and are covered by personal Sickness insurance may waiver out of the Sickness insurance requirement only. Complete the Waiver section of the Controller's Office Calculation of Charges Worksheet Agreement by September 1, for the Fall Semester and by February 1, for new Spring Semester students. (You can not retroactively waive coverage).

The University does not assume any responsibility for medical costs incurred by the students. Services at the Student Health Center are available to you regardless of insurance coverage. Extra brochures and I.D. cards may be obtained at the Controller's Office. Note that no insurance plan provides 100% coverage.

Sincerely,



Katie Arce, Director
Student Health Services



Raymond A. Dennis
University Bursar

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PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at www.studentresources.com.

ELIGIBILITY

All registered International students taking credit hours are automatically enrolled in the Injury and Sickness benefits of this insurance plan at registration and the premium for coverage is added to their tuition billing. All other registered students taking 7 or more credit hours are automatically enrolled in the Injury benefits of this insurance plan at registration and the premium for coverage is added to their tuition billing and are required to purchase the Sickness benefits unless proof of comparable coverage is furnished. Graduate students taking credit hours are eligible to enroll in this insurance Plan.

All insured students who have enrolled in both the Injury and Sickness Benefits may purchase Major Medical Coverage on an optional basis.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children under 19 years of age or 23 years if a full-time student at an accredited institution of higher learning who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student. See the Definitions section of the brochure for the specific requirements needed to meet Domestic Partner eligibility.

Optional Major Medical Coverage may only be purchased simultaneously and in conjunction with the purchase of Injury and Sickness coverage at the time of initial enrollment in the plan. Only those students enrolled in the Injury and Sickness coverage may purchase Optional Major Medical. Students may purchase optional coverage for themselves or for themselves and all family members.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective on August 1, 2006. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on July 31, 2007. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

If paying premiums by any payment period other than annual, coverage expires as follow:

Fall01-01-2007
Spring/Summer07-31-2007

You must meet the Eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the premium expiration date. It is the student's responsibility to make timely premium payments to avoid a lapse in coverage.

Refunds of premiums are allowed only upon entry into the armed forces.

The Policy is a Non-Renewable One Year Term Policy.

ALTERNATIVE COVERAGE

If you do not meet the eligibility requirements of this student policy, please call 1-800-406-2338 for information on alternative coverage. You may also access information on this plan, get premium quotes, and apply on-line at our website: www.SecureNowInsurance.com.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital 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 90 days after the 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. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED STUDENTS ONLY

The student must use the resources of the Student Health Center first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. Before a claim will be considered, an authorization for referral must be issued by the Student Health Center and accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Psychotherapy;

Dependents are not eligible to use the Student Health Center and therefore, are exempt from the above limitations and requirements.

CONTINUATION PRIVILEGE

All Insured Persons who have been continuously insured under the school's regular student Policy for at least 6 consecutive months and who no longer meet the Eligibility requirements under the Policy (due to graduation, reduction in credit hours or other reasons) are eligible to continue their coverage for a period of not more than six months under the school's policy in effect. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

Application must be made and premium must be paid directly to Student Insurance and be received within 14 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact Student Insurance.

PRE-ADMISSION NOTIFICATION

Avidyn should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

MATERNITY TESTING

There are certain maternity tests that may be routinely performed by your Physician that may not be covered under the Policy. Please call the Company at 1-800-767-0700 for additional information.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

PREFERRED PROVIDER INFORMATION

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area include the Beech Street Network Hospitals and the Student Health Network.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-767-0700 and/or by asking the provider when making an appointment for services.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

"Network Area" means the 50 mile radius around the local school campus the Named Insured is attending.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

DEFINITIONS

CREDITABLE COVERAGE means any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans, including Medicare or Medicaid, nonprofit medical and surgical plan or hospital service plan that provides similar benefits, Armed Forces Personnel Medical and Dental Care, Indian Health Service or tribal organization medical care program, a state health benefits risk pool, Federal Employees Health Benefit Plan, the Peace Corps Act health benefit plan, health maintenance organization, a public health plan, or College Plan. The term includes continuation or conversion coverage, but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

DOMESTIC PARTNER means a person who is neither married nor related by blood or marriage to the Named Insured but who is: 1) the Named Insured's sole spousal equivalent; 2) lives together with the Named Insured in the same residence and intends to do so indefinitely; and 3) is responsible with the Named Insured for each other's welfare. A domestic partner relationship may be demonstrated by any three of the following types of documentation: 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured's will; 4) domestic partnership agreement; 5) powers of attorney for property and/or health care; and 6) joint ownership of either a motor vehicle, checking account or credit account.

INJURY means bodily injury which is: 1) directly and independently 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. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. 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.

PRE-EXISTING CONDITION means any condition for which medical advice, diagnosis, care or treatment, including the use of Prescription Drugs is recommended or received from a Physician within 6 months immediately prior to the Insured's Effective Date under the policy.

SICKNESS means sickness or disease of the Insured Person which causes loss 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 the policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

MY NURSELINE

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-866-389-6769. My NurseLine is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result 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

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.

OPTIONAL MAJOR MEDICAL BENEFIT

\$200,000 MAXIMUM BENEFIT

FOR EACH INJURY OR SICKNESS

\$100 DEDUCTIBLE FOR EACH INJURY OR SICKNESS

This optional benefit is subject to payment of an additional premium as specified on the enrollment card. Optional benefits may only be purchased at the time of initial enrollment in the Plan and may not be added later.

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$50,000 has been paid by the Company and after the Major Medical Deductible of \$100 has been satisfied.

The Company will pay 90% for additional Covered Medical Expenses incurred up to the Major Medical Maximum of \$200,000. The total benefit payable under Major Medical is \$250,000 minus the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

1. Intensive care expenses which exceed the Preferred Allowance (In Network for both Injury Plan and Sickness Plan) or Usual and Customary Charges on the Out of Network Injury Plan, and \$300 per day on the Out of Network Sickness Plan Room & Board expenses only;
2. Room & Board/Hospital Misc. Expenses which exceed the Preferred Allowance (In Network for both Injury Plan and Sickness Plan) or Usual and Customary Charges on the Out of Network Injury Plan, and \$300 per day on the Out of Network Sickness Room & Board expenses only;
3. Intercollegiate sports;
4. Pre-existing Conditions; Any condition for which medical advice, diagnosis, care or treatment, including the use of Prescription Drugs is recommended or received from a Physician within the 6 months immediately prior to the Insured's Effective Date under Optional Major Medical coverage;except for individuals who have been continuously insured under Optional Major Medical coverage for at least 6 consecutive months. Credit for time served will be given when covered under Creditable Coverage provided the individual becomes eligible and enrolls under the Optional Major Medical within 63 days of termination of the prior plan; and
5. Services designated as "No Benefits" in the Basic Medical Expense Benefits Schedule of Benefits.

SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS INJURY ONLY BENEFITS

**Up To \$50,000 Maximum Benefit Paid as Specified Below (For each Injury)
Deductible \$100 (For each Injury)**

The maximum Deductible will be \$500 per Insured person per policy year.

The Policy provides benefits for Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury. After the Deductible of \$100 has been satisfied, benefits will be paid at 90% of Covered Medical Expenses incurred up to \$20,000. After the Company has paid \$20,000, benefits will be paid at 80% of additional Covered Medical Expenses incurred up to the \$50,000 Maximum Benefit for each Injury. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in your Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expenses is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced, or lower benefits will be provided when an Out-of-Network provider is used. Covered Medical Expenses include:

INPATIENT

	<u>Preferred Providers</u>	<u>Out of Network</u>
Room & Board/Hospital Miscellaneous , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Intensive Care/Hospital Miscellaneous	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Physiotherapy	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Surgeon's Fees , in accordance with data provided by Ingenix. Multiple procedures through the same incision will be paid at 100% for the first and second procedure, and 50% of all subsequent procedures	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Assistant Surgeon	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Anesthetist , professional services in connection with inpatient surgery.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Registered Nurse's Services , private duty nursing care.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Pre-admission Testing , payable within 3 working days prior to admission.	.90% of Preferred Allowance	.60% of Usual and Customary Charges

OUTPATIENT

Surgeon's Fees , in accordance with data provided by Ingenix Multiple procedures through the same incision will be paid at 100% for the first and second procedure, and 50% of all subsequent procedures	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Assistant Surgeon	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Anesthetist , professional services administered in connection with outpatient surgery.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Physiotherapy , benefits are limited to one visit per day.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
X-ray and Laboratory Services	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and lab procedures.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Injections , when administered in the Physician's office and charged on the Physician's statement.	.90% of Preferred Allowance	.60% of Usual and Customary Charges
Prescription Drugs	.100% of Usual and Customary Charges	.100% of Usual and Customary Charges

OTHER

Ambulance Services	.90% of Usual and Customary Charges	.90% of Usual and Customary Charges
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	.90% of Usual and Customary Charges	.90% of Usual and Customary Charges
Consultant Physician Fees , when requested and approved by the attending Physician.	Preferred Allowance	Usual and Customary Charges
Dental Treatment , made necessary by Injury to Natural Teeth only.	.90% of Usual and Customary Charges / \$2,000 Maximum	.90% of Usual and Customary Charges / \$2,000 Maximum
Intercollegiate Sports	See Intercollegiate Sports Section	See Intercollegiate Sports Section
CAT Scan/MRI	.80% of Preferred Allowance/\$2,500 maximum	.80% of Usual & Customary Charges/\$2,500 maximum

SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS SICKNESS ONLY BENEFITS

Up To \$50,000 Maximum Benefit Paid as Specified Below (For each Sickness)
Deductible \$100 (For each Sickness)
The maximum Deductible will be \$500 per Insured person per policy year.

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Sickness up to the maximum benefit of \$50,000 for each Sickness.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in your Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expenses is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced, or lower benefits will be provided when an Out-of-Network provider is used.

No benefits are provided for Registered Nurse's Services, Injections, Dental or Durable Medical Equipment. Covered Medical Expenses include:

INPATIENT

	Preferred Providers	Out of Network
Room and Board/Hospital Miscellaneous , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	90% of Preferred Allowance	.60% of Usual and Customary Charges/Room & Board benefit is limited to \$300 per day
Intensive Care	Paid under Room & Board/Hospital. Misc.	Paid under Room & Board/Hospital Misc.
Routine Newborn Care , while Hospital Confined; and routine nursery care provided normally after birth.	Paid as any other Sickness / 4 days Hospital Confinement Expense maximum	Paid as any other Sickness / 4 days Hospital Confinement Expense maximum
Physiotherapy	Paid under Room & Board/Hospital Misc. Benefit	Paid under Room & Board/Hospital Misc. Benefit
Surgeon's Fees , in accordance with data provided by Ingenix. Multiple procedures through the same incision will be paid at 100% for the first and second procedure, and 50% of all subsequent procedures.	90% of Preferred Allowance	.60% of Usual and Customary Charges
Assistant Surgeon	.20% of Surgery Allowance	.20% of Surgery Allowance
Anesthetist , professional services in connection with inpatient surgery.	.25% of Surgery Allowance	.25% of Surgery Allowance
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	90% of Preferred Allowance \$50 per day / \$750 maximum	.60% of Usual and Customary Charges/ \$50 per day / \$750 maximum
Registered Nurse's Services	No Benefits	No Benefits
Physician's Visits , for Psychotherapy and Severe Mental Illnesses and Serious Emotional Disturbances.	90% of Preferred Allowance / \$80 per day / \$2,000 maximum	.60% of Usual and Customary Charges/ \$80 per day / \$2,000 maximum
Pre-admission Testing , payable within 3 working days prior to admission.	Paid under Room & Board/Hospital Misc.	Paid under Room & Board/Hospital Misc.
Psychotherapy , benefits are limited to one visit per day	Paid as any other Sickness	Paid as any other Sickness
Severe Mental Illness	See Benefits for Severe Mental Illness & Serious Emotional Disturbances	See Benefits for Severe Mental Illness & Serious Emotional Disturbances

OUTPATIENT

Surgeon's Fees , in accordance with data provided by Ingenix. Multiple procedures through the same incision will be paid at 100% for the first and second procedure, and 50% of all subsequent procedures.	90% of Preferred Allowance	.60% of Usual and Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of Preferred Allowance	.60% of Usual and Customary Charges/ \$2,000 maximum
Assistant Surgeon	.20% of Surgery Allowance	.20% of Surgery Allowance
Anesthetist , professional services administered in connection with outpatient surgery	.25% of Surgery Allowance	.25% of Surgery Allowance
Physician's Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	90% of Preferred Allowance/\$50 per day	.60% of Usual and Customary Charges/\$50 per day
Physiotherapy , benefits are limited to one visit per day. Benefits are payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for Rehabilitation	80% of Preferred Allowance	.80% of Usual and Customary Charges
Outpatient Miscellaneous Benefit , including benefits designated as "Paid under Outpatient Miscellaneous Benefit."	.80% of Usual and Customary Charges / \$2,000 maximum	.80% of Usual and Customary Charges / \$2,000 maximum
• Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from first onset of Sickness.	Paid under Outpatient Miscellaneous Benefit	Paid under Outpatient Miscellaneous Benefit
• Diagnostic X-ray and Laboratory Services	Paid under Outpatient Miscellaneous Benefit	Paid under Outpatient Miscellaneous Benefit
• Injections	No Benefits	No Benefits
• Radiation Therapy and Chemotherapy	Paid under Outpatient Miscellaneous Benefit	Paid under Outpatient Miscellaneous Benefit
• Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-rays and lab procedures.	Paid under Outpatient Miscellaneous Benefit	Paid under Outpatient Miscellaneous Benefit
• Prescription Drugs , (includes contraceptives)	Paid under Outpatient Miscellaneous Benefit	Paid under Outpatient Miscellaneous Benefit
Psychotherapy , benefits are limited to one visit per week. Including all related or ancillary charges incurred as a result of a Mental and Nervous Disorder (including Prescription Drugs).	90% of Preferred Allowance/ \$100 per day / \$700 maximum (Per Policy Year)	.60% of Usual and Customary Charges/ \$100 per day / \$700 maximum (Per Policy Year)
Severe Mental Illness ,	See Benefits for Severe Mental Illness & Serious Emotional Disturbances	See Benefits for Severe Mental Illness & Serious Emotional Disturbances

OTHER

Ambulance Services maximum	Usual and Customary Charges / \$200 maximum	.60% of Usual and Customary Charges / \$200
Consultant Physician Fees , when requested and approved by the attending Physician	.80% of Preferred Allowance / \$175 maximum	.80% of Usual and Customary Charges / \$175 max
Maternity and Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Benefits for Reconstructive Breast Surgery	Paid as any other Sickness following a mastectomy	Paid as any other Sickness following a mastectomy
CAT Scan/MRI	.80% of Usual & Customary Charges / \$2,500 maximum	.80% of Usual & Customary Charges / \$2,500 maximum

INTERCOLLEGIATE SPORTS
MAXIMUM BENEFIT: \$75,000 (FOR EACH INJURY)
DEDUCTIBLE: \$2,000 (PER INSURED PERSON)
(PER POLICY YEAR)

Student Health Center Referral Requirement does not apply except as specified below for Outpatient Physiotherapy.

Insured student athletes who are members of and are participating in intercollegiate Baseball, Basketball, Crew, Cross Country, Golf, Soccer, Tennis, Volleyball, Water Polo, Softball, and Swimming sponsored by the Policyholder are covered for sports Injury.

Benefits will be paid for Injury sustained by an Insured Person while:

- a) Actually engaged, as an official representative of the Policyholder, in the play or practice of an intercollegiate sport under the direct supervision of a regularly employed coach or trainer of the Policyholder; or
- b) Actually being transported as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the play or practice of a scheduled intercollegiate sport.

Benefits will be paid under the Schedule of Benefits for intercollegiate sports injury up to \$75,000 for each Injury. Outpatient Physiotherapy benefits are payable only with a referral from the Student Health Center or Athletic Trainers Office and are limited to 80 days maximum.

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion; heat exhaustion; fainting;
4. Hernia, regardless of how caused, or
5. Artificial aids such as crutches, braces, appliances and artificial limbs.

MANDATED BENEFITS

BENEFITS FOR AIDS VACCINE

Benefits will be paid the same as any other Sickness for a vaccine for acquired immune deficiency syndrome (AIDS) that is approved for marketing by the federal Food and Drug Administration (excluding an investigational new drug application) and that is recommended by the United States Public Health Service.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR DIABETES

Benefits will be paid the same as any other Sickness for the following equipment and supplies for the management and treatment of insulin using diabetes, non-insulin using diabetes, and gestational diabetes as Medically Necessary even if the items are available without a prescription:

- (1) Blood glucose monitors and blood glucose testing strips.
- (2) Blood glucose monitors designed to assist the visually impaired.
- (3) Insulin pumps and all related necessary supplies.
- (4) Ketone urine testing strips.
- (5) Lancets and lancet puncture devices.
- (6) Pen delivery systems for the administration of insulin.
- (7) Podiatric devices to prevent or treat diabetes-related complications.
- (8) Insulin syringes.
- (9) Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

Benefits for Diabetes Continued

Benefits will also be provided for diabetes outpatient self-management training, education, and medical nutrition therapy necessary to enable the Insured to properly use the equipment, supplies and medications noted above. The same policy limits will apply as apply to any other Physician's Visits.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR CANCER CLINICAL TRIALS

Benefits will be paid the same as any other Sickness for all routine patient care costs related to the clinical trial for an insured diagnosed with cancer and accepted into a phase I, phase II, phase III, or phase IV clinical trial for cancer.

"Routine patient care costs" means the costs associated with the provision of health care services, including drugs, items, devices and services that would otherwise be covered under the plan or contract if those drugs, items, devices and services were not provided in connection with an approved clinical trial program.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR BREAST CANCER SCREENING & TREATMENT

Benefits will be paid the same as any other Sickness for the screening for, diagnosis of, and treatment for breast cancer, consistent with generally accepted medical practice and scientific evidence, upon the referral of the insured's participating physician.

Treatment for breast cancer shall include coverage for prosthetic devices or reconstructive surgery to restore and achieve symmetry for the patient incident to a mastectomy.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR PHENYLKETONURIA

Benefits will be paid the same as any other Sickness for the testing and treatment of Phenylketonuria (PKU).

Benefits include those Formulas and Special Food Products that are part of a diet prescribed by a Physician and managed by a health care professional in consultation with a Physician who specializes in the treatment of metabolic disease, provided that the diet is deemed Medically Necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of PKU.

Benefits are not required except to the extent that the cost of necessary Formulas and Special Food Products exceeds the cost of a normal diet.

"Formula" means an enteral product for use at home prescribed by a Physician or nurse practitioner or ordered by a registered dietician upon referral by a health care provider authorized to prescribe dietary treatments as Medically Necessary for the treatment of PKU.

"Special food product" means a food product that is both:

- a) prescribed by a Physician or nurse practitioner for the treatment of PKU and is consistent with the recommendations and best practices of qualified health professional with expertise germane to, and experienced in the treatment and care of, PKU. It does not include a food that is naturally low in protein, but may include a food product that is specifically formulated to have less than one gram of protein per serving;
- b) used in place of normal food products, such as grocery store foods, used by the general population.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR SEVERE MENTAL ILLNESS AND SERIOUS EMOTIONAL DISTURBANCES

Benefits will be paid the same as any other Sickness for the diagnosis and Medically Necessary treatment of Severe Mental Illnesses of an Insured of any age and of Serious Emotional Disturbances of an Insured child as specified below:

- (1) Outpatient services.
- (2) Inpatient hospitalization services.
- (3) Partial hospitalization services.
- (4) Prescription Drugs, if the policy includes coverage for Prescription Drugs.

"Severe Mental Illness" includes:

- (1) Schizophrenia.
- (2) Schizoaffective disorder.
- (3) Bipolar disorder (manic-depressive disorder)
- (4) Major depressive disorders.
- (5) Panic disorder.
- (6) Obsessive-Compulsive disorder.
- (7) Pervasive developmental disorder of Autism.
- (8) Anorexia nervosa.
- (9) Bulimia nervosa.

"Serious emotional disturbance of a child" means a child under the age of 18 years who has one or more mental disorders as identified in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population must meet one or more of the following criteria:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: (i) the child is at risk of removal from home or has already been removed from the home. (ii) The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 of division 7 of Title 1 of the Government Code.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR OSTEOPOROSIS

Benefits will be paid the same as any other Sickness for the diagnosis, treatment and appropriate management of Osteoporosis. Benefits include all Food and Drug Administration approved technologies, including bone mass measurement technologies as deemed medically appropriate.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR TELEMEDICINE

Benefits will be paid for services provided through Telemedicine on the same basis as services provided through a face-to-face contact between a Physician and Insured. "Telemedicine" means the practice of health care delivery diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a Physician and Insured constitutes "telemedicine" for the purposes of this benefit.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

ASSIST AMERICA: GLOBAL EMERGENCY MEDICAL ASSISTANCE

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Assist America services. The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive Assist America services worldwide, except in your home country.

Domestic Students, insured spouse and insured minor child(ren): You are eligible for Assist America services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

Assist America services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All Assist America services must be arranged and provided by Assist America, any services not arranged by Assist America will not be considered for payment.

Key Services include:

- ❖ Medical Consultation, Evaluation and Referrals
- ❖ Foreign Hospital Admission Guarantee
- ❖ Emergency Medical Evacuation
- ❖ Critical Care Monitoring
- ❖ Medically Supervised Repatriation
- ❖ Prescription Assistance
- ❖ Transportation to Join Patient
- ❖ Care for Minor Children Left Unattended Due to a Medical Incident
- ❖ Return of Mortal Remains
- ❖ Emergency Counseling Services
- ❖ Lost Luggage or Document Assistance
- ❖ Interpreter and Legal Referrals

Please visit your school's insurance coverage page at www.studentresources.com for the Assist America Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:
(877) 488-9833 Toll-free within the United States
(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at medservices@assistamerica.com.

When calling Assist America's Operations Center, please be prepared to provide:

1. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
2. Patient's name, age, sex, and Reference Number;
3. Description of the patient's condition;
4. Name, location, and telephone number of hospital, if applicable;
5. Name and telephone number of the attending physician; and
6. Information of where the physician can be immediately reached.

Assist America is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Assist America. Claims for reimbursement of services not provided by Assist America will not be accepted. Please refer to your Assist America brochure for Program Guidelines as well as limitations and exclusions pertaining to the Assist America program.

EXCLUSIONS AND LIMITATIONS

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

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: nicotine addiction;
3. Learning disabilities;
4. Biofeedback;
5. Circumcision;
6. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
7. 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; removal of warts, non-malignant moles and lesions;
8. Dental treatment, except for accidental Injury to Natural Teeth;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses; except when due to a disease process;
12. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
13. 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;
14. Hirsutism; alopecia;
15. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
16. The use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any interscholastic or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
19. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
20. Organ transplants;
21. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
22. Pre-Existing Conditions, except for individuals who have been continuously insured for at least 6 consecutive months under any health insurance plan or policy or employer-provided health benefit arrangement. Credit for time served will be given when covered under Creditable Coverage provided the individual becomes eligible and enrolls under this policy within 63 days of termination of the prior plan;

EXCLUSIONS AND LIMITATIONS (Continued)

23. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Benefits for Diabetes;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for unapproved cosmetic indications;
 - e) Drugs used to treat or cure baldness, and anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
24. 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;
25. 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;
26. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness;
27. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
28. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
29. Sleep disorders;
30. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
31. Supplies, except as specifically provided in the policy;
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
34. 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
35. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

1. Report to the Student Health Center for treatment or referral, or when not in school, to their Physician or Hospital.
2. Mail to the address below all medical and hospital bills along with the patient's name and Insured student's name, address, Social Security number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. File claim within 90 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

THE PLAN IS UNDERWRITTEN BY:

The MEGA Life and Health Insurance Company

SUBMIT ALL CLAIMS OR INQUIRIES TO:

Student Insurance
P.O. Box 809025
Dallas, Texas 75380-9025
1-877-848-8472
customerservice@studentinsurance.net
claims@studentinsurance.net

SALES/MARKETING SERVICE:

Student Resources
805 Executive Center Drive West, Suite 220
St. Petersburg, FL 33702
1-800-892-4115
E-Mail: info@StudentResources.com

ONLINE SERVICES:

Please Visit our Website at www.studentresources.com for Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

**THE MEGA LIFE AND HEALTH INSURANCE COMPANY
OPTIONAL MAJOR MEDICAL STUDENT ENROLLMENT CARD
LOYOLA MARYMOUNT UNIVERSITY
2006-794-1**



OPTIONAL MAJOR MEDICAL \$ 274.00

E) STUDENT

(PLEASE PRINT) Students Name _____ / _____ / _____ MI _____ Date of Birth _____
 Male Female Last First

Permanent US Address _____ Street or PO Box _____ City _____ State _____ Zip _____

Social Security # _____ Phone # (_____) _____ Email Address _____

Expected Graduation Date: Month _____ Date _____

PAYMENT INSTRUCTIONS: Make check or money order payable to Student Insurance, in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail this enrollment card along with premium payment to Student Insurance, P.O. Box 809026, Dallas, TX 75380-9026. Your cancelled check or credit card billing is your only receipt and notification of coverage.

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the Effective Date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. It is the student's responsibility for timely payments. By signing below, the student acknowledges the following: 1) He/She has carefully read the Brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the Eligibility requirements for this coverage as described in the Brochure; 4) If it is later determined that the student is not eligible, the premium will be refunded; and 5) Other than Eligibility, the premium is not refundable.

Signature of Student _____ **Date** _____

CHARGE CARD AUTHORIZATION
CHARGE FULL AMOUNT \$ _____ EXP DATE _____ / _____
VISA/MASTERCARD # _____
SIGNATURE OF CARDHOLDER _____

To apply for Optional Major Medical coverage detach and mail
this enrollment card along with premium payment to:

Student Insurance
P.O. Box 809026
Dallas, TX 75380-9026