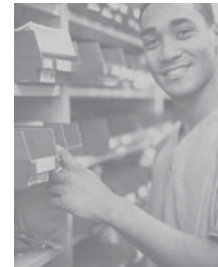




2007 - 2008  
**Student  
Injury  
and  
Sickness  
Insurance  
Plan**

underwritten by  
**National Union Fire  
Insurance Company of Pittsburgh, Pa.**

administrator policy number  
**AMH0056158**



**ATTENTION**

To download an insurance ID card, register online at:  
[www.renstudent.com/usn](http://www.renstudent.com/usn)

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## ATTENTION

**Covered students must register online to obtain an insurance ID card.** The insurance ID card will be available to download five (5) days after the Effective Date listed (see page 3).

A separate ID card for prescriptions from Express Scripts will be mailed to the address provided by the covered student, but the covered student may use the ID card obtained online to get his/her prescriptions in the meantime. For more information regarding the prescription drug benefit and Express Scripts, see page 6.

Dependents covered under the plan do not receive separate ID cards and may use the covered student's ID card to obtain treatment.

**To download an insurance ID card, register online at:  
[www.renstudent.com/usn](http://www.renstudent.com/usn)**

## ELIGIBILITY

All registered students taking nine (9) or more credit hours are automatically enrolled in the insurance plan at registration, unless proof of comparable coverage is furnished and the student has submitted a waiver form prior to the Waiver Deadline Date. Students who waive out of the plan may elect to enroll later if they involuntarily lose their prior coverage of insurance, due to no fault of their own. Please refer to the Involuntary Loss of Coverage definition on page 14 and to the Enrollment section for further clarification. See the Enrollment section for instructions regarding registering and/or waiving coverage.

Students must actively attend classes for at least the first 31 days from their effective date of coverage. Home study, correspondence, internet and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes.

Eligible students who do enroll may also insure their eligible dependents. Eligible dependents are the covered student's: 1) legally married spouse who resides with the student; or 2) child who is dependent upon the student for support and maintenance and is under the age of 19, 25 if a full-time student, or 19 or more years of age and primarily supported by the covered student and incapable of self-sustaining employment by reason of mental or physical handicap. Dependent coverage will not be effective prior to that of the covered student or extend beyond that of the covered student, except as specifically provided under the Extension of Benefits.

If a child is born to a covered student, that child will be covered under the Policy for the first 31 days after: 1) birth of a newly born child; or the earlier of 2) the effective date of adoption of the child; or 3) the date placement of the child for adoption. Coverage for such child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. Benefits will be the same as any other Covered Person who is the child's parent.

The covered student will have the right to continue such coverage for the child beyond 31 days. To continue the coverage the Covered Person must, within 31 days after the birth, adoption or placement for adoption: 1) notify the Company in writing of the birth, adoption or placement; and 2) enroll such dependent and pay the required additional premium for the continued coverage.

If the covered student does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth, adoption or placement for adoption.

The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met and continue to be met. If the Company discovers the Eligibility requirements have not or are not being met, its only obligation is refund of premium, less any claims paid.

## ENROLLMENT

All eligible students who have not waived coverage prior to the Waiver Deadline will be automatically enrolled in the plan. Enrolled students must register online at [www.renstudent.com/usn](http://www.renstudent.com/usn) to download their insurance ID card. If an eligible student has waived out of the plan and later loses his/her qualifying prior coverage, (see the definition of Involuntary Loss of Coverage on page 14), it is the responsibility of the eligible student to submit to the University notification of interest to enroll in the Student Injury and Sickness Insurance Plan and pay a pro-rata premium for the term in which they are electing to enroll.

Eligible students who are enrolled in the plan may also enroll their eligible dependents by requesting the coverage online at [www.renstudent.com/usn](http://www.renstudent.com/usn) and submitting the required premium amount to the University by the Registration Deadline Date.

Newly acquired dependents (spouse and/or children) and those who are enrolling during the term due to an Involuntary Loss of Coverage are not subject to the Registration Deadline Dates. However, the enrollment form and full premium payment for all newly acquired dependents (spouse and/or children) must be submitted to the University within 31 days of the attainment of such dependents. **Otherwise, enrollment cannot be accepted after the Registration Deadline Dates listed.**

To waive coverage, students must submit the waiver form and proof of comparable insurance coverage to the University prior to the Waiver Deadline Date.

## COSTS OF COVERAGE

	Annual*
Student .....	\$ 778.00
Spouse .....	\$ 3,043.00
Each Child .....	\$ 1,530.00

**\*Annual costs of coverage do not apply to the following programs: P1-MBA, P3-MBA, and Nursing 2008.** See costs of coverage for these programs below.

Program	Class	
P1-MBA (2010)	Student .....	\$ 908.00
P1-MBA (2010)	Spouse .....	\$ 3,561.00
P1-MBA (2010)	Each Child .....	\$ 1,788.00
P3-MBA (2007)	Student .....	\$ 360.00
P3-MBA (2007)	Spouse .....	\$ 1,410.00
P3-MBA (2007)	Each Child .....	\$ 710.00
Nursing 2008	Student .....	\$ 504.00
Nursing 2008	Spouse .....	\$ 1,974.00
Nursing 2008	Each Child .....	\$ 994.00

**All premium amounts due for student and dependent coverage will be billed to the student's university account.**

## PREMIUM REFUNDS

No premium refunds are permitted, except when the student enters full-time active military service, in which case a pro-rata refund will be made upon written request.

## EFFECTIVE AND TERMINATION DATES

The Policy becomes effective at 12:01 a.m. on May 31, 2007. Coverage for eligible students becomes effective at 12:01 a.m. on the first date of the student's applicable term (*see term dates for each program below*). For students who previously waived coverage, but elect to enroll later due to Involuntary Loss of Coverage, coverage will become effective at 12:01 a.m. on the day following the date of receipt of payment of the cost of coverage by the University. Coverage for dependents becomes effective at 12:01 a.m. on the first date of the applicable term if premium is received before this date, or the day following the date of receipt of payment, whichever is later.

Coverage terminates at 12:01 a.m. on the earliest of the following dates:

1. The date the Policy is terminated by the Policyholder;
2. The last day of the Term of Coverage for which premium is paid;
3. The date a Covered Person enters full-time active military service;
4. The last day of the period through which premium has been paid following the date a dependent ceases to be a dependent as described in this brochure.

Dependent coverage will not be effective prior to that of the covered student or extend beyond that of the covered student, except as specifically provided under the Extension of Benefits.

Program	Waiver Deadline	Effective Date	Termination Date	Registration Deadline
<b>P1 (Class of 2010)</b>	<b>7/16/07</b>	8/27/07	8/27/08	<b>8/27/07</b>
<b>P1-MBA (2010)</b>	<b>6/18/07</b>	7/02/07	8/27/08	<b>7/02/07</b>
<b>P2 (Class of 2009)</b>	<b>7/16/07</b>	8/27/07	8/27/08	<b>8/27/07</b>
<b>P3 (Class of 2008)</b>	<b>4/16/07</b>	8/28/07	8/28/08	<b>5/21/07</b>
<b>P3-MBA (2007)</b>	<b>4/16/07</b>	5/31/07	9/14/07	<b>5/21/07</b>
<b>MBA Weekday</b>	<b>6/18/07</b>	7/02/07	7/02/08	<b>7/02/07</b>
<b>MBA Weekend</b>	<b>6/18/07</b>	8/10/07	8/10/08	<b>8/10/07</b>
<b>Nursing 2008</b>	<b>7/16/07</b>	8/21/07	3/07/08	<b>8/27/07</b>
<b>Nursing 2009</b>	<b>7/16/07</b>	8/27/07	8/27/08	<b>8/27/07</b>

We do not send termination or renewal notices. There will be no break or overlap in coverage for students re-enrolling who have maintained continuous coverage from the previous Policy year. It is the Covered Person's responsibility to renew coverage in a timely manner, subject to continuing eligibility. There will be no break or overlap in coverage for students re-enrolling who have maintained continuous coverage from the previous policy year. Eligibility requirements must be met each time premium is paid to renew coverage. There is no continuation coverage for this plan for students and/or dependents who are no longer eligible.

## PREFERRED PROVIDER ORGANIZATION

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

This Student Health Insurance Plan has incorporated into the coverage access to the Beech Street Corporation network of hospitals and Doctors (PPO). Network access provides benefits nationwide for Eligible Expenses incurred at 80% of Allowable Charges when treated by network providers. Benefits are provided worldwide for Eligible Expenses incurred at 60% of Reasonable and Customary (R&C) charges when treated by non-network providers. However, if such treatment is received in a non-PPO facility due to an Emergency Medical Condition, benefits for Eligible Expenses are payable at the PPO level. For a complete listing of the PPO hospital and Doctor facilities, access the website [www.beechstreet.com](http://www.beechstreet.com) or call 1-800-877-1444.



**Please be aware that if the Covered Person is treated at a PPO hospital, it does not mean that all providers at that hospital are PPO providers. In addition, if the Covered Person is referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which the Covered Person is referred is also a PPO provider.**

## PRE-NOTIFICATION FOR HOSPITALIZATION

The Company should be notified of all hospital confinements prior to admission.

1. PRE-NOTIFICATION OF NON-EMERGENCY HOSPITALIZATIONS: The patient, doctor or hospital should telephone the Beech Street Corporation at **1-800-877-1444** at least five (5) working days prior to the planned admission.
2. NOTIFICATION OF EMERGENCY ADMISSIONS: The patient, patient's representative, doctor or hospital should telephone the Beech Street Corporation at **1-800-877-1444** within two (2) working days of the admission to provide the notification of any admission due to Emergency Medical Condition.

**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.

## HOME HEALTH CARE BENEFIT

Benefits shall be paid for Eligible Expenses arising from care at home or health supportive services if that care or service is prescribed by a Doctor and would have been covered by the policy if performed in a medical facility or facility for the dependent as defined in chapter 449 of NRS. Benefits are subject to all deductible, copayment, coinsurance, limitations or any other provisions of the policy.

## ACCIDENTAL DEATH AND DISMEMBERMENT

When, as a result of an Injury, the Covered Person sustains a loss as shown below within 180 days of such Injury, the Covered Person or beneficiary may request the Company to pay the applicable amount below.

### For Loss of

Life.....	\$ 3,000
Two or More Members .....	\$ 3,000
One Member.....	\$ 1,500

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

## PRESCRIPTION BENEFIT

Prescription benefits are payable only when prescriptions are dispensed by an Express Scripts network pharmacy. Prescription benefits are payable, after a \$15 copayment for generic drugs or a \$25 copayment for brand name drugs, at 80% of R&C charges, up to a maximum of \$1,000 per policy year. Copayments are per each 30-day supply. Please see Exclusion #40 for additional prescription exclusions/limitations. To locate an Express Scripts pharmacy, access the website: [www.express-scripts.com](http://www.express-scripts.com). To receive an Express Scripts prescription ID card, the covered student must register with his/her current mailing address at [www.renstudent.com/usn](http://www.renstudent.com/usn). To receive benefits prior to receiving an ID card, the Covered Person may be required to pay the full charges, then request reimbursement by filing a claim with Personal Insurance Administrators, Inc. For further information on filing a claim, see the Claim Procedure on page 16. For additional information regarding the prescription benefit, call Express Scripts at **1-800-447-9638**.

## MATERNITY TESTING

The Policy does not cover routine, preventive or screening examinations or testing unless Medically Necessary. The following maternity routine tests and screening exams will be covered, if all other policy provisions have been met. This includes a pregnancy test, CBC, hepatitis B surface antigen, rubella screen, syphilis screen, chlamydia, HIV, gonorrhea, toxoplasmosis, blood typing ABO, RH blood antibody screen, urinalysis, urine bacterial culture, microbial nucleic acid probe, AFP blood screening, pap Smear, and glucose challenge test (at 24-48 weeks gestation). One ultrasound will be covered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be covered if a claim is submitted with the pregnancy record and ultrasound report that establishes such ultrasounds as Medically Necessary. Additionally, for women over 35 years of age, amniocentesis/AFP screening and chromosome testing will be considered. Fetal stress/non-stress tests are payable. Pre-natal vitamins are not covered.

## EXCESS COVERAGE

After the first \$100 of Eligible Expenses, this plan 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 Covered Person 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. This plan is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision. Benefits paid by this plan will not exceed: 1) any applicable plan maximums; and 2) 100% of the compensable expenses incurred when combined with benefits paid by any other valid and collectible insurance.

Eligible Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Covered Person for failing to comply with policy provisions or requirements.

**Important:** The Excess Provision has no practical application if the Covered Person does not have other medical insurance or if the Covered Person's other insurance does not cover the loss.

## EXTENSION OF BENEFITS

The coverage provided under the Policy ceases on the termination date. However, if the Covered Person is confined to a hospital on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the date his or her coverage terminated, benefits will be payable for the Eligible Expenses incurred until the earliest of: 1) the end of the Sickness or Injury; 2) the end of the 90-day period following the date his or her coverage terminated; or 3) the date the applicable maximum amount is reached.

The total payments made in respect to the Covered Person for such condition both before and after the termination date will never exceed the maximum benefit. After the Extension of Benefits provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made. This Extension of Benefits provision is applicable only to the extent the Covered Person will not be covered under this or any other health insurance policy in the ensuing term of coverage. Dependents that are newly acquired during the covered student's Extension of Benefits period are not eligible for benefits under this provision. This Extension of Benefits provision does not apply to prescription drug coverage.

## EXCLUSIONS AND LIMITATIONS

This Policy does not cover nor provide benefits for loss or expenses incurred:

1. for a treatment, service or supply which is not Medically Necessary;
2. for treatment, services, drugs, devices, procedures or supplies that are Experimental or Investigational;
3. for any services rendered by a Covered Person's immediate family member;
4. as a result of dental treatment, or dental x-rays, except for treatment resulting from Injury to sound, natural teeth;
5. for preventive treatment or testing, except as specifically provided for in the Policy;
6. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such; radial keratotomy or laser surgery; or treatment for visual defects and problems (visual defects means any physical defect of the eye which does or can impair normal vision apart from the disease process); eye refraction;
7. for hearing examinations, 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);
8. as a result of an accident occurring in consequence of 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;
9. for Injury or Sickness resulting from war or act of war, declared or undeclared;
10. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
11. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days;
12. for treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of insurance;
13. for cosmetic surgery except that cosmetic surgery shall not include reconstructive surgery required to correct an Injury for which benefits are otherwise payable and reconstructive surgery because of a congenital disease or anomaly of a covered dependent newborn child or adopted infant which has resulted in a functional defect;
14. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
15. for Elective Treatment or elective surgery;
16. as a result of suicide or any attempt at suicide, including drug overdose or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
17. treatment of temporomandibular joint dysfunction;
18. for Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor;

(continued on page 8)

**EXCLUSIONS (continued from page 7)**

19. for surgery and/or treatment of: acne; acupuncture; gynecomastia; allergy, including allergy testing and anti-toxins; biofeedback-type services; breast implants or breast reduction; circumcision; corns, calluses and bunions, (except capsular or bone surgery); deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; family planning; fertility tests; hair growth or removal; impotence, organic or otherwise; learning disabilities; Attention Deficit Disorder; nonmalignant warts, moles and lesions; obesity; premarital examinations; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders; tubal ligation; vasectomy; alopecia; lipectomy; and weight reduction;
20. for routine physical examinations, health examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy;
21. for addiction and co-dependency services and supplies related to: nicotine addiction; caffeine; and non-chemical addictions, such as gambling, sex, spending, shopping, working and religion; and treatment for co-dependency;
22. for treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception; elective sterilization or its reversal, artificial insemination or in vitro fertilization;
23. for Injury resulting from travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including an ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles); or bungee jumping.
24. for organ transplants;
25. for elective abortions;
26. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from any interscholastic, intercollegiate, club, professional or semi-professional sports activity; hang gliding; parasailing; sky diving; glider flying; sail planing; parachuting;
27. for rest cures or custodial care;
28. for Injury resulting from fighting;
29. for treatment of obesity, except resulting from diabetes, regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs, prescription or nonprescription drugs or medications such as vitamins (whether taken orally or by injection), minerals, appetite suppressants, or nutritional supplements and any complication resulting from weight loss treatments or procedures;
30. for breast reconstruction and implantation or removal of breast prostheses;
31. for the services of an assistant surgeon;
32. for speech therapy;
33. for autistic disease of childhood, hyperkinetic syndromes, milieu therapy, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
34. for chronic pain disorders;
35. for congenital conditions, except as specifically provided for a covered dependent newborn or adopted infant;
36. for health spa or similar facilities; strengthening programs;
37. for hypnosis;

(continued on page 9)

**EXCLUSIONS (continued from page 8)**

38. for immunizations, except as specifically provided; preventive medicines or vaccines, except where required for treatment of a covered Injury;
39. for outpatient physiotherapy, except for a condition that required surgery or hospital confinement: a) within the 30 days immediately preceding such physiotherapy; or b) within the 30 days immediately following the attending Doctor's release for rehabilitation;
40. for prescription drugs, services or supplies as follows:
  - a) therapeutic devices or appliances, including: hypodermic needles, syringes except when prescribed for treatment of diabetes, support garments and other non-medical substances, regardless of intended use;
  - b) 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 cosmetic purposes;
  - e) drugs used to treat or cure baldness; anabolic steroids used for body building;
  - f) anorectics, drugs used for the purpose of weight control;
  - g) fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - h) growth hormones; or
  - i) refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
41. for naturopathic services;
42. for treatment of eating disorders such as bulimia and anorexia, except benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders; or
43. for research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study.

## SCHEDULE OF BENEFITS

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

**DEDUCTIBLE**—\$250 per policy year per Covered Person (the Covered Person is responsible for paying this deductible amount before the Company will begin paying benefits)

**ELIGIBLE EXPENSES** are payable worldwide, up to the following limits\*:

### INPATIENT

<b>Room &amp; Board/Hospital Miscellaneous</b> , daily average semi-private room rate and general nursing care provided by a hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations including professional fees, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies. Includes Intensive Care. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	80% of Allowable Charges for PPO; 60% of R&C for non-PPO; up to a \$1,400 aggregate maximum per day
<b>Routine Newborn Care</b> , while hospital confined, and routine nursery care provided immediately after birth	Paid as any other Sickness; up to 48 hours for vaginal delivery/96 hours for cesarean delivery
<b>Physiotherapy</b>	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession	80% of Allowable Charges for PPO; 60% of R&C for non-PPO; up to a \$3,500 maximum
<b>Anesthetist</b> , professional services in connection with inpatient surgery	25% of Surgery Allowance
<b>Registered Nurse</b> , private duty nursing care	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Doctor's Visits</b> , limited to one visit per day; does not apply when related to surgery	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Treatment of Mental and Nervous Disorders</b> , limited to one visit per day	Paid as any other Sickness

### OUTPATIENT

<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	80% of Allowable Charges for PPO; 60% of R&C for non-PPO; up to a \$4,500 maximum
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a hospital, including: operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines and supplies. R&C charges for Day Surgery Miscellaneous based on the Outpatient Surgical Facility Charge Index	80% of Allowable Charges for PPO; 60% of R&C for non-PPO; up to a \$1,400 maximum
<b>Anesthetist</b> , professional services in connection with outpatient surgery	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Doctor's Visits</b> , limited to one visit per day; does not apply when related to surgery or physiotherapy	After a \$10 copay per visit; 100% of Allowable Charges for PPO (deducible waived); 60% of R&C for non-PPO
<b>Physiotherapy</b> , limited to one visit per day (see exclusion #39 for additional limitations)	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Emergency Medical Condition Expenses</b> , use of the emergency room and supplies	80% of Allowable Charges for PPO; 80% of R&C for non-PPO; up to a \$250 maximum
<b>Diagnostic X-Ray and Laboratory Services</b> (includes skin test for TB and annual pap smear)	80% of Allowable Charges for PPO; 60% of R&C for non-PPO; up to a \$1,000 maximum
<b>Radiation Therapy and Chemotherapy</b>	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Doctor other than Doctor's visits, physiotherapy, x-rays and lab procedures; 2-step TB/Mantoux Skin Test	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Injections</b> , when administered in the Doctor's office and charged on the Doctor's statement	80% of Allowable Charges for PPO; 60% of R&C for non-PPO; up to a \$1,000 maximum per Policy Year*
<b>Prescription Drugs</b> , includes prescription contraceptives Students must use an Express Scripts network pharmacy. For a listing of Express Scripts pharmacies, call 1-800-447-9638 or access the website <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a>	After a \$15 copay for generic/\$25 copay for brand, 80% of R&C; up to a \$1,000 maximum per policy year*; copays are per 30-day supply;
<b>Treatment of Mental and Nervous Disorder</b> , includes all related or ancillary charges incurred as a result of a Mental and Nervous Disorder (including Prescription Drugs). Limited to one visit per day	80% of Allowable Charges for PPO; 60% of R&C for non-PPO; up to \$75 per day/10 days maximum

### OTHER

<b>Ambulance Services</b>	80% of R&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted	80% of R&C (replacement equipment is not covered)
<b>Consultant Doctor Fees</b> , when requested and approved by the attending Doctor	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Dental Treatment</b> , made necessary by Injury to sound, natural teeth only	80% of R&C
<b>Alcoholism/Drug Abuse</b>	80% of Allowable Charges for PPO; 60% of R&C for non-PPO; up to a \$500 maximum
<b>Immunizations</b> , for Tetanus/Diphtheria (if 10 years or more since last TD immunization), Hepatitis A, Hepatitis B (first, second, and third dose), Measles-Mumps-Rubella, and Varicella	80% of Allowable Charges for PPO; 60% of R&C for non-PPO
<b>Pregnancy/Maternity</b> , including complications of pregnancy	Paid as any other Sickness

\*Eligible Expenses for treatment received in a non-PPO facility due to an Emergency Medical Condition are payable at the PPO level.

## PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under this Policy. This limitation will not apply if:

1. the Covered Person has been covered under the Policyholder's prior Policy for 12 consecutive months immediately preceding the effective date of coverage under the Policy; or
2. the individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under this Policy within 63 days of termination of prior Creditable Coverage. Credit will be given for the time the individual was covered under the prior Creditable Coverage; and
3. the individual's most recent prior Creditable Coverage was under an employer group plan; and
4. the individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

**CREDIT FOR PRIOR COVERAGE:** A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under this Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

1. 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 employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
2. The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
3. The Medicaid program pursuant to Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928;
4. Chapter 55 of Title 10, United States Code, the Civilian Health and Medical Program of the Uniformed Services;
5. a medical care program of the Indian Health Service or of a tribal organization;
6. a state health benefits risk pool;
7. a health plan offered under chapter 89 of Title 5, United States Code, the Federal Employees Health Benefits Program;
8. a public health plan as defined by federal regulations; or
9. a health benefit plan under section 5(e) of the Peace Corps Act.

## DEFINITIONS

**Allowable Charges** means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

**Company** means the National Union Fire Insurance Company of Pittsburgh, Pa.

**Doctor** means: 1) legally qualified physician licensed by the state in which he or she practices; and 2) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and 3) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's immediate family member.

**Covered Person** means a covered student while coverage under the Policy is in effect and those dependents with respect to whom a covered student is insured.

**Elective Treatment** means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

**Eligible Expense** means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: 1) not in excess of the Reasonable and Customary charges; 2) not in excess of the charges that would have been made in the absence of this coverage; 3) is the negotiated rate, if any; and 4) incurred while this Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

**Emergency Medical Condition** 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 Covered Person's life could be in serious jeopardy;
2. bodily functions would be seriously impaired; or
3. a body organ or part would be seriously damaged; or
4. serious disfigurement; or
5. serious jeopardy to the health of the fetus.

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 complications listed above.

(continued on page 14)

**DEFINITIONS (continued from page 13)**

**Experimental/Investigational** means a drug, device or medical care or treatment that meets the following: 1) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished; 2) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law; 3) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval; 4) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or 5) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis. Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the expense is incurred.

**Injury** means bodily injury due to an accident which: 1) results solely, directly and independently of disease, bodily infirmity or any other causes; 2) occurs after the Covered Person's effective date of coverage; 3) occurs while coverage is in force; and 4) is treated by a Doctor within 30 days after the date of accident. All injuries sustained in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

**Involuntary Loss of Coverage** means that prior coverage has been involuntarily terminated due to no fault of the covered student, which includes coverage that terminates due to a loss of employment by spouse or parent. This definition does not include coverage that has a predetermined termination date, or expiration of COBRA eligibility, and does not apply to coverage that has been voluntarily terminated. Students who have waived enrollment in the plan and later wish to enroll in the school insurance plan, but who have not had an Involuntary Loss of Coverage, may elect to enroll in the next ensuing term of coverage provided they maintain eligibility status.

(continued on page 15)

**DEFINITIONS (continued from page 14)**

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

A service or supply will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Covered Person or provider; or
2. it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. it is experimental/investigational or for research purposes; or
5. could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
6. involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
7. involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
8. it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**Policyholder** means the University of Southern Nevada.

**Pre-Existing Condition** means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) months prior to the Covered Person's effective date of coverage under the Policy.

**Reasonable and Customary (R&C)** means the charge, fee or expense which is the smallest of: 1) the actual charge; 2) the charge usually made for a covered service by the provider who furnishes it; 3) the negotiated rate, if any; and 4) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

**Sickness** means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

## CLAIM PROCEDURE

1. In the event of an Emergency Medical Condition, call 911 or go to the nearest emergency room. Otherwise, obtain treatment from the nearest Doctor or hospital. The Covered Person may choose any Doctor or hospital, but using the Doctors and hospitals available through the Beech Street Corporation may decrease costs. For a complete listing of these PPO hospital and Doctor facilities, call **1-800-877-1444** or access the website: **www.beechstreet.com**.
2. If a Covered Person goes to a Doctor's office or to the hospital, the Covered Person should show his/her insurance identification card. Dependents covered under the plan do not receive separate ID cards and may use the covered student's ID card to obtain treatment. If the Doctor or hospital needs to verify coverage, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**  
**If obtaining a prescription prior to receiving the Express Scripts ID card, the Covered Person may be required to pay for the prescription drugs in full. The Covered Person may then submit a claim for reimbursement of the portion the Company is responsible for paying.**  
**The Covered Person should carry his/her insurance ID card at all times.**
3. Send all bills and all other expenses to Personal Insurance Administrators, Inc. at the address below. Have all bills attached and be sure to include the Administrator Policy Number: **AMH0056158**.

**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**  
**Toll Free 1-800-468-4343**  
**www.piaclaims.com**

All hospital and medical bills must be submitted for payment within 90 days after the first date of treatment. Failure to furnish this information within the 90-day period shall not invalidate nor reduce the Covered Person's claim if it was not reasonably possible to file the claim within this time, provided that the claim is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of last medical treatment.

**Always keep a copy of all documents submitted for claims.**

## RIGHT TO EXTERNAL REVIEW

The Covered Person has the right to file a written complaint and obtain an expedited review if health care services have been improperly denied, modified, or delayed.

## AIG ASSIST

The following description of the AIG Assist (International Services) program has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the Student Health Insurance Plan described herein.

### Description of Services

#### Information/General:

These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. AIG Assist can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. AIG Assist also provides emergency message storage, relay and translation services.

- Visa and Immunization
- Weather and Exchange Rates
- Environmental and Political Warnings

#### Technical:

These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. AIG Assist can arrange cash transfers and vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter en-route emergencies that force them to interrupt their trips.

- Legal Referral
- Embassy/Consulate Information
- Lost/Stolen Luggage and Personal Effects Assistance
- Lost Document Assistance and Cash Transfer Assistance
- En-route Travel Assistance
- Claims-related Assistance
- Telephone Interpretation

#### Medical:

These services are the most complicated of those offered and can last up to several weeks. They involve AIG Assist's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

#### Medical Assistance:

- Medical Referral
- Outpatient Assistance
- Inpatient Assistance

#### Medical Transport:

- Evacuation and Repatriation - \$25,000 Maximum Benefit
- Repatriation of Mortal Remains - \$25,000 Maximum Benefit

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**Procedures on How to Access AIG International Services  
24-hour Assistance Call Center**

**How to Contact AIG International Services:**

- Inside the US and Canada, dial **1-800-626-2427** toll-free.
- Outside the US and Canada:  
Request an international operator.  
Ask the international operator to connect to an AT&T operator.  
Request the AT&T operator to place a **collect call to Houston, TX, USA at 713-267-2525**.
- Our fax number is 1-713-974-3422.

**When to Contact AIG International Services:**

- Call AIG International Services when you require medical assistance or have a medical emergency.
- Call AIG International Services for all non-medical situations (lost luggage, lost documents, legal help, etc.).
- Call AIG International Services whenever there is a question.

**AIG Assist is available 24-hours-a-day/7-days-a-week/365-days-a-year.**

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home. The AIG International Services Medical Staff consists of full-time, on-site Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

**What information will you need to provide to AIG International Services when you call:**

- Advise AIG International Services who you are insured by.
- Provide your Policy number.
- Advise AIG International Services regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event AIG Assist needs to call you back.

**UNIVERSITY OF SOUTHERN NEVADA  
2007-2008 STUDENT INSURANCE PLAN  
FREQUENTLY ASKED QUESTIONS**

Below are answers to questions you may have regarding your plan. Please consult your plan brochure for more details.

**Insurance Company:**

National Union Fire Insurance Company of Pittsburgh, Pa.  
70 Pine Street  
New York, NY 10270

**Administrator Policy Number:**

AMH0056158

**Am I covered? How do I enroll my dependents?**

All registered students taking nine (9) or more credit hours will be automatically enrolled in the plan unless they have waived coverage prior to the Waiver Deadline. Covered Students may also enroll their eligible dependents by requesting the coverage online at [www.renstudent.com/usn](http://www.renstudent.com/usn) and submitting the required premium amount to the University by the Registration Deadline Date.

Newly acquired dependents (spouse and/or children) and those who are enrolling during the term due to an Involuntary Loss of Coverage are not subject to the Registration Deadline Dates. However, the enrollment form and full premium payment for all newly acquired dependents (spouse and/or children) must be submitted to the University within 31 days of the attainment of such dependents. **Otherwise, enrollment cannot be accepted after the Registration Deadline Dates listed.**

**Can I get a premium refund if I no longer want/need the insurance?**

No premium refunds are permitted, except when the student enters full-time active military service, in which case a pro-rata refund will be made upon written request.

Students electing to waive out of the coverage must submit a waiver form and proof of comparable coverage to the University prior to the applicable Waiver Deadline Date.

**Where do I get an ID card?**

Covered students must register online at [www.renstudent.com/usn](http://www.renstudent.com/usn) to download an ID card. ID cards will be available for download within five (5) days after the Effective Date. listed (see page 3). A separate ID card for prescriptions from Express Scripts will be mailed to the address provided by the covered student, but the covered student may use the ID card obtained online to get his/her prescriptions in the meantime. For more information regarding the prescription drug benefit and Express Scripts, see page 6.

Dependents covered under the plan do not receive separate ID cards and may use the covered student's ID card to obtain treatment.

**What doctors can I go to? Is my doctor part of the PPO network?**

Covered Persons may choose any Doctor or Hospital, but using the Doctors and Hospitals available through the PPO network may decrease your costs. For a complete listing of the PPO hospital and Doctor facilities, access the website [www.beechstreet.com](http://www.beechstreet.com) or call **1-800-877-1444**.

**How do I get my medical bills paid?**

Send all bills and all other expenses to Personal Insurance Administrators, Inc. at the address below. Have all bills attached and be sure to include the Administrator Policy Number: **AMH0056158**.

**Personal Insurance Administrators, Inc.**

**P.O. Box 6040**

**Agoura Hills, CA 91376-6040**

**Toll Free 1-800-468-4343**

**[www.piacclaims.com](http://www.piacclaims.com)**

## CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE

If a Covered Person is no longer eligible to be insured under the plan, the Covered Person should request a Certification of Qualifying Health Plan Coverage from Renaissance Agencies, Inc. This request can be made by phone or in writing. This request 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 individuals 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 Agencies, Inc. at the address below or complete a form via the internet at: [www.renstudent.com](http://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.

Renaissance Agencies, Inc.  
Attention Privacy Manager  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
Phone: (800) 537-1777  
Facsimile: (310) 394-0142  
Website: [www.renstudent.com](http://www.renstudent.com)

## IMPORTANT NOTICE

The Policy is Non-Renewable One-Year Term Insurance. Similar coverage may be purchased for the following academic year. It is the Covered Person's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Covered Persons who have not received information regarding a subsequent program prior to the Policy's Termination Date should inquire regarding such coverage with the school or Renaissance Agencies, Inc.

## 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 936**)
4. For further information, access the website: [www.healthforums.com](http://www.healthforums.com).

## ATTENTION

**Covered students must register online to obtain an insurance ID card.** The insurance ID card will be available to download five (5) days after the Effective Date listed (see page 3).

A separate ID card for prescriptions from Express Scripts will be mailed to the address provided by the covered student, but the covered student may use the ID card obtained online to get his/her prescriptions in the meantime. For more information regarding the prescription drug benefit and Express Scripts, see page 6.

Dependents covered under the plan do not receive separate ID cards and may use the covered student's ID card to obtain treatment.

**To download an insurance ID card, register online at:**  
[www.renstudent.com/usn](http://www.renstudent.com/usn)

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-NV. The Policy on file at the University may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern.

Underwriter Reference No. CAS9710423

**Underwritten by:**

National Union Fire Insurance Company of Pittsburgh, Pa.,  
with its principal place of business in New York, NY  
Administrator Policy Number: AMH0056158

**For questions regarding benefits or claims:**

Personal Insurance Administrators, Inc.  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
1-800-468-4343  
[www.piaclaims.com](http://www.piaclaims.com)

**For questions regarding eligibility or enrollment:**

Renaissance Agencies, Inc.  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
1-800-537-1777

**To download brochures or ID cards,  
access the website:**

[www.renstudent.com/usn](http://www.renstudent.com/usn)