

iStudentCity.com



2009-2010 International Student Health Insurance Plan

This is a comprehensive medical benefit plan designed to protect international students against unforeseen medical expenses while studying outside their home countries.

underwritten by
QBE Insurance Corporation

policy number
SCH00003

ENROLL ONLINE
students should enroll online at
www.renstudent.com/istudentcity

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ATTENTION

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

A temporary ID Card can be downloaded at www.renstudent.com/istudentcity. A permanent ID card will be mailed to you after you have enrolled in the plan. Only one permanent ID card will be mailed to you each school year. **Always carry your insurance identification card with you.**

Also, there is a Quick Reference Guide that can be downloaded at www.renstudent.com/istudentcity. You should print it out and keep it with you along with your ID card.

Translated versions of the brochure are available in Chinese, Japanese, Korean and Spanish
go to www.renstudent.com/istudentcity

Any discrepancy between the English version and a translated version of this brochure will be governed by the English version.

ELIGIBILITY

An international student, visiting faculty, scholar or other person with a current passport or student visa (F-1, J-1 or M-1 visa) temporarily located outside their home country who has not been granted permanent residency status, while engaged in full-time educational activities through a college or university in the United States, is eligible and is required to be insured under the policy. Waiver may only be granted to students already insured under their school-sponsored plan or other government- or embassy-sponsored plan.

Insured students must actively attend classes for at least the first 31 days from their effective date of coverage, or the entire period for which coverage is purchased, whichever is the lesser, except in the case of medical withdrawal (as verified and approved by the school).

In addition, students participating in Optional Practical Training (OPT) or Curriculum Practical Training (CPT) through a college or university in the United States are also eligible to enroll for coverage under this plan.

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

Coverage for dependents, including newborn children, is not available under this plan.

TERMS OF COVERAGE

Effective Dates

Coverage for eligible students begins at 12:01 a.m. on the latest of: 1) the effective date requested by the student on the enrollment form/online enrollment; 2) the day **after** the date that online enrollment is completed; or 3) the day **after** the date that full premium and completed application received by mail are postmarked. Coverage is **not** available prior to **August 1, 2009**.

Students must enroll in the plan for a minimum of three (3) months.

For International Students and Scholars, coverage can begin on the date the Insured departs his or her home country, or country of regular domicile, traveling directly to the University-sponsored program, provided such travel commences within 72 hours of the start date of the current term for which premium has been paid and travel is directly from the country of regular domicile to the campus and such travel is not longer than 48 hours in length.

Termination Dates

Coverage ends at 12:01 a.m. on the earliest of: 1) the last day for which premium has been paid; or 2) the date the policy terminates. Coverage is **not** available past **August 31, 2010**.

There is no continuation coverage for this plan for students who are no longer eligible.

Please note that continuing students must renew their coverage within 31 days of their previous termination date in order to avoid a lapse in coverage.

We do not send termination or renewal notices. It is the Insured's responsibility to renew coverage in a timely manner, subject to continuing eligibility. Eligibility requirements must be met each time premium is paid to renew coverage.

REFUND POLICY

There are no premium refunds, except in the case the Insured permanently returns to the home country or country of regular domicile, for the remainder of the policy year, in which case a pro rata refund (less any claims paid) will be issued only upon written request from the student.

EXTENSION OF BENEFITS

If an Insured's coverage terminates while he or she is incurring medical expenses or being treated in the Student Health Center for a condition that began prior to termination of coverage under the Plan, the Company will cover that condition for 90 days from the date of termination or, if earlier, the end of the condition.

If an Insured is Totally Disabled on the date his or her insurance terminates, the Company will continue to cover such Insured during the disability up to the earliest of: 1) 12 months from the date of termination; 2) the date Total Disability ceases; 3) the date the Lifetime Aggregate Maximum has been reached; or 4) the date replacement coverage is obtained providing coverage for expenses directly relating to the disabling condition.

This Extension of Benefits provision is applicable only to the extent that the Insured will not be covered under this or any other student health insurance policy in the ensuing term of coverage.

Total Disability means the inability to perform each and every duty of any business or occupation for which the Insured is reasonably fitted by education, training and experience.

PREFERRED PROVIDER ORGANIZATION

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

This plan has incorporated into the coverage several cost containment features that are designed to provide the best care available by providing access to a network of medical professionals, including doctors and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through the Beech Street Corporation. Network access provides benefits nationwide for Covered Charges incurred at 80% of the Preferred Allowance when treated by network providers. Benefits are provided worldwide for Covered Charges incurred at 60% of Reasonable and Customary Expenses (R&C) when treated by non-network providers.

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

For a complete listing of the PPO hospital and doctor facilities, visit www.beechstreet.com or call 1-800-877-1444.

Please be aware that if you are treated at a PPO hospital, it does not mean that all providers at that hospital are PPO providers. In addition, if you are referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which you are referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is a network lab. Also, if you have surgery, make sure the anesthetist is a network provider or you will be required to pay the higher coinsurance. This information can be found on the network website listed above.

PRE-CERTIFICATION FOR HOSPITALIZATION

The Company should be notified of all Hospital Confinements prior to admission when possible.

1. **PRE-NOTIFICATION OF NON-EMERGENCY HOSPITALIZATIONS:** The patient, doctor or hospital should telephone 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 Beech Street Corporation at 1-877-323-6127 within two (2) working days of the admission to provide the notification of any admission due to medical emergency.

IMPORTANT: Pre-certification is not a guarantee that benefits will be paid.

SCHEDULE OF BENEFITS

The Company will pay for the Covered Charges listed below, up to the following limits.

Maximum Lifetime Aggregate Benefit:

\$100,000 per Injury or Sickness OR

\$250,000 per Injury or Sickness

Includes Repatriation and Medical Evacuation Benefits

Injury due to participation in club sports is limited to a maximum of \$10,000 per policy year

Deductible: \$200 per policy year

The deductible is waived if the insured student first utilizes and/or is referred by the approved Student Health Center.

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

Covered Charges are limited to the following:

INPATIENT

Room and Board/Hospital Miscellaneous 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.	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Maternity and Routine Newborn Care while hospital confined, and routine nursery care provided immediately after birth	Paid as any other Sickness; up to 48 hours after birth (96 hours for cesarean delivery)
Physiotherapy	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Surgeon's Fees, in accordance with data provided by Ingenix, Inc. If multiple procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO

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SCHEDULE OF BENEFITS (continued from page 5)

INPATIENT (continued)	
Assistant Surgeon	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Anesthetist , professional services in connection with inpatient surgery	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Registered Nurse , private duty nursing care	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Doctor's Visits , limited to one visit per day; does not apply when related to surgery	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Pre-Admission Testing , if testing occurs within 3 working days prior to admission	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Treatment of Mental and Nervous Disorders , limited to one visit per day Severe Mental Illness is paid the same as any other Sickness	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO; up to a maximum of 35 days per policy year
Alcohol and Drug	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO; up to a maximum of 35 days per policy year
OUTPATIENT	
Emergency Expenses , use of the emergency room and supplies Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness	After a \$100 copay per visit (waived if admitted); 80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Surgeon's Fees , If multiple procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO

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SCHEDULE OF BENEFITS (continued from page 6)

OUTPATIENT (continued)	
Day Surgery Miscellaneous , 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.	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO (R&C charges based on the Outpatient Surgical Facility Charge Index)
Assistant Surgeon	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Anesthetist , professional services in connection with outpatient surgery	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Doctor's Visits , limited to one visit per day; does not apply when related to surgery or physiotherapy Includes chiropractic and acupuncture treatment	After a \$10 copay per visit, 80% of Preferred Allowance for PPO; After a \$20 copay per visit, 60% of R&C for non-PPO
Physiotherapy when prescribed by the attending doctor; limited to one visit per day	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Diagnostic X-Ray and Laboratory Services	After a \$25 copay per visit, 80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Radiation Therapy and Chemotherapy	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Tests & Procedures , diagnostic services and medical procedures performed by a doctor other than doctor's visits, physiotherapy, x-rays and lab procedures	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Injections , when administered in a doctor's office and charged on the doctor's statement	80% of R&C
Prescription Drugs	After a \$10 copay for generic or a \$50 copay for brand name (per 30-day supply), 100% of R&C; up to a \$3,000 maximum per policy year

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SCHEDULE OF BENEFITS (continued from page 7)

OUTPATIENT (continued)	
Treatment of Mental and Nervous Disorders , 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 Severe Mental Illness is paid the same as any other Sickness	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO; up to \$75 per day; up to 30 visits maximum per policy year; up to a \$5,000 maximum per policy year
Alcohol and Drug	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO; up to a \$5,000 maximum per policy year
OTHER	
Ambulance Services	90% of R&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted	80% of R&C Replacement equipment is not covered
Consultant Doctor Fees , when requested and approved by the attending doctor	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO
Dental Treatment , made necessary by Injury to sound, natural teeth only	80% of R&C; up to a \$100 maximum per tooth; up to a \$1,000 maximum per policy year
Home Health Care	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO; up to a maximum of 100 visits per policy year
Hospice Expense	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO; up to a \$4,000 maximum per lifetime
Elective Abortion	80% of Preferred Allowance for PPO; 60% of R&C for non-PPO; up to a \$500 maximum per policy year
Pregnancy including complications of pregnancy	Paid as any other Sickness

ACCIDENTAL DEATH AND DISMEMBERMENT

When, as a result of an Injury, the Insured sustains a loss as shown below within 180 days of such Injury, the Company will pay the applicable benefit for the loss.

For Loss of:	Benefit
Life.....	\$10,000
Both hands, both feet or sight of both eyes	\$10,000
One hand and one foot.....	\$10,000
Either one hand or one foot and the entire sight of one eye	\$10,000
Either one hand or one foot or the entire sight of one eye	\$ 5,000
Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of sight means total irrecoverable loss of the entire sight.	

Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

This benefit applies only to International Students studying abroad while outside their Home Country. The Company will pay, subject to the limitations set forth below, for Emergency Medical Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Sickness that warrants his or her Emergency Medical Evacuation. The Emergency Medical Evacuation Benefit is subject to the Lifetime Aggregate Maximum Benefit amount shown in the Schedule of Benefits. In addition, the Company or the Company's authorized representative must authorize all Emergency Medical Evacuation expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact the Company or the Company's authorized representative in advance.

REPATRIATION OF REMAINS BENEFIT

If Injury or Sickness to the Insured results in loss of life, the Company will pay, subject to the limitations set forth below, for Repatriation of Remains Expenses which are reasonably incurred to return the Insured's body to the Insured's place of primary residence. Repatriation of Remains Benefits are subject to the Lifetime Aggregate Maximum Benefit as shown in the Schedule of Benefits.

The Company or the Company's authorized representative must authorize all Repatriation of Remains expenses in advance of the actual repatriation for this benefit to be payable. The Company reserves the right to determine the benefit payable if it was not reasonably possible to contact the Company or the Company's representative in advance. All determinations and payments by the Company will be final and fully release and discharge the Company from any further liability under this Repatriation of Remains Benefit.

STATE MANDATED BENEFITS

The State of California mandates coverage for the following: 1) equipment, supplies and outpatient self-management training for diabetes; 2) phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a doctor; 3) treatment of Severe Mental Illness; 4) anesthesia and facility charges for dental procedures under certain circumstances; 5) preventative care for children age 16 and under according to the Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics; 6) mammograms; 7) prostate, colorectal and cervical cancer screening and generally medically accepted cancer screening tests; 8) breast cancer screening, diagnosis, and treatment; 9) a second opinion requested by a Covered Person or doctor; 10) participation in the Expanded Alpha Feto Protein (AFP) Program; 11) prosthetic devices to restore a method of speaking incidental to laryngectomy; 12) diagnosis, treatment and management of osteoporosis; 13) clinical trials for cancer; 14) HIV testing; 15) AIDS vaccine; 16) reconstructive surgery under certain circumstances; 17) telemedicine medical services; 18) prescription contraceptive drugs or devices (if there is a prescription drug benefit); and 19) maternity services as provided by CA Insurance Code section 10123.87 (a). Please see the Policy on file with the iStudentCity.com for further details.

MEDEX PROGRAM

The following description of the MEDEX 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.

MEDEX MEMBERSHIP SERVICES

As an International Student participating in this Student Health Insurance Plan, you are automatically enrolled as a Member in the MEDEX Program.

As a participant, MEDEX will provide the assistance services which are reasonably required by a Member residing as an expatriate and/or traveling outside their home country of residence as a direct result of the Member's requiring Emergency Medical Services or suffering death during the period of membership. All evacuations, returns to residence after stabilization and/or repatriation of mortal remains are coordinated by and subject to the prior approval of MEDEX and/or its Regional Medical Advisor. Assistance Services include:

Worldwide 24-Hour Toll-Free Assistance (or collect calls)

MEDEX is available at any time to provide assistance with any medical and travel problem. Call 1-800-527-0218 or 1-410-453-6330.

Emergency Medical Evacuation

In the event a Member is involved in an Accident or suffers a sudden, unforeseen illness requiring Emergency Medical Services and adequate medical facilities are not available, MEDEX will coordinate a medically supervised evacuation to the nearest facility determined by MEDEX to be capable of providing appropriate care.

Repatriation of Mortal Remains

MEDEX will assist in obtaining the necessary clearances for cremation or preparation for the return of a Member's mortal remains.

Emergency Medications, Vaccine, and Blood Transfers

If legally permissible, MEDEX will coordinate the transfer of medications, vaccines or blood upon the prescribing physician's authorization. The Member will be responsible for the cost of any medication, vaccine or blood and the transportation costs.

Legal Referral Assistance

Should a Member require legal assistance, MEDEX will direct the Member to an attorney as well as render assistance in securing bail bonds or other legal instruments. The Member will be responsible for any contracted legal fees.

Translation Services

MEDEX Multilingual Assistance Coordinators are available to provide immediate translation assistance or can provide referrals to local interpreter services.

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MEDEX (continued from page 11)

Hospital Deposit & Emergency Cash Advance

Upon securing payment from the Member or obtaining the Member's guarantee to reimburse, MEDEX will either wire funds or guarantee required emergency hospital admission deposits, or will assist in arranging cash transfers of the Member's funds. MEDEX will not be responsible for the payment of the cost of Emergency Medical Services.

Transportation to Join Disabled Member

After emergency evacuation coordinated by MEDEX, and if a Member is alone and is hospitalized at the evacuation destination for more than seven (7) days, MEDEX can arrange transportation to the evacuation destination for a single person designated by the Member.

24-Hour Worldwide Medical Referrals

MEDEX provides 24-hour assistance in finding appropriate medical care. Medical referrals are tailored based on the specialty required, the Member's location, language preference, time, etc.

Evaluation and Monitoring of Treatment

MEDEX services include access to Regional Medical Advisors who continually consult with the treating physicians and assess the quality of care and treatment plans for enrolled Members. The evaluation and monitoring begins with the first call to MEDEX and continues through the recovery period.

Assistance with the Coordination of Rehabilitation After an Evacuation

MEDEX helps Members coordinate any ongoing rehabilitation needs following an evacuation.

Emergency Message Transmittals to Family Members

MEDEX can receive and transmit emergency messages between the Member or their family and other involved persons.

Arrangement for the Replacement of Medications and Eyeglasses

MEDEX helps get a Member's lost, stolen, forgotten or depleted prescriptions and eyeglasses replaced quickly.

A toll-free or collect call immediately links you to MEDEX's highly trained, multilingual assistance coordinators, 24 hours a day, every day of the year. Call:

1-800-527-0218 or 1-410-453-6330
Program Number: 995

TREATMENT RECEIVED IN HOME COUNTRY

If the Insured incurs expenses as the result of treatment for a covered Injury or Sickness while in his or her home country or country of regular domicile, the Company will pay covered expenses incurred, except expenses for which the Insured is not required to pay in the absence of this insurance or expenses which would be covered under any other insurance plan.

GENERAL EXCLUSIONS

This policy will not cover charges or expenses for:

1. Services normally provided without charge by the University's student health service center, infirmary, or hospital, or by health care providers employed by the University;
2. Preventative medicines, serums, or vaccines, except as specifically provided;
3. Speech therapy treatment;
4. Care and/or treatment in skilled nursing facility;
5. Organ transplants;
6. Nonprescription drugs or medicines;
7. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon entering the Armed Forces of any country, the Company will refund the unearned pro rata premium to the Insured;
8. Sickness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports and professional sports;
9. Cosmetic surgery, except as the result of covered Injury occurring while insurance under the Policy is in force. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part;
10. Sickness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungee-cord jumping;
11. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
12. Expense incurred as the result of dental treatment. This exclusion does not apply to treatment resulting from Injury to natural teeth;
13. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
14. Expense incurred after the date insurance terminates for the Insured except as may be specifically provided in the Extension of Benefits Provision, when applicable;
15. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with experimental or investigational treatment (except when certified as Medically Necessary by Health International for the terminally ill);
16. Injury or Sickness resulting from declared or undeclared war; or any act thereof;

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EXCLUSIONS (continued from page 13)

17. Charges for treatment of any Injury or Sickness due to commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
18. Injury due to participation in a riot;
19. For services or supplies rendered by a close relative of the Insured's. Close relative means the Insured's spouse, children, parents, brothers and sisters;
20. Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns; calluses; bunions, except open cutting operations; routine care of toenails, except for the removal of the nail root and necessary services in treatment of metabolic or peripheral-vascular disease; treatment of the instability and imbalance of the feet; and any tarsalgia, metatarsalgia. Expenses incurred for the care and treatment of Injury, or infection or disease are not excluded;
21. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
22. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
23. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
24. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
25. Marriage, family, and group counseling;
26. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
27. Well baby care, including routine exams and immunizations, except as specifically provided;
28. Routine periodical physical examinations and routine chest x-rays, except as specifically provided;
29. Expenses incurred for allergy testing and allergy treatment;
30. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
31. Expenses for any service or supply not specified in the policy as a covered service;
32. An amount of a charge in excess of the Reasonable and Customary Expense;
33. Elective treatment or elective surgery, except as specifically provided;

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EXCLUSIONS (continued from page 14)

34. Services not Medically Necessary;
35. 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 scheduled airline maintaining regular published schedules on a regularly established route;
36. Suicide, attempted suicide, or intentionally self-inflicted Injury;
37. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
38. Expense incurred for: topical acne treatments, moles, non-malignant warts or lesions, fertility medication; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit;
39. Testing, treatment, or services for any condition in the absence of Sickness or Injury except as specifically provided;
40. Expenses incurred for services or supplies for the diagnosis and treatment of sleep disorders, including but not limited to apnea monitoring and sleep studies;
41. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury; and
42. Nicotine addiction, except as specifically provided.

PRE-EXISTING CONDITIONS LIMITATION

A Pre-Existing Condition is a Sickness, Injury or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a doctor during the six (6) consecutive months prior to the Effective Date of the Insured's coverage under the policy.

The Pre-Existing Condition waiting period is six (6) months. Coverage will not be provided for a Pre-Existing Condition until the waiting period has elapsed. The Pre-Existing Condition waiting period applies to all persons covered under the policy and begins on the Insured's Effective Date.

If the Insured receives treatment or service for a Pre-Existing Condition: 1) the Company will not pay benefits for such condition until the day after a six (6) consecutive month period has passed from the Insured's effective date; and 2) the Company will pay only for loss or expense incurred after such six (6) consecutive month period.

A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 62 days prior to the Effective Date of the new coverage.

Payment will be in accord with the provisions of the policy. If the Insured has a lapse in coverage, the Pre-Existing Condition waiting period will have to be satisfied again.

Creditable Coverage

This term means an individual or group policy, contract or program, within or outside of the United States 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.

1. An employee group health plan;
2. Health insurance or Health Maintenance Organization coverage;
3. Medicare;
4. Medicaid;
5. Chapter 55 of title 10, United States Code. (CHAMPUS);
6. A medical care program of the Indian Health Services or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under the Federal Employee Health Benefits Program;
9. A public health plan as defined under Federal regulations;
10. A health benefit plan under Section 5(e) of the Peace Corps Act;

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PRE-EXISTING CONDITIONS (continued from page 16)

11. Any other similar coverage permitted under State/ Federal law or regulations;
12. Any other Creditable Coverage as defined by subsection (c) of section 2701 of Title XXVII of the Federal Public Health Services Act; or
13. Any other publicly sponsored program, provided in this state or elsewhere, or medical, hospital and surgical care.

Exceptions

The Pre-Existing Condition exclusion does not apply to pregnancy, including complications, if such condition is covered under the policy;

EXCESS COVERAGE

No benefit under the policy is payable for any expense incurred for Injury or Sickness which is paid or payable by other valid and collectible insurance, except for automobile medical payments insurance.

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

DEFINITIONS

The following important definitions apply to this plan:

Accident means a specific unforeseen, unintended and unexpected event, which directly, and from no other cause, results in an Injury.

Covered Charge means those charges for any treatment, services or supplies that are: 1) for Network Providers, not in excess of the Preferred Allowance; 2) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; 3) not in excess of the charges that would have been made in the absence of this insurance; and 4) incurred while the policy is in force for the Insured.

Emergency means Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following:

1. The patient's life or health would be in serious jeopardy;
2. Bodily functions would be seriously impaired; or
3. A body organ or part would be seriously damaged.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the above listed complications.

(continued on page 18)

DEFINITIONS (continued from page 17)

Injury means bodily injury caused by an accident which is the sole cause of the loss. All injuries due to the same or a related cause are considered one Injury.

Insured means an insured student while insured under this policy.

Medically Necessary means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply shall be considered "needed" if it:

1. Is ordered by a licensed doctor; and
2. Is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered.

A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

Pre-Existing Condition means a Sickness, Injury or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a doctor during the six (6) consecutive months prior to the Effective Date of the Insured's coverage under the policy. Pregnancy, including complications of pregnancy, will not be considered a pre-existing condition.

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

Reasonable and Customary Expenses (R&C) fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

Severe Mental Illness means 1) schizophrenia; 2) schizoaffective disorder; 3) bipolar disorder (manic-depressive illness); 4) major depressive disorders; 5) panic disorder; 6) obsessive-compulsive disorder; 7) pervasive developmental disorder or autism; 8) anorexia nervosa; and 9) bulimia nervosa.

Sickness means sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

CLAIM PROCEDURE

1. After you receive treatment, complete the insurance company claim form.
 - a) Claim forms are available from Personal Insurance Administrators, Inc. or you may download a claim form from www.renstudent.com/istudentcity.
 - b) Be sure to include your policy number (as shown on your ID card) on the claim form.
 - c) Answer all the questions and be sure to sign the claim form before submitting it.
2. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.
3. Send your claim form and all other bills to Personal Insurance Administrators, Inc. at the address below. Try to have all itemized bills attached to the same claim form.
 - a) Please do not send bills without completed claim form. Bills cannot be considered unless all the information required on the claim form is submitted.
 - b) A properly completed claim form must be submitted for each Injury or Sickness.
4. All claim form and bills should be sent to:

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

Providers may submit claims electronically:
PAYER ID 95397
5. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

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

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

Always keep a copy of all documents submitted for claims.

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 Insurance Agency, 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 Insurance Agency, Inc. at the address below or complete a form via the internet at: www.renstudent.com.

SUMMARY OF PRIVACY POLICY

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

Renaissance Insurance Agency, 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

QBE INSURANCE CORPORATION HIPAA NOTICE OF PRIVACY PRACTICES

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

The terms of this Notice of Privacy Practices apply to QBE; for purposes of this policy, "QBE" or "We" means the health plan components of QBE Insurance Corporation. As permitted by law, QBE will share protected health information of members as necessary to carry out treatment, payment, and health care operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members' protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. Copies of the revised notices will be available online or may be obtained by mailing a request to your designated contact point under the Summary of Privacy Policy on page 20.

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

The following components of a member's information also are considered protected health information:

1. Names;
2. Street address, city, county, precinct, zip code;
3. Dates directly related to a member, including birth date, admission date, discharge date, and date of death;
4. Telephone numbers, fax numbers, and electronic mail addresses;

(continued on page 22)

HIPAA NOTICE (continued from page 21)

5. Social Security numbers;
6. Medical record numbers;
7. Health plan beneficiary numbers;
8. Account numbers;
9. Certificate/license numbers;
10. Vehicle identifiers and serial numbers, including license plate numbers;
11. Device identifiers and serial numbers;
12. Web Universal Resource Locators (URL'S);
13. Biometric identifiers, including finger and voice prints;
14. Full face photographic images and any comparable images; and
15. Any other unique identifying number, characteristic, or code.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

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

Disclosures for Treatment. We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain of your protected health information that we hold in order to make decisions about your care.

Uses and Disclosures for Payment. We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan, which may also have an obligation to process and pay claims on your behalf.

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HIPAA NOTICE (continued from page 22)

Uses and Disclosures for Health Care Operations.

We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health benefits plan. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Family and Friends Involved in Your Care. With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. If you have designated a person to receive information regarding payment of the premium on your long-term care or Medicare supplemental policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, etc. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information by contract.

Communications With You. We may communicate with you regarding your claims, premiums, or other things connected with your health plan or insurance. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You must request such confidential communication in writing.

(continued on page 24)

HIPAA NOTICE (continued from page 23)

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

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

INTERNATIONAL STUDENT INSURANCE PLAN QUICK REFERENCE GUIDE

*this page contains useful information
detach and carry with you at all times along with your ID Card*

Insurance Company: QBE Insurance Corporation
Policy Number: SCH00003

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

For questions regarding eligibility or enrollment:

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

To enroll online:

www.renstudent.com/istudentcity

**To download claim forms, ID cards,
or a copy of this brochure, please visit:**

www.renstudent.com/istudentcity

**Translated versions of the brochure are available in
Chinese, Japanese, Korean and Spanish**

go to www.renstudent.com/istudentcity

Frequently Asked Questions (FAQs)

Am I covered? When does my coverage end?

For questions regarding when your coverage begins and ends, if you are eligible for coverage and how to enroll, contact Renaissance Insurance Agency, Inc. at **1-800-537-1777**. The company does not send renewal notices to students when their coverage terminates. It is the student's responsibility to renew their insurance within 31 days after their coverage ends to avoid a lapse in coverage. You cannot renew coverage over the phone.

Where do I get an ID card?

You can download a temporary ID card from **www.renstudent.com/istudentcity**. You may use this card to obtain treatment after you have enrolled in the plan. Your permanent ID card will be mailed to you in approximately 1 to 3 weeks. If there is a problem with your ID card, contact Renaissance Insurance Agency, Inc. at **1-800-537-1777**. Only one permanent ID card will be mailed to you each school year.

How do I get a refund of my payment if I no longer want the insurance coverage?

There are no premium refunds, unless the Insured permanently returns to the home country or country of regular domicile. Contact Renaissance Insurance Agency, Inc. if you qualify for a refund. A pro rata refund will be issued **only upon written proof from the student**. Please allow 4 to 6 weeks for refund of premium.

What is covered under the plan?

Please refer to the insurance brochure for a list of benefits or contact Personal Insurance Administrators, Inc. at **1-800-468-4343**.

What do I have to pay?

The insured pays a \$200 deductible per policy year (waived if the insured student first utilizes and/or is referred by the approved Student Health Center). After you pay the deductible, the insurance company will pay 80% for a PPO or 60% for a non-PPO for most Covered Charges. There is also a \$10 or \$20 copay for each office visit. Please see the brochure for further explanation of benefits.

What doctors can I go to?

You may use any doctor or hospital you choose, but using the doctors and hospitals available through the Beech Street Corporation (PPO) may decrease your costs. For a complete listing of these Preferred Provider hospital and doctor facilities, visit www.beechstreet.com or call 1-800-877-1444.

What do I do if I get sick or injured?

In the event of Injury or Sickness:

1. The Insured should obtain treatment from the nearest doctor or hospital. You may choose any doctor or hospital, but using the doctors and hospitals available through the Beech Street Corporation (PPO) may decrease your costs. For a complete listing of these PPO hospital and doctor facilities, visit www.beechstreet.com or call 1-800-877-1444.
2. If you go to a doctor's office or to the hospital, be sure to show your identification card. If the doctor or hospital needs to verify coverage for you, have them call Personal Insurance Administrators, Inc. at 1-800-468-4343.
To obtain pre-certification prior to hospitalization, call the Beech Street Corporation at 1-877-323-6127.

How do I get my medical bills paid?

1. After you receive treatment, complete the insurance company claim form.
 - a) Claim forms are available from Personal Insurance Administrators, Inc. or you may download a claim form from www.renstudent.com/istudentcity.
 - b) Be sure to include your policy number (as shown on your ID card) on the claim form.
 - c) Answer all the questions and be sure to sign the claim form before submitting it.
2. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.
3. Send your claim form and all other bills to Personal Insurance Administrators, Inc. at the address below. Try to have all itemized bills attached to the same claim form.
 - a) Please do not send bills without completed claim form. Bills cannot be considered unless all the information required on the claim form is submitted.
 - b) A properly completed claim form must be submitted for each Injury or Sickness.
4. All claim form and bills should be sent to:

Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040
5. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc. at 1-800-468-4343.

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

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

For Emergency Medical or Travel Assistance, call MEDEX:

1-800-527-0218 or 1-410-453-6330
Program No. 995

Always carry your insurance identification card with you.

POLICY NUMBER SCH00003

2009-2010 ISTUDENTCITY.COM INTERNATIONAL STUDENT INSURANCE MONTHLY ENROLLMENT FORM

QBE INSURANCE CORPORATION

1. PLEASE PRINT CLEARLY • ANSWER ALL QUESTIONS

STUDENT'S LAST NAME/FAMILY NAME		FIRST		MIDDLE INITIAL	
STUDENT'S PERMANENT U.S. MAILING ADDRESS—# AND STREET NAME			APT/BOX #	CITY	ZIP
STUDENT'S PHONE NUMBER		STUDENT'S DATE OF BIRTH (MM/DD/YY)		STUDENT'S E-MAIL ADDRESS	
STUDENT'S SOCIAL SECURITY NO.		STUDENT ID NUMBER		HOME COUNTRY	PASSPORT/VISA HELD <input type="checkbox"/> F <input type="checkbox"/> J1 <input type="checkbox"/> OTHER _____

2. HAVE YOU EVER BEEN INSURED WITH THIS COMPANY BEFORE? NO YES

3. I WANT MY INSURANCE TO START ON _____ Month _____ Day _____ Year _____ AND CONTINUE FOR A PERIOD OF _____ WHOLE MONTHS (3 MONTHS MINIMUM).

4. I CERTIFY THAT I AM A PARTICIPANT IN AN INTERNATIONAL PROGRAM AT (NAME OF SCHOOL): _____
SIGNATURE OF STUDENT **X** _____ DATE _____

5. COMPLETE REVERSE SIDE OF CARD FOR PREMIUM PAYMENT INFORMATION

6. I WISH TO ENROLL AS FOLLOWS:

ELIGIBLE STUDENT	<input type="checkbox"/> \$100,000 MAXIMUM	<input type="checkbox"/> \$250,000 MAXIMUM
NUMBER OF MONTHS (6 MONTHS MINIMUM)	<input checked="" type="checkbox"/> \$59.00	<input type="checkbox"/> \$79.00
TOTAL AMOUNT DUE	<input checked="" type="checkbox"/> \$	<input checked="" type="checkbox"/> \$

CHANGES FROM ONE PLAN MAXIMUM OF COVERAGE TO ANOTHER ARE ONLY ALLOWED AT THE BEGINNING OF A NEW POLICY YEAR.

PREMIUM RATES:

THESE RATES ARE VALID FOR COVERAGE WHICH HAS AN EFFECTIVE DATE ON OR AFTER AUGUST 1, 2009 AND UNTIL AUGUST 31, 2010. FOR RATES EFFECTIVE AFTER THESE DATES, PLEASE CALL THE PLAN ADMINISTRATOR.

7. MAKE CHECK OR MONEY ORDER PAYABLE TO:
RENAISSANCE INSURANCE AGENCY, INC.
FOR CREDIT CARD PAYMENT SEE BELOW
REMITTANCE IN U.S. FUNDS ONLY

8. MAIL PAYMENT AND ENROLLMENT FORM TO:
RENAISSANCE INSURANCE AGENCY, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

CHARGE CARD AUTHORIZATION — CREDIT CARD PAYMENTS CANNOT BE ACCEPTED OVER THE PHONE OR BY FAX
WILL APPEAR AS "STUDENT HEALTH INSURANCE, RENAISSANCE AGENCIES" ON YOUR CREDIT CARD BILL

MasterCard # or Visa # _____ Expiration Date _____ Charge This Amount _____
Name of Cardholder _____ Signature of Cardholder _____

Underwritten by: **QBE INSURANCE CORPORATION**
Policy Number: **SCH00003**

Name of Insured Student _____

2009-2010 **ISTUDENTCITY.COM**
INTERNATIONAL STUDENT HEALTH INSURANCE PLAN

Office visit copay: \$10 for PPO/\$20 for NON-PPO

Both the effective and termination dates of coverage are at 12:01 a.m. and are subject to verification by the Company.

Insurance Company:
QBE Insurance Corporation

Policy Number:
SCH00003

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

For questions regarding eligibility or enrollment:

Renaissance Insurance Agency, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

1-800-537-1777

**To download claim forms, ID cards or
a copy of this brochure, please visit:**

www.renstudent.com/istudentcity

SUBMIT CLAIMS ELECTRONICALLY: PAYER ID 95397

SUBMIT CLAIMS BY MAIL TO:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

Toll-Free 1-800-468-4343

www.piaclaims.com

NOTE: Benefits are subject to payment of appropriate premium and verification of eligibility.