



2014-2015

STUDENT HEALTH INSURANCE

studentinsurance.wellsfargo.com

**This is a temporary brief
summary of benefits,
please check back later for
the full version of the
2014-2015 plan brochure.**

**PALOMAR COLLEGE
INTERNATIONAL**

Underwritten by:
Trustmark Life Insurance Company
Policy #: JZ017

The Plan Brokered by:
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: studentinsurance.wellsfargo.com or call **800-853-5899** to request a paper copy free of charge.

IMPORTANT NOTICE

This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please contact The Lower Agency, Inc. by phone at (800) 821-7710 or by email at lowermarkssupport@lower.com. You will be able to obtain a copy of the full Master Policy as soon as it is available.

WHEN COVERAGE BEGINS

Insurance under the Master Policy will become effective at 12:01 a.m. on the latest of:

- The Master Policy effective date;
- The beginning date of the term for which premium has been paid;
- The day after the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent or College; or
- The day after the date of postmark if the Enrollment Form is mailed.

IMPORTANT NOTICE - Premiums will not be pro-rated if the Covered enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by The Lower Agency.

The below enrollments will be allowed a **30 day** grace period from the term start date to enroll whereby the effective date will be backdated a maximum of **30 days**. No policy shall ever start prior to the term start date:

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within **30 days** of the prior policy termination date.

WHEN COVERAGE ENDS

Insurance of all Covered Persons terminates at 11:59 p.m. on the earliest of:

- Date the Master Policy terminates for all Covered Persons; or
- End of the period of coverage for which premium has been paid; or
- Date the Covered Person ceases to be eligible for the insurance

Dependent coverage will not be effective prior to that of the Covered Student or extend beyond that of the Covered Student.

COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.

PLAN COST

	ANNUAL 8/17/14- 8/16/15	FALL 8/17/14- 1/10/15	SPRING/ SUMMER 1/11/15- 8/16/15	SUMMER 5/22/15- 8/16/15
Student only	\$1,315.92	\$533.58	\$782.34	\$310.05
NOTE: Costs below are in addition to the student premium				
Spouse only	\$3,318.84	\$1,345.72	\$1,973.12	\$781.98
Per Child only	\$976.08	\$395.78	\$580.30	\$229.98

Rates include premium payable to The Lower Agency, Inc., as well as administrative fees payable to Wells Fargo Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/Services provided through Scholastic Emergency Services, Inc. and its contracted underwriting companies.

PREMIUM REFUND/CANCELLATION

Refund requests should be directed to Wells Fargo Insurance at (800) 853-5899 or via email at studentinsurance@wellsfargo.com.

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. If you withdraw from school within the first **45 days** of the coverage period, you and your insured dependents will receive a full refund of the insurance premium provided that you and your insured dependents did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after **45 days** of the coverage period, your and your insured dependents coverage will remain in effect until the end of the term for which you have paid the premium.
2. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled. If your dependent enters the armed forces, a pro-rata refund of premium will be made for such person, upon written request received by Wells Fargo Insurance Services within **45 days** of entry into service.
3. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within **31 days** of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

INSURANCE PAYMENTS WITH PERSONAL CHECK

(Note: personal checks are not always a payment option. Please check your school's enrollment form for available payment options.) If you make your or your dependents' insurance payment via personal check payable to Wells Fargo Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your and your dependents insurance coverage will be terminated retroactive to the effective date of the enrolled term.

HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

All international students, visiting faculty, scholars or other persons possessing and maintaining a current passport and valid visa status (F-1, J-1 or M-1, etc.), engaged in educational activities at Palomar College who are temporarily located outside their home country and have not been granted permanent residency status, are required to be insured under the Master Policy. Waiver may only be granted to people already insured under equivalent plans. Coverage is available for students engaged in "Practical Training." Contact the International Students Office for more information. (A person who is an immigrant or permanent resident alien is not eligible for coverage under the international plan.)

To be an Insured under the Master Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first **45 consecutive days** following their effective date for the term purchased and/or pursuant to their visa requirements for the period for which coverage is purchased, except in the case of medical withdrawal or during school authorized breaks.

Trustmark maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever Trustmark discovers that the Policy eligibility requirements have not been met, its only obligation is a pro-rata refund of premium.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Palomar College Student Health Insurance Plan. These students must provide Wells Fargo Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within **30 days** of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Insurance within **30 days** from loss of prior coverage.

DEPENDENT COVERAGE- Eligible Insured Students may also purchase Dependent coverage at the time of student's enrollment in the plan; or within **31 days** of one of the following qualified events: marriage, birth, adoption or arrival in the U.S. Eligible dependents are the spouse/domestic partner (same or opposite sex) who resides with the Insured Student and unmarried children under twenty-six years of age who are not self-supporting and reside with the Insured Student. Dependents of an Eligible International student or visiting faculty member must possess a valid passport and a proper visa (F-2, J-2, or M-2). A "Newborn" will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the student is covered under this plan. Coverage may be continued for that child when The Lewer Agency is notified in writing within **31 days** from the date of birth and by payment of any additional premium. ***Dependents must be enrolled for the same term of coverage for which the Insured Student enrolls. Dependent coverage will not be effective prior to that of the Insured Student and expires concurrently with that of the Insured Student. Dependents must re-enroll when coverage terminates to maintain coverage.***

HOW DO I FILE A CLAIM?

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by:

The Lewer Agency, Inc.
PO Box 32247
Kansas City, MO 64171-5247
(800) 821-7710
www.lewermark.com

Customer Service Representatives are available 8:00 a.m. to 5:00 p.m. (CST), Monday through Friday, for any questions.

1. Bills must be submitted within **90 days** from the date of treatment.
2. Payment for Eligible Expenses will be made directly to the hospital or Doctor concerned unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to The Lewer Agency, Inc. within **180 days** from the date appearing on the Explanation of Benefits (EOB).
5. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed; according to the benefits of your Student Accident and Sickness Insurance Plan.

IMPORTANT NOTICE

This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please contact The Lower Agency, Inc. by phone at (800) 821-7710 or by email at lowermarksupport@lower.com. You will be able to obtain a copy of the full Master Policy as soon as it is available.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

Covered Persons are responsible for a \$0 Deductible per Accident or Sickness per Policy Year. Benefits are payable for eligible medical expenses resulting from a covered accidental Injury when the first treatment is received within **90 days** after the Injury, or resulting from Covered Expenses for a Sickness, and any eligible follow-up expense incurred during the term of the Master Policy. Covered Expenses must be for treatment by or under the written order of a licensed doctor. Benefit Maximum is unlimited. After the Covered Person reaches the \$3,000 Out-Of-Pocket Limit, the Company will pay In-Network Providers 100% of the Allowable Charges and Out of Network Providers 100% of the Reasonable and Customary Charge.

The exact provisions governing this insurance are contained in the Master Policy issued to the College and may be reviewed at the International Office during business hours.

INPATIENT HOSPITAL EXPENSES	IN NETWORK	OUT OF NETWORK
Co-payments	\$50	\$100
Room and Board Expense, daily semi-private room rate	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Intensive Care Unit Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Miscellaneous Hospital Expense, Covered Expenses include but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Inpatient Hospice Care Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Doctor Hospital Visit Expenses	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Physical Therapy, when prescribed by attending Doctor	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Registered Nurse Services, when prescribed by attending Doctor	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)	IN NETWORK	OUT OF NETWORK
Surgical Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Anesthetist & Assistant Surgeon Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Ambulatory Surgical Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
OUTPATIENT EXPENSES	IN NETWORK	OUT OF NETWORK
Doctor's Office Visits Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge after \$25 Co-Pay per visit
Chiropractic/Massage Therapy/Acupuncture, No Limits on Acupuncture Massage Therapy/Chiropractor: 20 visit limit	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Physical Therapy Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Emergency Room Visit Expense, Co-payment/Deductible waived if admitted.	100% of the Allowable Charges after \$50 Co-Pay per visit	80% of the Reasonable and Customary Charge after \$50 Co-Pay per visit

SCHEDULE OF MEDICAL EXPENSE BENEFITS (CONTINUED)

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS	IN NETWORK	OUT OF NETWORK
Inpatient Mental Health/Substance Abuse Expense	100% of the Allowable Charges Limited to 30 visits.	80% of the Reasonable and Customary Charge Limited to 30 visits.
Outpatient Mental Health/Substance Abuse Expense	100% of the Allowable Charges Limited to 10 visits.	80% of the Reasonable and Customary Charge Limited to 10 visits.
ADDITIONAL EXPENSES	IN NETWORK	OUT OF NETWORK
Maternity Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Preventive Services Benefits, Includes preventive services such as screenings, exams and immunizations as specified by the Patient Protection and Affordable Care Act (PPACA). To view a list of covered preventive services, log onto http://www.healthcare.gov/prevention/index.html . Not subject to deductible, copay, or coinsurance.	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Durable Medical Equipment, (rental charges or purchase, whichever is less)	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Home Health Care Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Ambulance Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Well Child/Baby Care Expense	See Preventive Services Benefits	
Diagnostic X-Ray Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Dental Expense, made necessary by injury to sound, natural tooth. Benefit is limited to a maximum of \$2,500 Per Injury.	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Laboratory Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Radiation Therapy & Chemotherapy Expense	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Voluntary Termination of Pregnancy	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Mammography	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
Injury resulting from play or practice of intercollegiate, club and intramural sports	100% of the Allowable Charges	80% of the Reasonable and Customary Charge
PRESCRIPTION DRUG BENEFIT	IN NETWORK	OUT OF NETWORK
Prescription Drug Expense, This Pharmacy benefit is provided to cover Prescriptions associated with a covered Sickness or covered Accident occurring during the Policy Year.	60% of the Actual Charge	
Prescribed Birth Control	100% of the Allowable Charges	

EXCLUSIONS & LIMITATIONS

The following exclusions and limitations will apply only to the extent permitted by the Patient Protections and Affordable Care Act of 2010 as amended and corresponding regulations. The Master Policy will not cover charges or expenses:

1. for medical care, treatment, supplies, or services not listed in the Covered Expense section;
2. for medical care, treatment, supplies, or services for the Insured Individual in his/her home country or country of regular domicile;
3. due to a pre-existing Injury or Bodily Infirmary or complication thereof. A pre-existing Injury or Bodily Infirmary is one where the Insured Individual: (a) has consulted a Doctor; (b) had medicine prescribed; or (c) is receiving or has received medical care for that Injury or Bodily Infirmary in the 6 months prior to the Insured Individual's Effective Date of Coverage under the Master Policy.

However, benefits will be payable for a pre-existing Injury or Bodily Infirmary after the Insured Individual's coverage has been in force for 6 consecutive months. **This exclusion will not apply to Eligible Students and Eligible Dependents under the age of 19.**

Modification to Pre-Existing Exclusion: The Master Policy will not impose pre-existing limitations on an Eligible Student or Eligible Dependent who enrolls for coverage as a Federally Eligible Individual. If an Eligible Student has a dependent that does not meet the Federally Eligible Individual definition, the Eligible Dependent will be subject to the pre-existing limitations as defined in the Master Policy.

The Master Policy will not impose pre-existing limitations on a Child who was covered by Creditable Coverage within **31 days** of birth, adoption or Placement for Adoption, provided the Child has not subsequently been without Creditable Coverage for more than **62 days**.

4. for elective or preventive surgery or medical care, services, supplies, or treatment including, but in no way limited to, tubal ligation, vasectomy, breast reduction or enlargement, correction or treatment of a deviated septum, abortion (except spontaneous and non-elective abortion), circumcision (except as covered under the Newborn Infants - Well Baby Care provision), learning disabilities, immunizations, except as listed in Covered Expenses, obesity, allergy tests, vitamins, and antitoxins;
5. for any care in connection with the teeth, gums, jaw, or structures directly supporting the teeth; myofacial pain; or temporomandibular joint dysfunction, except the Master Policy will cover injury to natural teeth resulting from an Injury, up to a maximum benefit of \$2,500 per injury;
6. in excess of the Reasonable and Customary charge;
7. for cosmetic, plastic, reconstructive, or restorative surgery unless such Covered Expenses are incurred for repair of a disfigurement caused from:
 - a. an Injury;
 - b. a birth defect of an insured Eligible Dependent born while the mother was insured under the Master Policy; or
 - c. a mastectomy (refer to the Post-Mastectomy Coverage provision);
8. for medical treatment, services, supplies, or prescription drugs which are not Medically Necessary, as defined in the Master Policy;
9. for hearing aids, eye glasses, or contact lenses and the fitting or servicing thereof, except expenses for same resulting from a covered Injury or covered eye surgery;
10. for Injury or Bodily Infirmary to the extent covered under: any occupational benefit plan; Worker's Compensation or similar law; medical payments

- under individual automobile insurance (except for no-fault auto insurance);
11. for birth control devices and surgical procedures as shown in Medical Benefits;
12. for Injury arising out of practice for or participation in professional sports;
13. for medical care, treatment, supplies or services arising out of practice for or participation in interscholastic or intercollegiate sports;
14. for medical care, treatment, services, and supplies for which no charge is made or no payment would be required if the Insured Individual did not have this insurance; or to the extent the Insured Individual received any discount, credit, or reduction due to an agreement with the provider;
15. for intentionally self-inflicted Injury or Bodily Infirmary, suicide, or attempted suicide, while sane or insane; or Injury or Bodily Infirmary resulting from taking part in the commission of an assault or felony;
16. for diagnosis, treatment, and all other care related to infertility;
17. for Injury arising out of aeronautics such as hang gliding, skydiving, parachuting, or air travel, except while riding as a passenger on a regularly scheduled commercial airline;
18. for Injury or Bodily Infirmary resulting from a motor vehicle accident if an Insured Individual was operating the vehicle without a valid driver's license in the state where the Insured Individual primarily resides while attending school;
19. Injury or Bodily Infirmary resulting from an act of war (declared or undeclared), insurrection participation in the military service of any country, or participation in a riot or civil disorder;
20. for medical care, treatment, services, or supplies normally given without charge and provided by employees or Doctors employed by, under contract with, or retained by the Policyholder unless provided in a Student Health Center by its employees;
21. for medical care, treatment, services, or supplies for which benefits are excluded, excepted, or limited elsewhere in the Master Policy;
22. for the treatment of sex transformation surgery and related services, or the reversal thereof;
23. for medication prescribed as a smoking deterrent;
24. for the treatment of Alopecia (loss of hair);
25. for the treatment of Acne;
26. for Anorectics (any drug used for the purpose of weight control);
27. for medical and surgical treatment of excessive sweating (Hyperhidrosis);
28. for the treatment of benign Gynecomastia (abnormal breast enlargement in males);
29. for the treatment (including cutting or removing) of toe nails or superficial lesions of the feet including corns, calluses and Heperkeratoses, other than removal of nail matrix or root.
30. for Injury or Bodily Infirmary from a Mental or Nervous Disorder, other than Severe Mental Illness, or for drug dependency; except that benefits will be paid for treatment up to (a) an aggregate limit of **30 days** of inpatient care in any consecutive 12 month period payable at 100% after the Copayment with respect to an Injury or Bodily Infirmary from a Mental or Nervous Disorder, other than Severe Mental Illness, or for drug dependency, and (b) outpatient treatment up to a benefit limit of 10 outpatient visits in any consecutive 12 month period, payable at 100% after the Copayment with respect to an Injury or Bodily Infirmary from a Mental or Nervous Disorder.

WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our customers or former customers to anyone, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

CLAIMS ADMINISTERED BY: *Claims and Coverage Questions*

The Lewer Agency, Inc.
PO Box 32247
Kansas City, MO 64171-5247
(800) 821-7710
E-mail: lewermarksupport@lewer.com

TRAVEL ASSISTANCE: *(Provide this information to your Emergency Contact)*

How to Contact Global Emergency Services:
Inside the US and Canada, dial (877) 488-9833 toll-free.
Outside the US and Canada:
- Request an international operator.
- Request the operator to place a collect call to the USA at
(609) 452-8570.
Or via email at medservices@assistamerica.com.

PREFERRED PROVIDER: *To Find a Doctor or Provider*

CIGNA PPO Network
(800) 821-7710
<http://www.lewermark.com/find-a-doctor-or-pharmacy>

24/7 NURSE LINE:

MY NURSE 24/7
(866) 549-5076

PHARMACY BENEFIT MANAGER:

Express Scripts
(800) 821-7710
<http://www.lewermark.com/find-a-doctor-or-pharmacy>

THE PLAN BROKERED BY: *Eligibility, Enrollment and General Questions*

**Wells Fargo Insurance
Student Insurance Division**
CA License No. 0D08408
10940 White Rock Road, 2nd Floor
Rancho Cordova, CA 95670
(800) 853-5899
Fax: (877) 612-7966
studentinsurance.wellsfargo.com

<input type="checkbox"/> NEW
<input type="checkbox"/> RENEWING
8 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wells Fargo Insurance Medical ID#

Underwritten by Trustmark Life Insurance Company
PALOMAR COLLEGE - INTERNATIONAL STUDENT HEALTH INSURANCE
2014-2015 ENROLLMENT FORM

STUDENT'S NAME	LAST / SURNAME											
	FIRST NAME										MIDDLE INITIAL	
STUDENT I.D. #						DATE OF BIRTH (Month, Day, Year)						
U.S. MAILING ADDRESS <small>(Use school address if none)</small>				STREET						APARTMENT #		
CITY						STATE			ZIP			
PHONE #				EMAIL ADDRESS (REQUIRED)								
Please check appropriate box: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				Please check appropriate box: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED				Please check appropriate box(es): <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> PRACTICAL TRAINING <input type="checkbox"/> VISITING FACULTY <input type="checkbox"/> SCHOLAR				
VISA TYPE (if applicable: F-1, J-1, etc.)						HOME COUNTRY: (if applicable)						
PLEASE LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED. <i>(Dependents must be enrolled on the date the student is enrolled or within 31 days of date of birth, marriage, or arrival in U.S.)</i>												
SPOUSE	LAST / SURNAME				FIRST NAME				MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)	
CHILD	LAST / SURNAME				FIRST NAME				MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)	
CHILD	LAST / SURNAME				FIRST NAME				MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)	
CHILD	LAST / SURNAME				FIRST NAME				MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)	
EMERGENCY CONTACT PERSON	NAME				RELATIONSHIP				PHONE #			
	EMAIL ADDRESS											

PLEASE SEE OTHER SIDE FOR RATES AND PAYMENT INFORMATION.
YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM.

Underwritten by Trustmark Life Insurance Company

TO ANY PROVIDER

The bearer of this Student Identification Card has purchased Medical Insurance through a program with the College. This card is provided to facilitate admittance into a lawfully operated hospital, other than a government facility, during the period the bearer's coverage is in force. Benefits are payable to the Insured, but may be assigned upon written request. Possession of this card does not guarantee the bearer's insurance coverage is in force on the date of presentation. The Lower Agency, Inc. assumes no liability unless benefits are verified in written form by:

The Lower Agency, Inc.
 PO Box 32247 • Kansas City, MO 64171-5247
 (800) 821-7710

2014 - 2015 Identification Card
 Underwritten by: Trustmark Life Insurance Company

PRINT NAME _____

MEMBER ID # 8 0

Policy #JZ017

Important Phone Numbers On Reverse

Both the effective and termination dates of coverage are at 12:01 A.M.
 and are subject to verification by the Administration. (Address on reverse side).

FOID ALONG DOTTED LINE

**PAYMENT IN FULL IS
REQUIRED FOR THE
TERM PURCHASED**

**Underwritten by Trustmark Life Insurance Company
PALOMAR COLLEGE - INTERNATIONAL STUDENT HEALTH INSURANCE
2014-2015 ENROLLMENT FORM**

	ANNUAL 8/17/14 - 8/16/15	FALL 8/17/14 - 1/10/15	SPRING/SUMMER 1/11/15 - 8/16/15	SUMMER 5/22/15 - 8/16/15
Student only	<input type="checkbox"/> \$1,315.92	<input type="checkbox"/> \$533.58	<input type="checkbox"/> \$782.34	<input type="checkbox"/> \$310.05
<i>Dependent coverage is in addition to student coverage.</i>				
Spouse only	<input type="checkbox"/> \$3,318.84	<input type="checkbox"/> \$1,345.72	<input type="checkbox"/> \$1,973.12	<input type="checkbox"/> \$781.98
Per Child (under 26 yrs old) only	<input type="checkbox"/> \$976.08	<input type="checkbox"/> \$395.78	<input type="checkbox"/> \$580.30	<input type="checkbox"/> \$229.98

Rates include premium payable to The Lewer Agency, Inc., as well as administrative fees payable to Wells Fargo Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through Scholastic Emergency Services, Inc. and its contracted underwriting companies.

PAYMENT METHOD (Remit in US Funds Only)	
<input type="checkbox"/> Check/Money Order — MAKE CHECKS PAYABLE TO: Wells Fargo Insurance	
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Credit Card Account Number:	Expires (month, year): —
Cardholder's Name:	
<i>(Print Cardholder's name exactly as it appears on card.)</i>	
Mail or fax enrollment form and payment to: Wells Fargo Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670 • Fax (877) 612-7966	

This is limited term coverage only. Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated.

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

YOU MUST COMPLETE BOTH SIDES OF THE ENROLLMENT FORM AND SIGN BELOW

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein.

SIGNATURE OF STUDENT _____	DATE _____
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You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: ***studentinsurance.wellsfargo.com*** or call ***800-853-5899*** to request a paper copy free of charge.

<p>CLAIMS ADMINISTERED BY: <i>Claims, Eligibility and Coverage Questions</i> The Lewer Agency, Inc. PO Box 32247 Kansas City, MO 64171-5247 (800) 821-7710 E-mail: lewermarksupport@lewer.com</p>	<p>TO FIND A DOCTOR OR PROVIDER: <i>Preferred Provider:</i> CIGNA PPO Network (800) 821-7710 www.lewermark.com/find-a-doctor-or-pharmacy</p> <p>PHARMACY BENEFIT MANAGER: Express Scripts (800) 821-7710 www.lewermark.com/find-a-doctor-or-pharmacy</p>	<p>24/7 NURSE LINE: MY NURSE 24/7 (866) 549-5076</p> <p>TRAVEL ASSISTANCE: Inside the US and Canada: dial 1-877-488-9833 toll-free Outside the US and Canada: - Request an international operator. - Request the operator to place a collect call to the USA at 609-452-8570. Or via email: medservices@assistamerica.com</p>	<p>THE PLAN BROKERED BY: <i>General Questions</i> Wells Fargo Insurance Services USA, Inc. Student Insurance Division CA License No. 0D08408 (800) 853-5899 studentinsurance.wellsfargo.com</p>
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