



Student Insurance Website Overview



ASSOCIATED
INSURANCE PLANS
INTERNATIONAL, INC.

The Worldwide Student Insurance Specialist
with The Personal Touch Since 1971!

[Why AIP](#) [Our Partners](#) [Privacy Policy](#) [Insurance Basics](#) [Student Health Fair](#) [Contact AIP](#)

Need Assistance? 800-452-5772



For Students

AIP offers insurance plans for most domestic and international students. To see what plans we have to offer students start by entering the name of your school in the search box.

Find School

If you would like help finding an insurance plan, please let us be your personal insurance assistant and call 800-452-5772 or email us at office@aipstudentinsurance.com and a licensed customer service representative will be able to assist you.



For Individuals

Flexibly designed, comprehensive insurance programs for individuals. Deductible and co-insurance options are available, including payment plans.

- ▶ Health Insurance for US Citizens
- ▶ International Students & Study Abroad
- ▶ International Travelers & Travel Assistance



For School Administrators Only

Our administration of your student insurance program is flexible, and will conform to your requirements, and the reporting we deliver to you is "state of the art".

- ▶ AIP Marketing Plan
- ▶ Request a Proposal from AIP
- ▶ Login/Verify Student Eligibility
- ▶ Request a Login
- ▶ Sample School Website



Dental, Vision & Pharmacy Options

- ▶ Dental & Vision Insurance Plan
- ▶ Dental, Vision & Pharmacy Discount Card



BBB RATING **A+**
A BBB Accredited Business since 03/01/2006

For Students: Our web based Student Insurance Portal allows students hands-on access to...

- enroll/make payment
- print an identification card
- view a summary of benefits
- view HIPAA Policy
- access to insurance forms
- verify or waive coverage
- search for a provider
- claim procedure information
- check the status of claims
- special insurance instructions
- access to the school/health center's website
- provide feedback




AIP International offers a **tailored Student Insurance Website** for each College/University where our services are provided.

Our web based Student Insurance Portal provides modern **trouble-free links** that allow students and School Administrators to have **worldwide access** to insurance information **24 hours a day**.

This service is complimented by live experienced staff who answer our phones during **regular business hours of 7:00 am to 7:00 pm Monday through Friday, Central Standard Time**.

AIP International, Inc. has specialized exclusively in student insurance for nearly (40) years.

Promotional University School



IMPORTANT NOTICE

All undergraduate students are required to maintain adequate health insurance coverage, while registered for classes at your University. If you have existing health insurance coverage, you must have already completed the **Waiver Form**. Student who do not complete the **Waiver Form** will automatically be enrolled in the University Student Accident and Sickness Insurance Plan. Premium for coverage under this Insurance Plan will be added to your tuition. Please note: Existing Coverage will be verified.

Deadline to complete Spring II **Waiver Form** is 3/11/2010

Customer Service Contact Information

Your Customer Service Team at Associated Insurance Plans International, Inc can be reached at **800-452-5772**. Our telephones are staffed Monday through Friday, 7:00AM to 7:00PM Central Standard Time. Email us at office@aipstudentinsurance.com.

Customer Service Representative
Karen Mpistoliarides, extension 1228

Student Accounts
Roseanne Stanfa, extension 1201

Director, Student Accounts
Kori Cardella, extension 1206

Insurance Plans for Students


Student Accident and Sickness Insurance Plan
Student Accident & Sickness Insurance for Domestic and International Students and their Dependents

2009 / 2010 Policy Year

- ▶ View Brochure
- ▶ Enroll/Make a Payment
- ▶ Print ID Card
- ▶ Online Waiver Form
- ▶ Scholastic Emergency Services, Inc. / 1-800-872-1414
- ▶ Ask Mayo Clinic / 1-877-351-9900
- ▶ More Online Services

2008 / 2009 Policy Year

- ▶ View Brochure
- ▶ Enroll/Make a Payment
- ▶ Print ID Card
- ▶ More Online Services



Dental, Vision & Pharmacy Options

- ▶ Dental & Vision Insurance Plan
- ▶ Dental, Vision & Pharmacy Discount Card

Individual Insurance Options

If you wish to see alternatives to our student insurance programs, please consider our [Individual Insurance Plans](#).

© 2010 Associated Insurance Plans International, Inc. | All rights Reserved | Privacy Policy and HIPAA (Health Insurance Portability and Accountability Act) Compliance

We care about your students!

Students are able to access the website by visiting us online at www.AIPStudentInsurance.com or by visiting their specialized student insurance website.


Active student insurance websites, such as www.TAMUInsurance.com is hosted and maintained by AIP International.

- **Worldwide Access**
- **24 hours a day**

AIP International, Inc. has specialized exclusively in student insurance for nearly (40) years.

We care about your students!

Texas A&M System
Student Insurance Survey >



AIP Customer Service

Your Customer Service Team at Associated Insurance Plans International, Inc can be reached at 800-452-5772. Our telephones are staffed Monday through Friday, 7:00AM to 7:00PM Central Standard Time. Email us at office@aipstudentinsurance.com.

Customer Service Representative
Karen Mpistolarides, extension 1228

Customer Service Representative
Vicki Baran, extension 1207

Customer Service Supervisor
Jaclyn Kopecky, extension 1214

Student Accounts
Roseanne Stanfa, extension 1201

Director, Student Accounts
Kori Cardella, extension 1206

Customer Service Representative
Joni Matthews, extension 1225

For School Administrators Only

- ▶ [Login/Verify Student Eligibility](#)
- ▶ [Request a Login](#)

Select an Insurance Plan

▶ [Compare Insurance Plans \(PDF\)](#)

The A&M 50K Insurance Plan
Available to International and Domestic Students

The A&M 500K Insurance Plan
Available to International and Domestic Students

The A&M Basic 50K International Insurance Plan
Available to International Students Only

The A&M Graduate Student Insurance Plan
Available to International and Domestic Graduate Students Only

Stand Alone Student Repatriation and Medical Evacuation Plan
Available Only to International Students Not Enrolled in the A&M Insurance Plans

Student Accident and Intramural Sports Insurance Program
Available to All Students With On-Campus Attendance

Important Notices

Eligibility
The 50k plan and the 500k plan are eligible to students taking 6 or more credit hours. Students with less than 6 credit hours are eligible if they are completing a degree plan. International students regardless of credit hours are eligible. The Graduate Student Plan is eligible for ALL graduate students employed and not employed by The A&M System. The A&M Basic International Insurance Plan is available for ALL international students.

PPO Network
This plan uses the Beech Street Preferred Provider Network. It is to your benefit to verify with your providers that they are contracted with Beech Street Preferred Provider Network at the time of your appointment. Although healthcare services may be or have been provided to you at a healthcare facility that is a member of the provider network used by your health benefits plan, other professional services may be or have been provided at or through the facility by physicians and other healthcare practitioners who are not members of that network. You may be responsible for payment of all or part of the fees for those professional services that are not paid or covered by your health benefits plan.

On Call International / 1-800-850-4556
An emergency helpline for students in need of medical or legal help or advice, within or outside of the United States.

Dental, Vision & Pharmacy Options

▶ [Dental & Vision Insurance Plan](#)

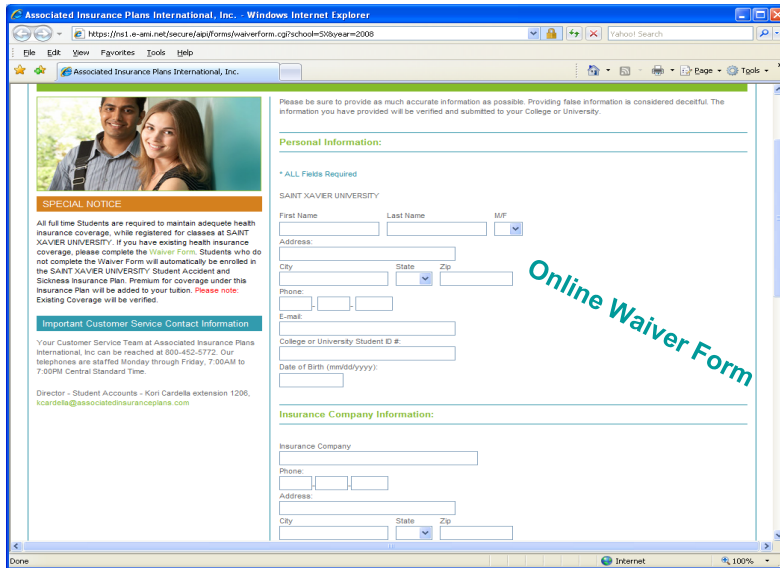
▶ [Dental, Vision & Pharmacy Discount Card](#)

Individual Insurance Options

If you wish to see alternatives to our student insurance programs, please consider our [Individual Insurance Plans](#).

Three Student Insurance Waiver Process Options

Option 2.



Online Waiver Form

Please be sure to provide as much accurate information as possible. Providing false information is considered deceitful. The information you have provided will be verified and submitted to your College or University.

Personal Information:

* ALL Fields Required

SAINT XAVIER UNIVERSITY

First Name: _____ Last Name: _____ MF: M F

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

College or University Student ID #: _____

Date of Birth (mm/dd/yyyy): _____

Insurance Company Information:

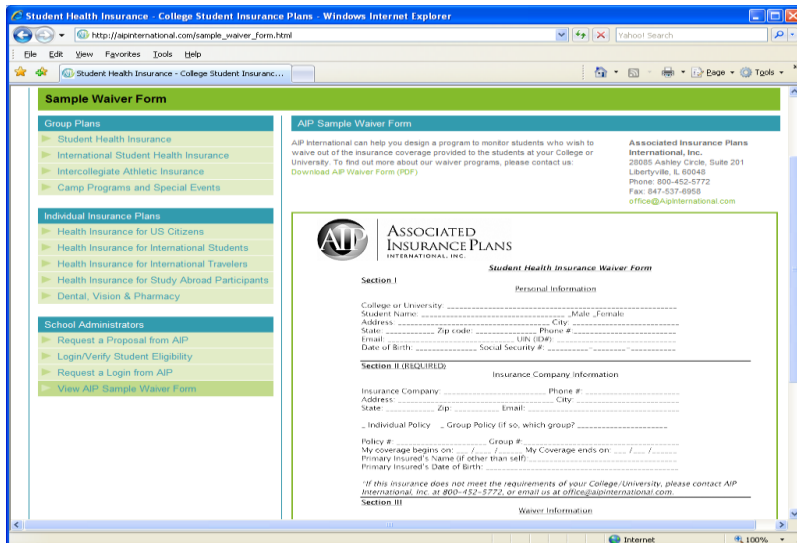
Insurance Company: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Waiver handled by AIP for School. The School provides AIP with a list of ALL eligible students in an Excel format (must include the student's first and last name, student ID number, date of birth, address, phone number, and email address). A deadline date for submissions of waivers by students is assigned by the School. The students are advised by the School via letter or email that all students are required to have health insurance and the deadline date of waiver submission. If the student does not have health insurance, they will be charged for the health insurance premium along with their tuition and fees. If a student has health insurance, they are advised of minimum coverage requirements, and they are advised to go to their school insurance website (created and hosted AIP) and complete a waiver form, providing information to AIP on their existing insurance policy, by a specified deadline date (the 11th class day is typical). As students go to the website to waive the coverage, their waivers are reviewed to determine minimum coverage standards have been met, and if so, the student is removed from the list of insured by AIP. A copy of the waiver is sent to the School as the waiver is completed (real time). A copy of the waiver attaches to the student's record in the AIP database. Following the deadline for submission of waivers, AIP invoices the School for the semester premium for each student who has not submitted a waiver. Each student is insured from the semester effective date (regardless of when premium is received from the School).



Sample Waiver Form

AIP Sample Waiver Form

AIP International can help you design a program to monitor students who wish to waive out of the insurance coverage provided to the students at your College or University. To find out more about our waiver programs, please contact us. Download AIP Waiver Form (PDF)

Associated Insurance Plans International, Inc.
20085 Ashley Circle, Suite 201
Libertyville, IL 60048
Phone: 800-452-5772
Fax: 847-537-8958
office@AIPInternational.com

Student Health Insurance Waiver Form

Section I Personal Information

College or University: _____

Student Name: _____ Male / Female: _____

Address: _____ City: _____

State: _____ Zip code: _____ Phone #: _____

Email: _____ SSN (DDP) _____

Date of Birth: _____ Social Security #: _____

Section II (ORIG/LIBL): Insurance Company Information

Insurance Company: _____ Phone #: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Individual Policy _____ Group Policy (if so, which group)? _____

Policy # _____

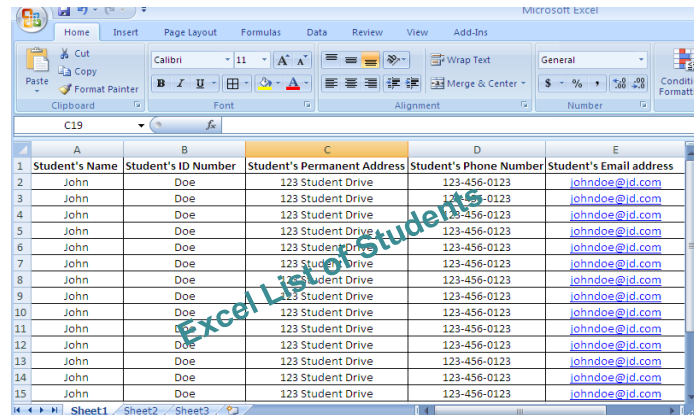
My coverage begins on: _____ Group # _____

Primary Insured's Name (if other than self) _____

Primary Insured's Date of Birth: _____

If this insurance does not meet the requirements of your College/University, please contact AIP International, Inc. at 800-452-5772, or email us at office@AIPInternational.com.

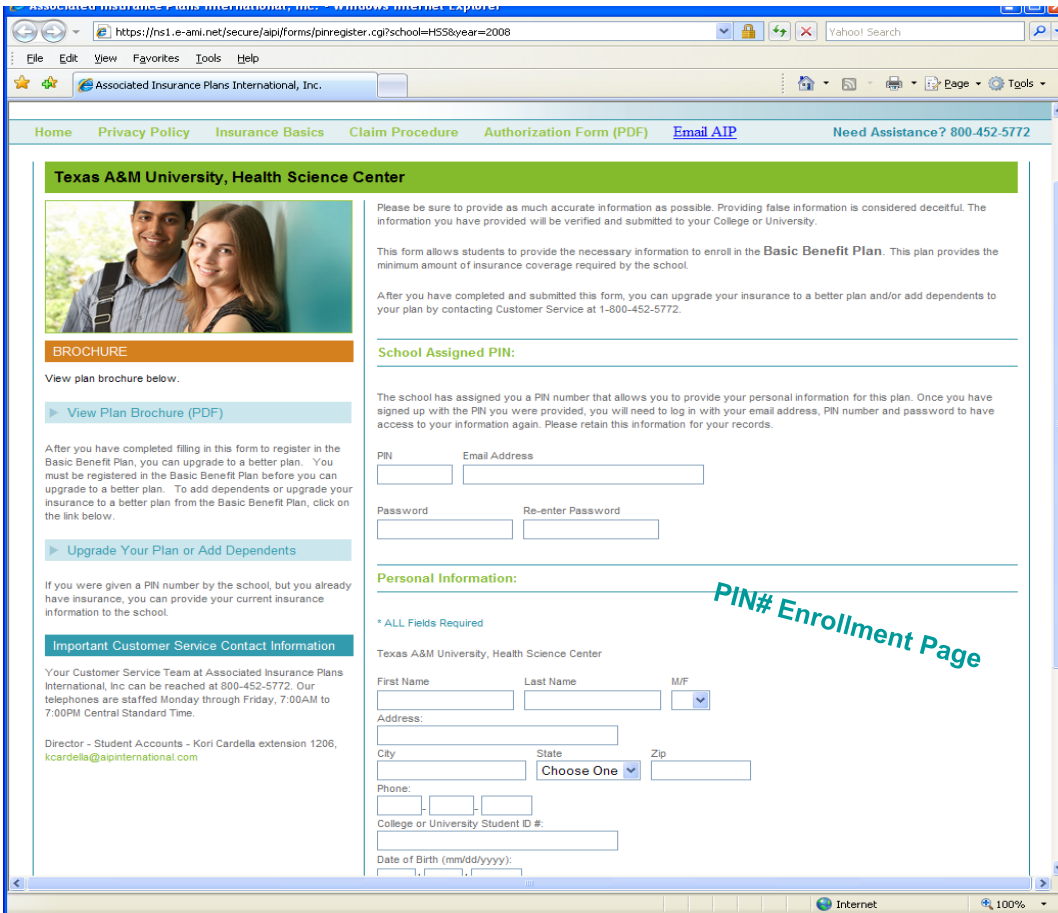
Section III Waiver Information:



| | A | B | C | D | E |
|----|----------------|---------------------|-----------------------------|------------------------|-------------------------|
| 1 | Student's Name | Student's ID Number | Student's Permanent Address | Student's Phone Number | Student's Email address |
| 2 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 3 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 4 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 5 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 6 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 7 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 8 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 9 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 10 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 11 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 12 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 13 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 14 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |
| 15 | John | Do | 123 Student Drive | 123-456-0123 | john.doe@id.com |

Three Student Insurance Waiver Process Options

Option 3.



Texas A&M University, Health Science Center

Please be sure to provide as much accurate information as possible. Providing false information is considered deceitful. The information you have provided will be verified and submitted to your College or University.

This form allows students to provide the necessary information to enroll in the **Basic Benefit Plan**. This plan provides the minimum amount of insurance coverage required by the school.

After you have completed and submitted this form, you can upgrade your insurance to a better plan and/or add dependents to your plan by contacting Customer Service at 1-800-452-5772.

School Assigned PIN:

The school has assigned you a PIN number that allows you to provide your personal information for this plan. Once you have signed up with the PIN you were provided, you will need to log in with your email address, PIN number and password to have access to your information again. Please retain this information for your records.

Personal Information:

* ALL Fields Required

Texas A&M University, Health Science Center

First Name: Last Name: M/F:

Address:

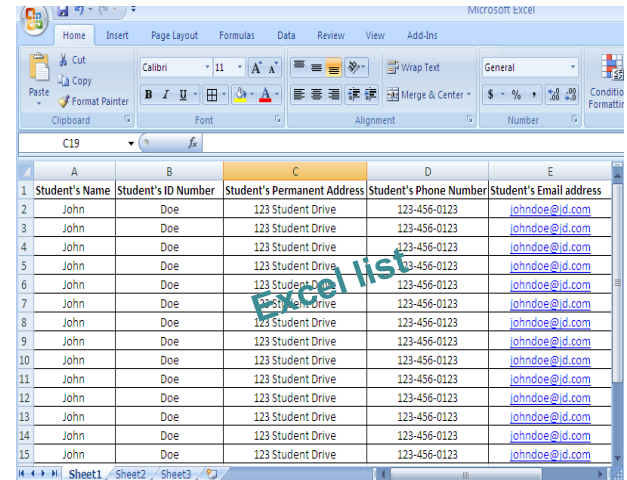
City: State: Zip:

Phone:

College or University Student ID #:

Date of Birth (mm/dd/yyyy):

PIN# Enrollment: Students are advised by School to go to their student insurance website. With their PIN#, students are able to enroll by entering their demographic information into our database. Coverage is effective on the date of the specified term and students can retrieve their Insurance Identification Card immediately upon entering their demographic information. At this time Students are **not** required to submit premium payment.



| Student's Name | Student's ID Number | Student's Permanent Address | Student's Phone Number | Student's Email address |
|----------------|---------------------|-----------------------------|------------------------|-------------------------|
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |
| John Doe | 123 Student Drive | 123-456-0123 | johndoe@id.com | |

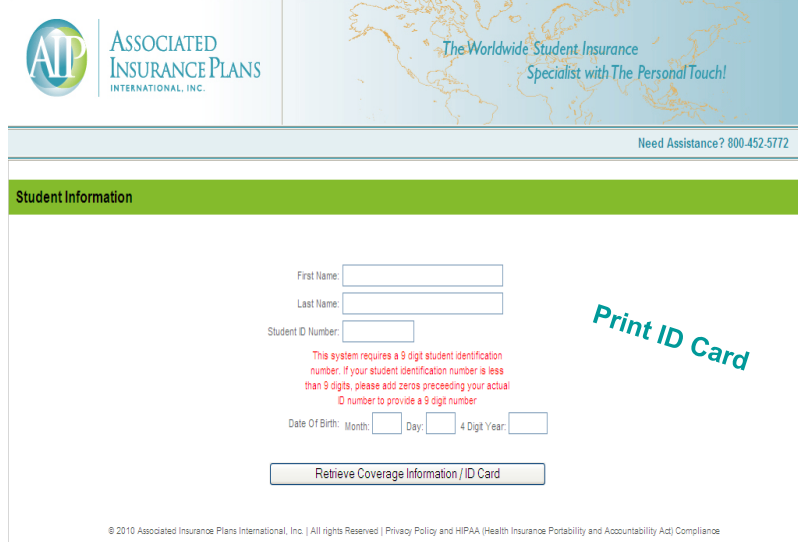
Note: This procedure is used for instances where the School has students who need to purchase Insurance coverage from AIP, but the school does not want to provide a master Excel listing with demographic information to AIP. AIP provides the school with a listing of PIN numbers to distribute to the students. The schools determines the term of coverage each students will be required to purchase as well as the PIN# enrollment deadline. The charges for the premium payment are added to the student's tuition and fees . AIP invoices the schools for each student's premium of the specified term selected. The School submits payment to AIP. Each student is insured from the term's effective date, regardless of when premium is received from the School.

Student Insurance Identification Card

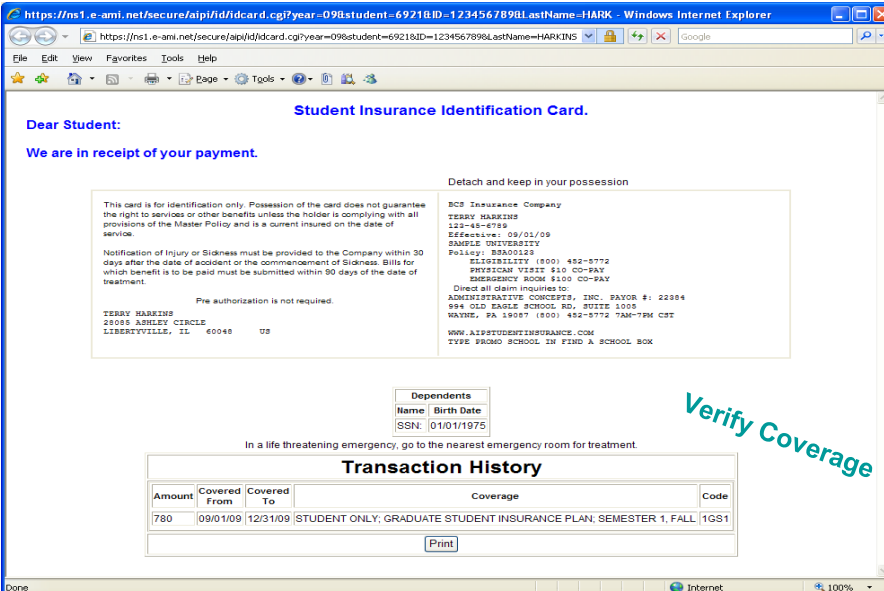
Student Insurance Identification Card: Students have the ability to retrieve a temporary copy of their insurance identification card on the web. The ID cards are available immediately by using the Enroll/Make a Payment System or via the PIN# Enrollment Process.

Once the students have entered their personal information the ID Card and transaction history will be displayed on the screen (see below).

All students will receive a permanent Student Insurance Identification Card upon enrolling in the school's insurance plan. Students may call our office at **800-452-5572** or email us at office@aipstudentinsurance.com to request a permanent card anytime throughout the policy year.



The screenshot shows the top navigation bar with the AIP logo and the text "ASSOCIATED INSURANCE PLANS INTERNATIONAL, INC." and "The Worldwide Student Insurance Specialist with The Personal Touch!". Below this is a green bar with "Student Information". The main content area contains a form with fields for "First Name", "Last Name", "Student ID Number", and "Date Of Birth" (Month, Day, 4 Digit Year). A red error message states: "This system requires a 9 digit student identification number. If your student identification number is less than 9 digits, please add zeros preceding your actual ID number to provide a 9 digit number". A "Print ID Card" button is visible on the right. At the bottom, there is a "Retrieve Coverage Information / ID Card" button and a copyright notice: "© 2010 Associated Insurance Plans International, Inc. | All rights Reserved | Privacy Policy and HIPAA (Health Insurance Portability and Accountability Act) Compliance".



The screenshot shows a web browser window with the URL "https://ns1.e-ami.net/secure/aipi/id/card.cgi?year=09&student=6921&ID=123456789&LstName=HARKINS". The page title is "Student Insurance Identification Card." and the content includes:

Dear Student:
We are in receipt of your payment.

Detach and keep in your possession

This card is for identification only. Possession of the card does not guarantee the right to services or other benefits unless the holder is complying with all provisions of the Master Policy and is a current insured on the date of service.

Notification of Injury or Sickness must be provided to the Company within 30 days after the date of accident or the commencement of Sickness. Bills for which benefits is to be paid must be submitted within 90 days of the date of treatment.

Pre authorization is not required.

TERRY HARKINS
21008 ASHLEY CIRCLE
LIBERTYVILLE, IL 60048 08

SCS Insurance Company
TERRY HARKINS
123-45-6789
Effective: 09/01/09
SAMPLE UNIVERSITY
Policy: 88A00123
ELIGIBILITY (000) 452-5772
SPEECHMAN VISIT \$10 CO-PAY
EMERGENCY ROOM \$100 CO-PAY

Direct all claim inquiries to:
ADMINISTRATIVE CONCEPTS, INC. PAYOR #: 22884
894 OLD BRIDGE SCHOOL RD, SUITE 1008
MAYNE, PA 15087 (800) 452-5772 TALK-7PM CST

WWW.AIPSTUDENTINSURANCE.COM
TYPE FROM SCHOOL IN FIND A SCHOOL BOX

Dependents

| Name | Birth Date |
|-----------------|------------|
| SSN: 01/01/1975 | |

In a life threatening emergency, go to the nearest emergency room for treatment.

Transaction History

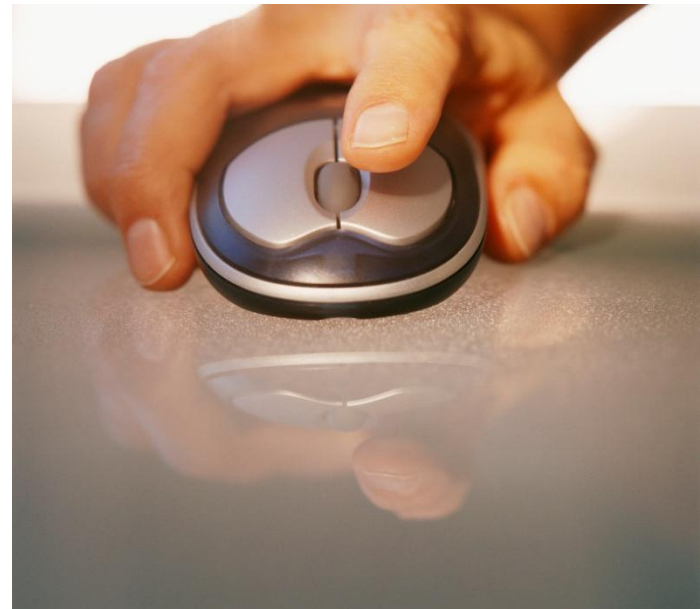
| Amount | Covered From | Covered To | Coverage | Code |
|--------|--------------|------------|---|------|
| 780 | 09/01/09 | 12/31/09 | STUDENT ONLY; GRADUATE STUDENT INSURANCE PLAN; SEMESTER 1, FALL | 1GS1 |

Print

A "Verify Coverage" watermark is visible on the right side of the screenshot.

More Links and Useful Information

GIVE THEM FINGER TIP ACCESS...to all of the information they will need regarding insurance.



Claim Procedures and Forms

Student Health Insurance - College Student Insurance Plans - Windows Internet Explorer

http://www.apinternational.com/claim_procedure.html?CID=2882

Claim Procedure

Medical Claim Procedure

In the event of injury or sickness, the insured student should report to the Student Center, if eligible for treatment, or to the doctor, hospital, or medical facility of your choice. Pre-certification is NOT required. Dependents are not eligible for treatment at the Student Health Center, unless they are also students. Insured dependents should seek treatment from the medical care provider of their choice.

Written notice of claim must be given within 90 days after the occurrence or commencement of any loss covered by the Policy. Bills for which benefits are to be paid must be submitted within 90 days of the date of treatment.

Should an injury or sickness occur, the following steps should be taken:

1. Secure the necessary medical treatment.
2. Obtain itemized bills from the physician and/or hospital.
3. Mail or fax bills to the appropriate claim department.
4. Please make certain all medical bills submitted show your name, social security number, College or University, and description of medical condition.
5. For more helpful information try our Insurance FAQs section.

Athletic Claim Procedures

In the event of a sports related injury, the insured student should report to the injury to the Athletic Department so that a claim can be filed. Should you have any additional questions, please contact us at:

Student Insurance Plans
28085 Ashley Circle, Suite 201
Libertyville, IL 60048
800-452-5772 (phone)
(847) 281-4813 (fax)

Dental, Vision & Pharmacy Options

- Dental & Vision Insurance Plan
- Dental, Vision & Pharmacy Discount Card

© 2009 Associated Insurance Plans International

Claim Procedures

http://www.apinternational.com/pdfs/auth.pdf - Windows Internet Explorer

http://www.apinternational.com/pdfs/auth.pdf

Student Insurance Plan

28085 Ashley Circle • Libertyville, Illinois 60048
800.452.5772 • fax: 847.537.6958 • www.associatedinsuranceplans.com

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION NEEDED TO ASSIST IN THE DETERMINATION OF THE STATUS OF CLAIM FILED AGAINST THE STUDENT MEDICAL INSURANCE POLICY

I hereby authorize Associated Insurance Plans International, Inc. to obtain and disclose Protected Health Information and disclose such information to the individual(s) indicated Below, for the express and limited purpose to assist in the processing of my claim.

Information to Be Used or Disclosed May Include:

- () Provider Name, Address & Specialty (required)
- () Medical Diagnosis (optional)
- () Dates of Treatment
- () Cost of Treatment

Persons of Interest:

- () Student
- () A Spec

Student Insurance Authorization Form

http://www.apinternational.com/pdfs/DelosClaimForm.pdf - Windows Internet Explorer

http://www.apinternational.com/pdfs/DelosClaimForm.pdf

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person submits an insurance application or statement of claim containing any materially false, incomplete or misleading information may be committing a crime and may be subject to civil or criminal penalties.

PLEASE PRINT ALL INFORMATION - PARTS 1 & 2 - MUST BE COMPLETED AND SIGNED BY STUDENT

GRADUATE
 UNDERGRADUATE

| | | | |
|--|------------------------|---------------|------------|
| Name of College or University, City and State | Domestic International | Policy Number | Birth Date |
| Insured Student's Name LAST NAME FIRST NAME M.I. | STUDENT ID # | PHONE # | |
| Present Address NO. AND STREET CITY OR TOWN STATE ZIP # + 4 | | | |
| Home Address NO. AND STREET CITY OR TOWN STATE ZIP # + 4 | | | |

If claim for dependent, give dependent's name _____, relationship to Insured _____, Age _____

| COMPLETE THIS SECTION FOR ACCIDENT CLAIM | COMPLETE THIS SECTION FOR SICKNESS CLAIM |
|---|---|
| Exact nature of injury _____ | Date of sickness _____ |
| Date and hour of occurrence _____ | Date symptoms first noticed _____ |
| Was the injury due to practice or play of a sport? <input type="checkbox"/> Yes <input type="checkbox"/> No | If pregnancy, date of last menstrual period _____ |
| Which sport? _____ | What is the exact nature of the sickness? _____ |

Medical Claim Form

http://www.apinternational.com/pdfs/Medco_Mail_Order_Form.pdf - Windows Internet Explorer

http://www.apinternational.com/pdfs/Medco_Mail_Order_Form.pdf

Medco By Mail ORDER FORM

medco

1 Member information: Please verify or provide member information below.

Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at: _____

New shipping address: _____

Daytime phone: _____

Evening phone: _____

(Medco will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)

2 Patient/doctor information: Complete **one** section for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are on back). Send all prescriptions in the envelope provided.

Page 1 (1 of 2) 104%

Pharmacy Claim Form

Submit/Check Status of Claims Online

Health Insurance Claim Form (Professional)

Patient Information

First Name: MI: Last Name:

Gender: Birth Date: (m/d/yyyy)

Address:

City: State: Postal Code:

Phone:

Is Patient's Condition Related to:

Employment? Auto Accident? State Accident Occurred:

Other Accident?

Patient's Relationship to Insured

Self Spouse Child Other

Enter Personal Information

Health Insurance Claim Form (Professional)

Diagnosis and Charge

Dates of Service
From (m/d/yyyy) To (m/d/yyyy) Charges Days or Units
2/2/2009 2/2/2009 100 1

Place of Service
11 (OFFICE)

Diagnosis Code (ICD9)
789 .00 ABDMNAL PAIN UNSPCF SITE

Procedure Code (CPT) Modifier
99213 OFFICE OUTPT EST15 MIN

Rendering Provider ID Rendering Provider NPI

Diagnosis entry form

Health Insurance Claim Form (Professional)

Bill Submission Complete

Please Be Sure to Click on the Link Below and Save or Print Your Submission.

Click Here For Your Copy of the CMS-1500(08/05) Form

[Click Here to Submit a New Bill](#)

[Click Here for Professional Submission History](#)

Claim Submission Complete

ClaimStatus

Check claims online

Insured

Provider

Health Services

Help



Other Online Services

Beech Street Corporation - Windows Internet Explorer

http://www.beechstreet.com/

Search for a provider

Beech Street
A VIANT NETWORK

Home Patients Clients Providers

About Us | Customer Service

Find a Doctor or Hospital

- » Search for a doctor or hospital near you.
- » Print a personalized directory.

News

- » RAC Companies Respond to CMS Report on RAC Demonstration Program

WASHINGTON, July 11 /PRNewswire-USNewswire/ -- The following is a joint statement from HealthCare Insights

Always Exceptional. No Exceptions.

Student Insurance Survey >

Important Notices

Eligibility

The 50K plan and the 500K plan are eligible to students taking 6 or more credit hours. Students with less than 6 credit hours are eligible if they are completing a degree plan. International students regardless of credit hours are eligible. The A&M Graduate Student Plan is eligible for all graduate students employed and not employed by The A&M System. The A&M Basic 50K International Insurance Plan is available for all international students

Important Notes Bulletin

RPO Network

Student Health Insurance - College Student Insurance Plans - Windows Internet Explorer

http://www.aipinternational.com/TAM_2008/si_program.html

Home Privacy Policy Insurance Basics Student Health Fair Claim Procedure Authorization Form (PDF) Email AIP Need Assistance? 800-452-5772

Important Information Regarding Your Student Insurance for 2008/2009

Hello, and welcome to the Student Insurance Program selected by your school, which is administered by AIP International. This letter contains important information pertaining to your insurance program, and how you may maximize the benefits you receive from the program.

DOWNLOAD PDF

Important Phone Numbers

AIP International (for Questions and Assistance)
800-452-5772
(office hours 7:00 am to 7:00 pm Central Time)

OnCall International (Travel Assistance Services)
800-856-4558
or call collect when outside the United States
603-328-1713
603-898-9159

24-Hour Nurse Advice Line
800-856-4558

PRIOR INSURANCE COVERAGE - VERY IMPORTANT!

If you have been insured by another insurance company within the 63 days prior to enrolling in the student insurance plan, you will want to obtain a letter of certification from your prior insurance company, providing the name of the prior insurance company, your prior policy number and identification number, and the dates for which you were insured with this company. If you file an insurance claim against this student insurance policy, please include a copy of your letter of certification from your prior insurance company when you send your claim form and bills for medical expenses.

WHEN YOU ARE IN NEED OF MEDICAL TREATMENT-NO PRE-AUTHORIZATION REQUIRED

1. In a true emergency where without immediate medical care, (a) you would place your health in significant jeopardy; (b) there would be

Insurance Instructions

Student Health Insurance - College Student Insurance Plans - W... - Windows Internet Explorer

http://www.aipinternational.com/COMBINED.html

HIPAA Notice of Privacy Practices for Personal Health Information

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

This is your Health Information Privacy Notice from Combined Insurance Company of America (referred to as We or Us). This notice is effective April 14, 2003.

This notice provides you with information about the way in which We protect Personal Health Information ("PHI") that We have about you. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also explains your rights with respect to PHI.

The Health Insurance Portability and Accountability Act ("HIPAA") requires Us to: Keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

Use and Disclosure of PHI

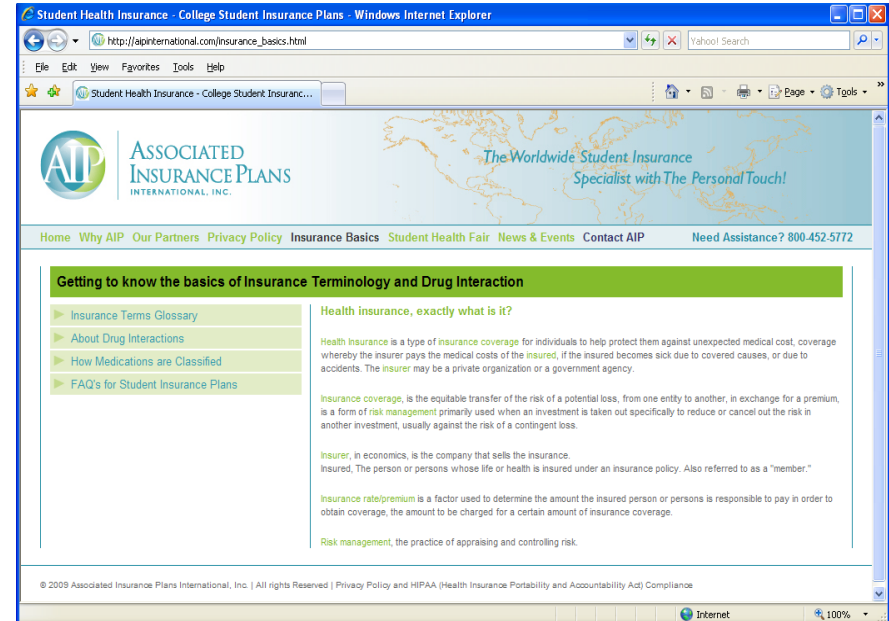
We obtain PHI in the course of providing and/or administering health insurance benefits for you. In administering your benefits, We may use and/or disclose PHI about you and your dependents. The following are some examples, however, not every use or disclosure in a category will be listed:

Privacy Policy

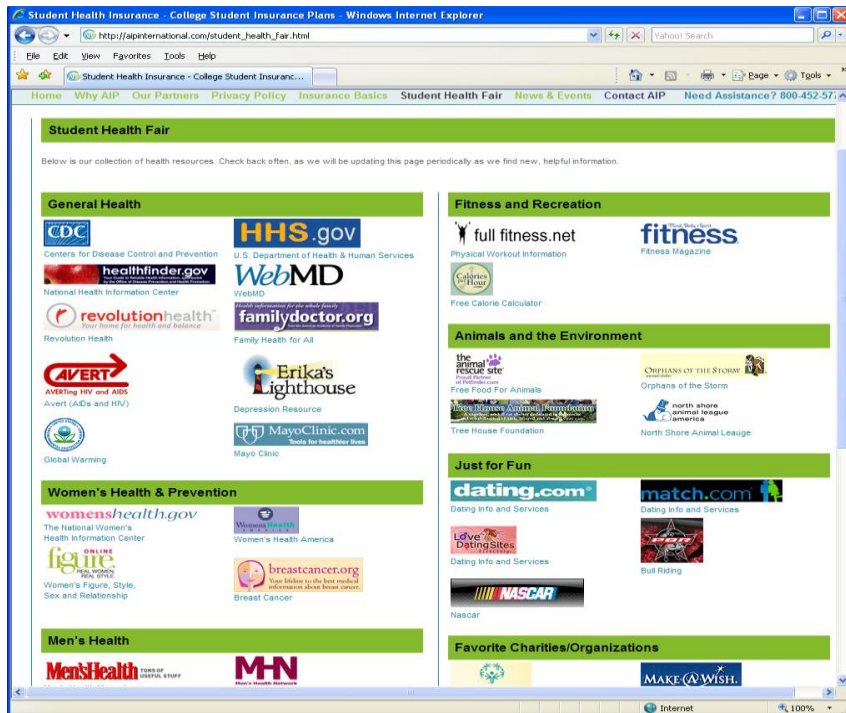
More Links and Useful Information

Insurance Basics: Terms and FAQ: We have created an online portal that allows students to learn insurance terms and definitions. This portal also provides information on Drug Interaction and Frequently Asked insurance Questions.

Insurance Basics: Terms and FAQ



The screenshot shows a web browser window displaying the 'Insurance Basics' page. The page header includes the AIP logo and the tagline 'The Worldwide Student Insurance Specialist with The Personal Touch!'. A navigation menu lists: Home, Why AIP, Our Partners, Privacy Policy, Insurance Basics, Student Health Fair, News & Events, Contact AIP, and Need Assistance? 800-452-5772. The main content area is titled 'Getting to know the basics of Insurance Terminology and Drug Interaction' and contains a list of links: Insurance Terms Glossary, About Drug Interactions, How Medications are Classified, and FAQ's for Student Insurance Plans. To the right, there is a section titled 'Health insurance, exactly what is it?' with several paragraphs of text defining health insurance, insurance coverage, insurer, insurance rate/premium, and risk management.



The screenshot shows a web browser window displaying the 'Online Student Health Fair' page. The page features a grid of various health-related links and logos, organized into several categories:

- General Health:** CDC, HHS.gov, healthfinder.gov, WebMD, familydoctor.org, revolutionhealth, AVERT, Global Warming.
- Women's Health & Prevention:** womenshealth.gov, figure, breastcancer.org.
- Men's Health:** Men's Health, MN.
- Fitness and Recreation:** fullfitness.net, fitness, Physical Workout Information, Free Calorie Calculator.
- Animals and the Environment:** the animal rescue site, Free Food For Animals, CHIFFANS OF THE STORM, north shore animal league america, North Shore Animal League, Tree House Foundation.
- Just for Fun:** dating.com, match.com, Love's Dating Sites, Bull Riding, NASCAR.
- Favorite Charities/Organizations:** MAKE-A-WISH.

Online Student Health Fair: On the web students also have the ability to surf some of our favorite information sites regarding Women's and Men's Health, Charity Organizations, Animals and the Environments, or other sites just for fun.

Students are able to refer sites or make suggestions or other sites that they feel may be of interest to other students.

Similar to the Health Fairs hosted on campus this online tools allows finger tip access to information from across the world.

Dental, Vision & Pharmacy Options



Optional Dental and Vision Insurance Plan

- Up to \$2,000 annual maximum
- Three plan design options
- No enrollment fee-Monthly payment option
- No waiting periods for most services
- PPO Network – Freedom to use dentist of your choice

Student Health Insurance - College Student Insurance Plans - Windows Internet Explorer

http://www.aipinternational.com/DentalVisionPlan/index.html

File Edit View Favorites Tools Help

Student Health Insurance - College Student Insuranc...

Home Why AIP Our Partners Privacy Policy Insurance Basics Student Health Fair News & Events Contact AIP Need Assistance? 800-452-5772

Dental, Vision & Pharmacy

Dental Insurance Plan with Optional Vision Coverage!
Dental Insurance Protection for you and your Family.

- Up to \$2,000 annual maximum
- Three plan design options
- No enrollment fee - Monthly payment option
- No waiting periods for most services
- PPO Network - Freedom to use dentist of your choice
- Coverage available up to age 65

Benefits/Exclusions (PDF)
Premiums (PDF)
Get Quote
Dental, Vision and Pharmacy Discount Card

Dental, Vision & Pharmacy Discount Card

Optional Dental, Vision and Pharmacy Discount Card

- Coverage Available up to age 65
- No deductibles or maximum
- No Waiting periods
- No pre-existing conditions excluded
- No claim forms to fill out
- Does not conflict with any existing insurance
- PPO Network-Over 100,000 participating providers nationwide

Note: To maximize coverage, you can visit a provider and use the Discount Card along with the Dental Insurance Plan. By doing this you will reduce your out of pocket costs. Please use the provider directory for best discounts.

Student Health Insurance - College Student Insurance Plans - Windows Internet Explorer

http://www.aipinternational.com/ind_dvp_benefits.html

File Edit View Favorites Tools Help

Student Health Insurance - College Student Insuranc...

Home Why AIP Our Partners Privacy Policy Insurance Basics Student Health Fair News & Events Contact AIP Need Assistance? 800-452-5772

Dental, Vision & Pharmacy

Dental, Vision and Pharmacy Discount Card

- No deductibles or maximum
- No waiting periods
- No pre-existing conditions excluded
- No claim forms to fill out
- Does not conflict with any existing insurance
- PPO Network - Over 100,000 participating providers nationwide

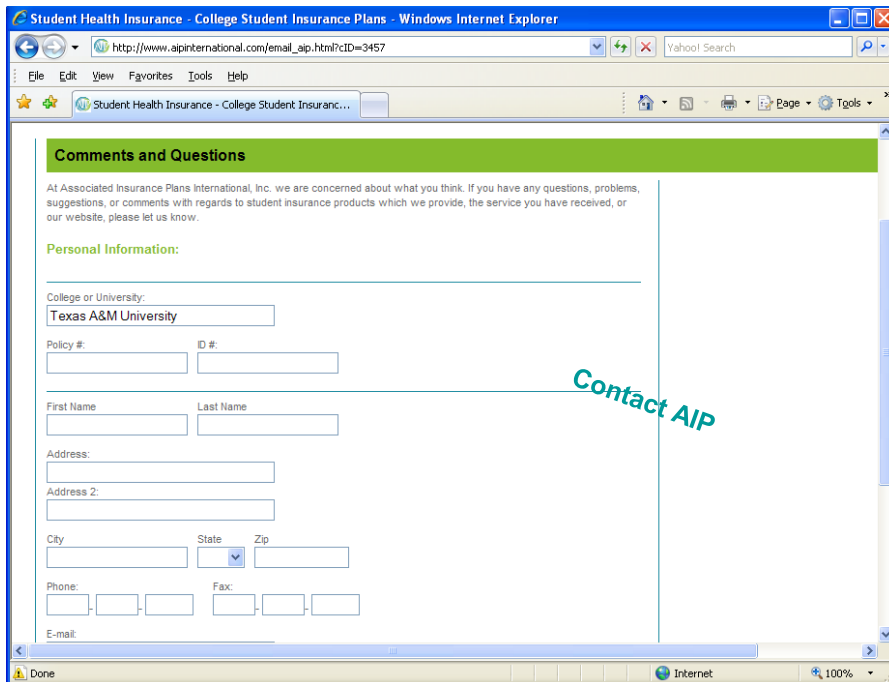
Note: To maximize coverage, you can visit a Co-Health provider and use the Discount Card along with the Dental Insurance Program, which will reduce your out of pocket costs.

View Brochure & Application (PDF)
Search For a Provider Near You
Mail Order Pharmacy Benefits & Savings
Enroll Now
Dental & Vision Insurance Plan

PROVIDE US WITH FEEDBACK!

Students have the ability to provide us with feedback by visiting us on the web to complete the **Student Insurance Survey**.

The survey allows them to submit comments, concerns, or suggestions regarding their insurance benefits, the student insurance website or services rendered by AIP International and the claims office.



Comments and Questions

At Associated Insurance Plans International, Inc. we are concerned about what you think. If you have any questions, problems, suggestions, or comments with regards to student insurance products which we provide, the service you have received, or our website, please let us know.

Personal Information:

College or University:
Texas A&M University

Policy #: ID #:

First Name: Last Name:

Address:

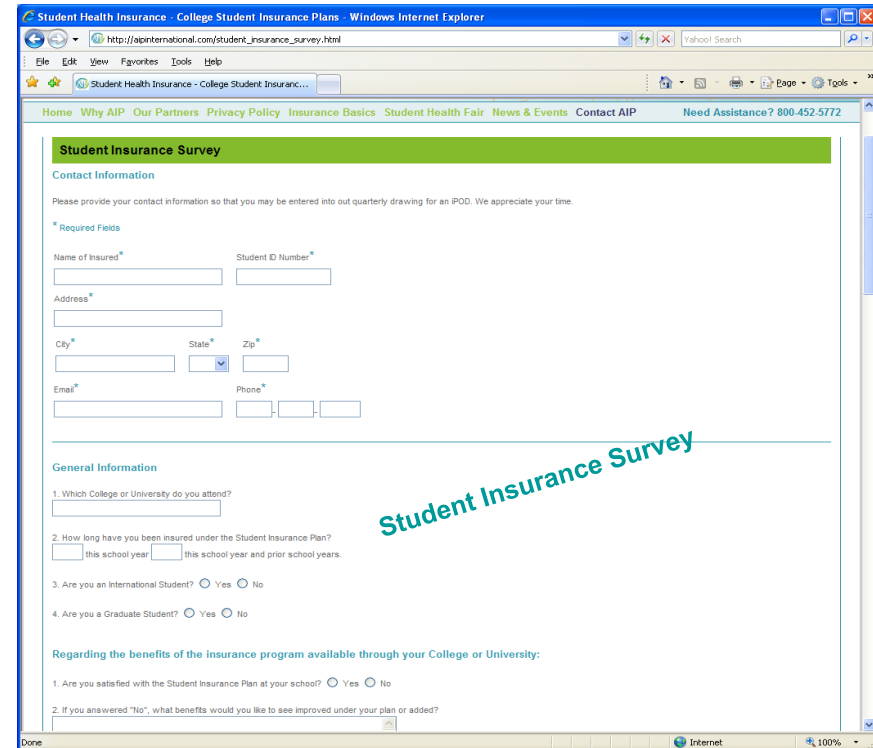
Address 2:

City: State: Zip:

Phone: -- Fax: --

E-mail:

Contact AIP



Student Insurance Survey

Contact Information

Please provide your contact information so that you may be entered into our quarterly drawing for an IPOD. We appreciate your time.

*** Required Fields**

Name of Insured* Student ID Number*

Address*

City* State* Zip*

Email* Phone* --

General Information

1. Which College or University do you attend?

2. How long have you been insured under the Student Insurance Plan?
 this school year this school year and prior school years.

3. Are you an international Student? Yes No

4. Are you a Graduate Student? Yes No

Regarding the benefits of the insurance program available through your College or University:

1. Are you satisfied with the Student Insurance Plan at your school? Yes No

2. If you answered "No", what benefits would you like to see improved under your plan or added?

Student Insurance Survey

Students have the ability to **contact us via email** from the web. By emailing us you can ask questions or follow up on pending issues.

To prove our commitment to you, one of our dedicated Customer Service Representatives will follow up with you before the end of each business day.

For School Administrators: Our web based Student Insurance Portal allows School Administrator's access to...

- request login information
- view information regarding plans/service offered
- view eligibility for insured student
- print an identification card of an insured student
- search for a provider
- claim procedure information
- check the status of claims
- provide feedback (Contact us via email)
- online insurance/document management
 - upload and download files
 - view invoices
 - manage waivers
 - request email blasts to students
 - view summary of benefits
 - access insurance forms
 - view sample mail/email solicitations



For School Administrators Only

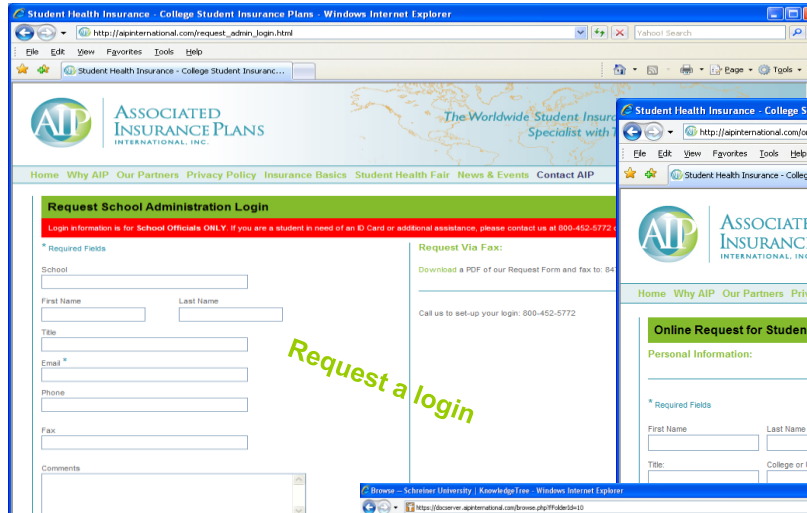
Would you like a Student Insurance Assistant?

Allow AIP International to service your College/University. We can act as your Personal Insurance Administrative Assistant, making insurance information readily available to you via our secure insurance/document management system.



Would you like a Student Insurance Assistant?

Allow AIP International to service your College/University. We can act as your Personal Insurance Administrative Assistant, making insurance information readily available to you via our secure insurance/document management system.



Request School Administration Login

Log in information is for School Officials ONLY. If you are a student in need of an ID Card or additional assistance, please contact us at 800-452-5772.

*** Required Fields**

School:

First Name: Last Name:

Title:

Email:

Phone:

Fax:

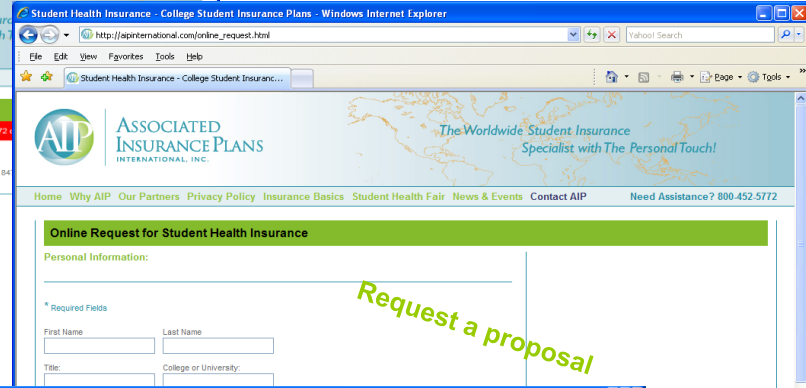
Comments:

Request Via Fax:

Download a PDF of our Request Form and fax to: 84

Call us to set-up your login: 800-452-5772

Request a login



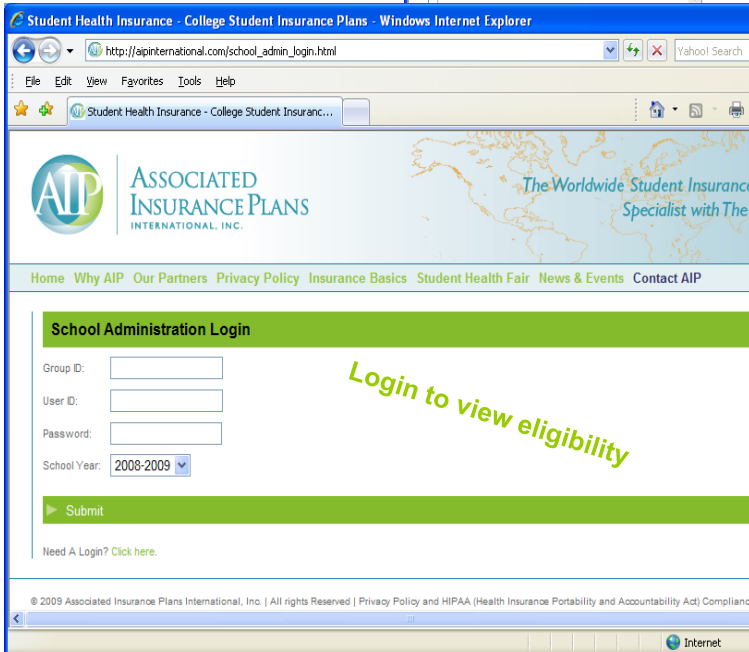
Online Request for Student Health Insurance

Personal Information:

First Name: Last Name:

Title: College or University:

Request a proposal



School Administration Login

Group ID:

User ID:

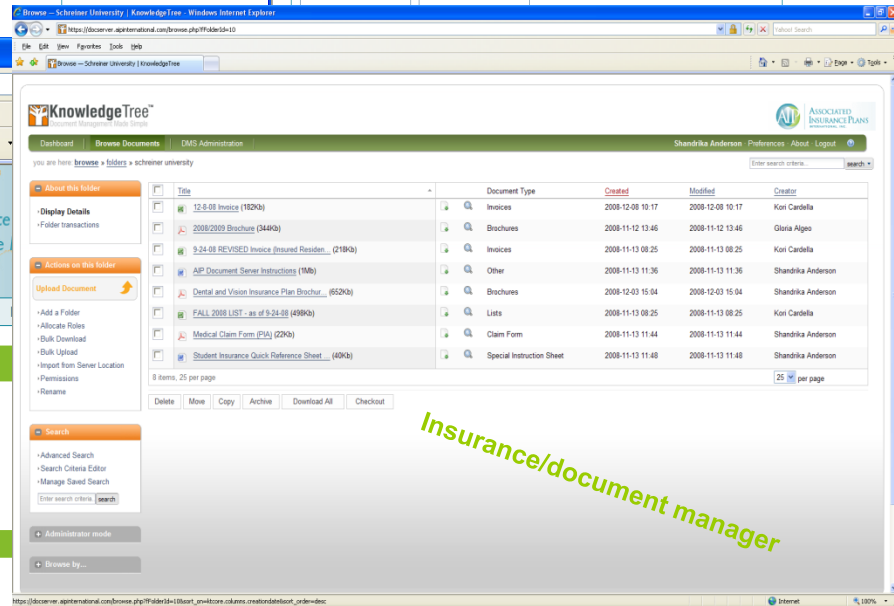
Password:

School Year: 2008-2009

Submit

Need A Login? [Click here.](#)

Login to view eligibility



KnowledgeTree

Dashboard | Browse Documents | DMS Administration

Shandrika Anderson | Preferences | About | Logout

| Title | Document Type | Created | Modified | Creator |
|--|---------------------------|------------------|------------------|--------------------|
| 12-8-08 Invoice (1129b) | Invoices | 2008-12-08 10:17 | 2008-12-08 10:17 | Kori Cardella |
| 2008-2009 Brochure (349b) | Brochures | 2008-11-12 13:46 | 2008-11-12 13:46 | Gloria Alpe |
| 9-24-08 REVISED Invoice (Insured Residen... (219b) | Invoices | 2008-11-13 08:25 | 2008-11-13 08:25 | Kori Cardella |
| AIP Document Server Instructions (1Mb) | Other | 2008-11-13 11:36 | 2008-11-13 11:36 | Shandrika Anderson |
| Dental and Vision Insurance Plan Brochur... (652b) | Brochures | 2008-12-03 15:04 | 2008-12-03 15:04 | Shandrika Anderson |
| FALL 2008 LIST - as of 9-24-08 (498b) | Lists | 2008-11-13 08:25 | 2008-11-13 08:25 | Kori Cardella |
| Medical Claim Form (P14) (220b) | Claim Form | 2008-11-13 11:44 | 2008-11-13 11:44 | Shandrika Anderson |
| Student Insurance Quick Reference Sheet... (40Kb) | Special Instruction Sheet | 2008-11-13 11:48 | 2008-11-13 11:48 | Shandrika Anderson |

8 items. 25 per page

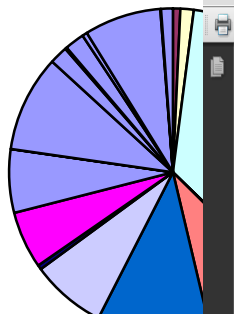
Insurance/document manager



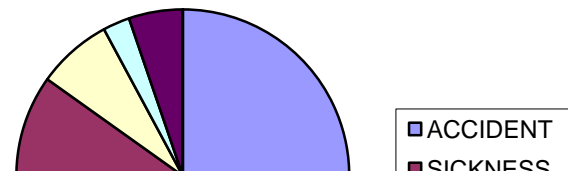
Customized Claim Reporting

UNIVERSITY (2007-2008) CLAIMS PAID BY BENEFIT TYPE THROUGH 12/31/2009

- HOSP R&B
- INPAT HOSP MISC
- AMBUL DAY
- SURG (HOSP)
- ANESTHESIA
- HOSP OUTPUT
- HOSP EMER ROOM
- DIAGNOSTIC LAB
- DIAGNOSTIC XRAY



UNIVERSITY (2008-2009) CLAIMS PAID BY BENEFIT SUMMARY THROUGH 12/31/2009



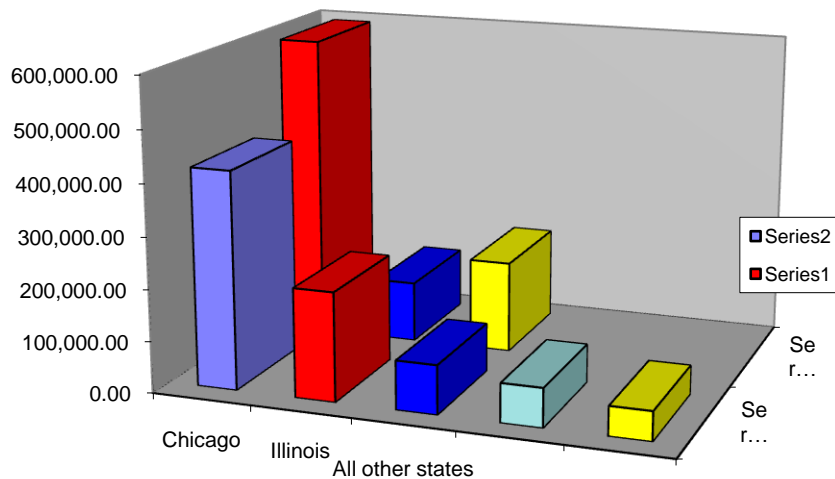
OCU Policy Utilization (04-05).pdf - Adobe Reader

File Edit View Document Tools Window Help

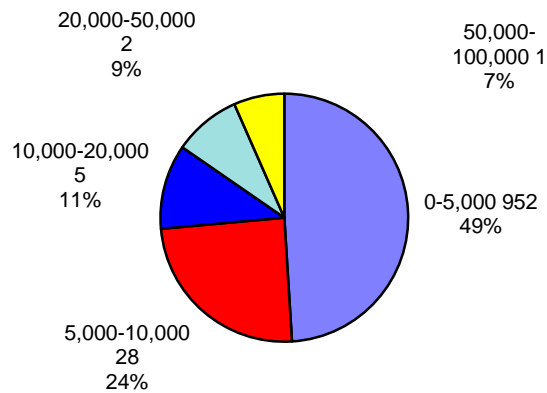
Policy Utilization Report 2004 - 2005
All Students Transaction History
03/28/2007

| Annual | Total Domestic | Domestic Premiums | Total International | International Premiums |
|-----------------------------------|----------------|---------------------|---------------------|------------------------|
| Student Only, Basic | 211 | \$137,572.00 | 0 | \$0.00 |
| Student & Spouse, Basic | 12 | \$23,316.00 | 0 | \$0.00 |
| Student, Spouse & Children, Basic | 2 | \$5,832.00 | 0 | \$0.00 |
| TOTAL: | 225 | \$166,720.00 | 0 | \$0.00 |

| Total Domestic | Domestic Premiums | Total International | International Premiums |
|----------------|-------------------|---------------------|------------------------|
| 47 | \$12,737.00 | 0 | \$0.00 |



TOTAL PAID CLAIMS



Phone Reporting System

- Identifies length and number of calls taken by each Customer Service Representative.
- Shows calls answered/unanswered and ring times by time of day.
- Shows number of rings before calls are answered
- Identifies heaviest call volume times

[Extension Summary Report] - Microsoft Internet Explorer

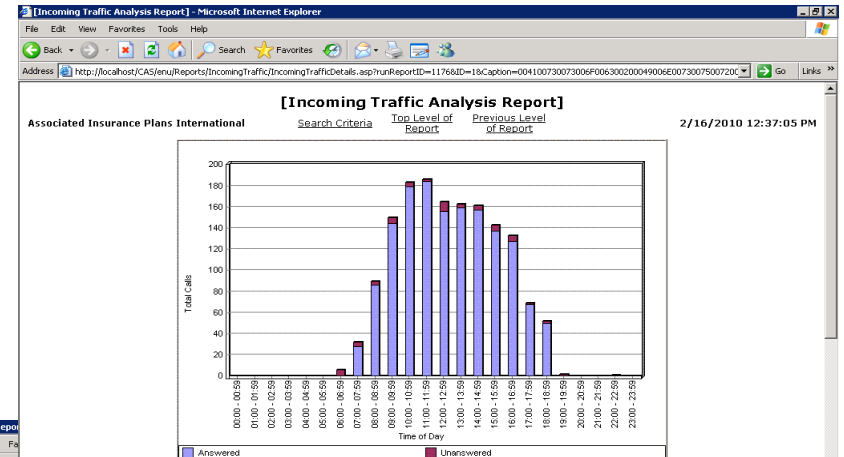
Address: http://localhost/CAS/enu/Reports/ExtensionSummary/SwitchSummary.asp?rptReportID=1164&ID=18;Caption=004100730073006F00630020049006E007300750072061

[Extension Summary Report]
Associated Insurance Plans International
2/12/2010 1:36:24 PM

Page 1 of 1

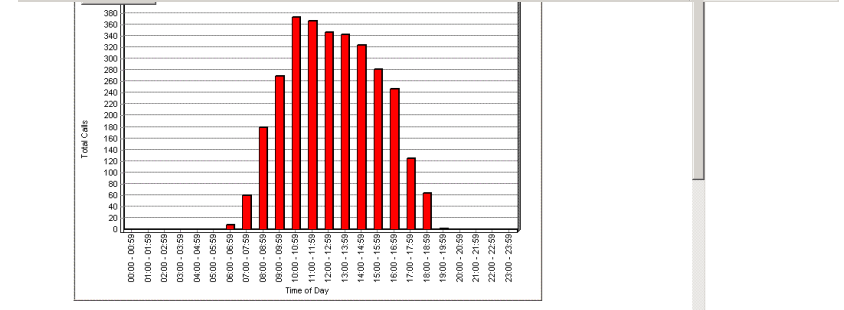
Summary for Switch: Assoc Insurance

| Extension Used | Personnel Name | Cost Center Name | Total Calls | Total Duration | Average Duration Per Call | Average Cost Per Call | Average Cost Per Minute | Total Cost |
|----------------|----------------|------------------|-------------|----------------|---------------------------|-----------------------|-------------------------|------------|
| #1 | [Unassigned] | [Unassigned] | 0 | 0:00:00 | 0:00:00 | \$0.00 | \$0.00 | \$0.00 |
| 1201 | [Unassigned] | [Unassigned] | 236 | 9:27:53 | 0:02:24 | \$0.00 | \$0.00 | \$0.92 |
| 1202 | [Unassigned] | [Unassigned] | 350 | 8:27:09 | 0:01:27 | \$0.01 | \$0.01 | \$4.04 |
| 1203 | [Unassigned] | [Unassigned] | 96 | 12:06:48 | 0:07:34 | \$0.04 | \$0.01 | \$4.04 |
| 1204 | [Unassigned] | [Unassigned] | 0 | 0:00:00 | 0:00:00 | \$0.00 | \$0.00 | \$0.00 |
| 1205 | [Unassigned] | [Unassigned] | 11 | 0:17:20 | 0:01:35 | \$0.01 | \$0.00 | \$0.08 |
| 1206 | [Unassigned] | [Unassigned] | 180 | 8:00:21 | 0:02:40 | \$0.02 | \$0.01 | \$2.80 |
| 1207 | [Unassigned] | [Unassigned] | 219 | 8:19:55 | 0:02:17 | \$0.04 | \$0.02 | \$7.76 |
| 1208 | [Unassigned] | [Unassigned] | 252 | 13:52:22 | 0:03:18 | \$0.01 | \$0.00 | \$3.68 |
| 1209 | [Unassigned] | [Unassigned] | 24 | 1:12:06 | 0:03:00 | \$0.05 | \$0.01 | \$1.08 |
| 1210 | [Unassigned] | [Unassigned] | 0 | 0:00:00 | 0:00:00 | \$0.00 | \$0.00 | \$0.00 |
| 1211 | [Unassigned] | [Unassigned] | 23 | 1:07:04 | 0:02:55 | \$0.03 | \$0.01 | \$0.72 |
| 1213 | [Unassigned] | [Unassigned] | 4 | 0:05:06 | 0:01:17 | \$0.00 | \$0.00 | \$0.00 |
| 1214 | [Unassigned] | [Unassigned] | 346 | 11:03:49 | 0:01:55 | \$0.01 | \$0.01 | \$4.75 |
| 1219 | [Unassigned] | [Unassigned] | 129 | 5:44:19 | 0:02:40 | \$0.06 | \$0.02 | \$8.03 |
| 1220 | [Unassigned] | [Unassigned] | 0 | 0:00:00 | 0:00:00 | \$0.00 | \$0.00 | \$0.00 |
| 1221 | [Unassigned] | [Unassigned] | 4 | 0:04:18 | 0:01:05 | \$0.00 | \$0.00 | \$0.00 |
| 1222 | [Unassigned] | [Unassigned] | 0 | 0:00:00 | 0:00:00 | \$0.00 | \$0.00 | \$0.00 |
| 1223 | [Unassigned] | [Unassigned] | 0 | 0:00:00 | 0:00:00 | \$0.00 | \$0.00 | \$0.00 |
| 1224 | [Unassigned] | [Unassigned] | 0 | 0:00:00 | 0:00:00 | \$0.00 | \$0.00 | \$0.00 |
| 1225 | [Unassigned] | [Unassigned] | 372 | 13:50:35 | 0:02:14 | \$0.01 | \$0.00 | \$2.00 |
| 1226 | [Unassigned] | [Unassigned] | 2 | 0:00:27 | 0:00:14 | \$0.00 | \$0.00 | \$0.00 |



Switch: Assoc Insurance

| Time of Day | Total Calls | Calls Answered | Percent Answered | Average Answered Ring Time | Calls Unanswered | Percent Unanswered | Average Unanswered Ring Time |
|---------------|-------------|----------------|------------------|----------------------------|------------------|--------------------|------------------------------|
| 00:00 - 00:59 | 0 | 0 | 0.0 | 0:00:00 | 0 | 0.0 | 0:00:00 |



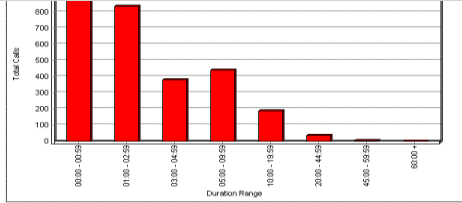
Switch: Assoc Insurance

| Start Time | Total Calls | Total Duration | Average Duration Per Call | Total Cost | Average Cost Per Call | Average Cost Per Minute |
|---------------|-------------|----------------|---------------------------|------------|-----------------------|-------------------------|
| 00:00 - 00:59 | 0 | 0:00:00 | 0:00:00 | \$0.00 | \$0.00 | \$0.00 |

[Duration Distribution Report] - Microsoft Internet Explorer

Address: http://localhost/CAS/enu/Reports/DurationDistribution/SwitchSummary.asp?rptReportID=1164&ID=18;Caption=004100730073006F00630020049006E007300750072061

[Duration Distribution Report]
Associated Insurance Plans International
2/12/2010 1:38:38 PM



| Duration Range | Total Calls | Total Duration | Average Duration Per Call | Total Cost | Average Cost Per Call | Average Cost Per Minute |
|----------------|-------------|----------------|---------------------------|------------|-----------------------|-------------------------|
| 00:00 - 00:59 | 1,128 | 4:56:33 | 0:00:16 | \$10.38 | \$0.01 | \$0.04 |

**For questions and more information regarding
our products and services, please contact us at:**



28085 Ashley Circle, Suite 201
Libertyville, IL 60048

Call us at: 800-452-5772

Email us at: office@aipstudentinsurance.com

Visit us on the web at:

www.AIPStudentInsurance.com

We care about your students!