

EXCLUSIONS AND LIMITATIONS

We won't pay benefits for:

- Treatment, services or supplies which:
 - Are not prescribed by a Doctor as necessary to treat a Sickness or Injury;
 - Are determined to be Experimental/Investigational in nature by Us;
 - Are received without charge or legal obligation to pay;
 - Would not routinely be paid in the absence of insurance;
 - Are received from any Family Member.
- Services that are provided normally without charge by the Policyholder's student health center, infirmary or Hospital or employees of the Policyholder.
- Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury.
- Expenses incurred as a result of dental treatment, except as specifically stated.
- Cosmetic surgery other than: Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or reconstructive surgery because of a congenital disease or anomaly, except as provided for Dependent newborns.
- Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury.
- Elective treatment.
- Elective abortions.
- Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
- Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
- Voluntary participation in a riot or civil disorder; or commission of or attempt to commit a felony.
- Injury due to, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Covered Person's Doctor.
- Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
- Expense for injury resulting from practicing for or participating in intercollegiate sports in excess of \$1,000.00.
- Routine physical examinations and routine testing; preventive testing or treatment; and screening exams, including routine newborn infant care, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
- Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.

MEDICAL EVACUATION

If the Insured person, by reason of covered Injury or Sickness and following at least 5 consecutive days of hospital confinement, requires evacuation to the Insured Student's home country, the Company will pay the expenses actually incurred for such evacuation up to a maximum of \$50,000 provided that such evacuation is certified as medically necessary by the attending Doctor and subject to prior approval by the Company.

REPATRIATION

If the Insured person dies as a result of a covered Injury or Sickness, the Company will pay the expense actually incurred for the preparation and transportation of the body to the Insured Student's home country, up to a maximum of \$50,000. Payment is subject to prior approval by the Company.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is "creditable coverage" under federal law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009. Phone (269) 381-6630.

IMPORTANT NOTICE

This brochure sets forth the main points of the Accident and Sickness Program in force for Buena Vista University. It is not a contract. Terms and conditions are set forth in policy No. 144-125-003-P issued to Buena Vista University. If any conflict exists between the brochure and the policy, the policy will govern the payment of benefits. The policy may be seen at the University during business hours. Please keep this material with your important papers.

This is a non-renewable one year term policy. It is the insured's responsibility to maintain continuity of coverage. No renewal notices will be sent.

Notice of Privacy Practices For Protected Health Information: You have the right to adequate notice of the use and disclosure of protected health information that may be made by us, and of your rights and our legal duties with respect to protected health information. You have the right to request this notice in writing once every 3 years starting from the date of your initial enrollment at the school by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501

CLAIM PROCEDURE

1. Secure a claim form from the Health Center at the college or from First Agency and follow the instructions. (Available online at www.1stagency.com/claimforms.htm)
2. Bills must be received by the Company within 90 days of service or as soon as reasonably possible to be considered for payment.

SERVICING AGENT
First Agency, Inc.
5071 West H Ave.
Kalamazoo, MI 49009-8501
Ph: (269) 381-6630
Fax: (269) 381-3055

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness.

In the event it becomes necessary to check on the status of your filed claim, you may call the Claims Office from 7:30 a.m. to 4:30 p.m. (Eastern Standard Time), Monday through Friday. The telephone number is: (269) 381-6630.

Student Injury & Sickness Insurance Plan

Designed for the Students of

BUENA VISTA UNIVERSITY

2011-2012



First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009
Phone (269) 381-6630
Fax (269) 381-3055
www.1stagency.com

POLICY # 144-125-003-P

Buena Vista University Student Medical Benefit Plan - I.D. Card

This is to certify that as of August 1, 2011, insurance coverage is provided in accordance with all terms and provisions of Policy No. 144-125-003-P issued to the above named university for the student named below.

Name _____ Student ID# _____

Street Address _____

City _____ State _____ Zip Code _____

This coverage expires August 1, 2012

Underwritten by:

G • T • L
Guarantee Trust Life Insurance Company
A Mutual Company
1275 Milwaukee Avenue
Glenview, Illinois 60025



Administered By:

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009
Phone (269) 381-6630
Fax (269) 381-3055
www.1stagency.com

Claim forms and plan benefits available on website:
www.1stagency.com/claimforms.htm

INTRODUCTION

Many students and their parents are not prepared to meet the cost of an unexpected Accident or Sickness. Costly medical bills can impose a tremendous hardship, and even necessitate a student's withdrawal from school. This brochure is a brief description of the coverage provided under Buena Vista University's Student Injury and Sickness Insurance Plan. More complete details are provided in the master policy.

ELIGIBILITY

All full-time undergraduate students attending Buena Vista University are required to participate in this Plan. If a student presents satisfactory evidence of comparable coverage which meets the requirements of the University, they may waive participation in this Plan. The annual premium of \$1,197.00 will automatically be added to your student account unless the waiver is completed by the waiver date of September 2, 2011. Dependents of all participating students may also enroll within the open enrollment period from August 1, 2011 to September 29, 2011.

How to Waive Coverage if you have other Health Insurance Coverage:

Go to First Agency website college page at www.1stagency.com/college.htm

Click on the **Waive Coverage** button under Buena Vista University

Complete the Waiver form and submit

You will receive confirmation that your waiver has been received. Keep this for your records. The insurance premium will be removed from your student account.

Spouse and dependent child enrollment is only allowed during the open enrollment period which is 8/1/11 to 9/29/11. Second semester enrollment is only allowed during the spring open enrollment (first 31 days of classes). Exceptions will be made for the following:

1. Adding a new spouse or Dependent child (within 31 days of marriage, birth or adoption).
2. Enrolling as a new or transfer student within 31 days of enrollment at the school.
3. Within 31 days of ineligibility under another plan of Creditable Coverage and accepted and exhausted COBRA continuation of coverage if offered.

Newborn children are covered for Injury or Sickness from birth. An Insured is not required to notify the Company of the birth of a Dependent child. However, an additional premium is required for each Dependent and the Company shall be entitled to all premiums that would have been collected had We been aware of the additional Dependent.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

RATE SECTION

The annual rates are as follows:

Student	\$1,197.00
Spouse	\$2,993.00
Child(ren)	\$1,676.00

TERM OF COVERAGE

The policy for the current year becomes effective on August 1, 2011 at 12:01 a.m. and expires on August 1, 2012 at 12:01 a.m. Spring Coverage becomes effective January 1, 2012 and expires on August 1, 2012 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an insured person graduate or withdraw from the University, the insurance shall remain in effect until the end of the period for which premium has been paid. The plan protects the Insured students of Buena Vista University at home, at school, or wherever they are 24 hours a day.

REFUND PROVISIONS

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

DEFINITIONS

Pre-existing Condition: A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

Injury: Bodily injury due to an Accident which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

Sickness: Illness, disease, and Complications of Pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness will also include normal pregnancy.

Reasonable and Customary Charges, Fees or Expenses: An amount equal to the lesser of: The actual amount charged by the provider; The negotiated rate, if any; or The reasonable charge as determined by the Payment System software.

EXTENSION OF BENEFITS

If a Covered Person is receiving treatment by a Doctor for a Sickness or Injury on the date coverage terminates, We will extend that Covered Persons benefits for the Sickness or Injury. Benefits will be paid as if coverage had remained in effect.

Extension of benefits will end at the earlier of

- the end of the Sickness or Injury;
- the end of a 9 month period following the date the Policy terminates; or
- the date the Policy Year Maximum Amount is reached.

This Extension of Benefits is applicable only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

MANDATED BENEFITS

Iowa mandates coverage for the following benefits: mammograms for women; treatment of diabetes mellitus including equipment, supplies, and self-management training and education; well child care; and prescription contraceptive drugs and devices (if prescription drug coverage is provided). Please see the policy on file with the policyholder for complete details.

PRE-EXISTING CONDITIONS LIMITATION

There is no coverage for Pre-existing Conditions unless the Covered Person has had 12 months of Continuous Coverage.

The Covered Person must provide us proof of prior Creditable Coverage.

This limitation will not apply if, during the period immediately preceding the Covered Person's Effective Date of coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for 12 consecutive months. Prior Creditable Coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

Continuous Coverage: The period of time that a Covered Person is continuously insured under this Policy and/or any prior Creditable Coverage with no greater than a 63 day lapse between the effective date of coverage under this Policy and the termination of prior Creditable Coverage.

The Pre-existing Condition Limitation does not apply to:

- A newborn Dependent child; or
- A child adopted by the Insured or placed with the Insured for adoption, if the adoption or placement for adoption occurs while the Insured is covered under the Policy.

SCHEDULE OF BENEFITS

Maximum Benefit per Policy Year \$100,000 - each covered Injury or Sickness

Policy Year Deductible \$250 - per person

Intercollegiate Sports Injuries - payable at 100% Reasonable & Customary (R&C) with no deductible and a \$1,000 maximum per Injury.

COVERED SERVICES AND BENEFIT LIMITS:

	BENEFITS:
INPATIENT	
Hospital Room and Board - Benefit is payable for semi-private room rate.	80% *R&C
Hospital Intensive Care - Includes general and 24-hour nursing care.	80% *R&C
Hospital Miscellaneous	80% *R&C
Inpatient Routine Newborn Care - Benefit is payable up to 48 hours following vaginal delivery or up to 96 hours following cesarean section delivery.	Same as any Sickness
Surgical Treatment	80% *R&C
Assistant Surgeon	80% *R&C
Anesthesia	80% *R&C
Doctor's Non-Surgical Visits - 1 visit per day; Not paid same day as surgery.	80% *R&C
Physiotherapy - Benefit is payable under Hospital Miscellaneous.	80% *R&C
Pathology and Radiology - Benefit is payable under Hospital Miscellaneous	80% *R&C
Private Duty Nurse - When medically necessary.	80% *R&C
Maternity	Same as any Sickness
Mental and Nervous Disorders and Substance Abuse	80% *R&C
OUTPATIENT	
Hospital Emergency Room	80% *R&C
Hospital Outpatient Surgical Miscellaneous	80% *R&C
Surgical Treatment	80% *R&C
Anesthesia	80% *R&C
Assistant Surgeon	80% *R&C
Doctor's Non-Surgical Visits -1 visit per day; Not paid same day as surgery; Benefit is payable after \$20 copay per visit; Deductible does not apply.	100% *R&C
Physiotherapy - When prescribed by the attending doctor; 1 visit per day; Benefit includes post-surgical and non-surgical therapy; Benefits for non-surgical is payable up to policy year maximum \$500	80% *R&C
Diagnostic, X-Ray, & Lab Services	80% *R&C
Chemotherapy and Radiation Therapy	80% *R&C
Mental and Nervous Disorders and Substance Abuse	80% *R&C
Maternity	Same as any Sickness
Prescription Drugs - Policy year maximum \$1,000; 30-day supply per prescription; Deductible does not apply to RX benefit	\$10 copay per generic drug \$20 copay per brand drug
OTHER INPATIENT OR OUTPATIENT	
Ambulance Services - Benefit is payable for ground service only; Maximum \$500 per trip	100% * R&C
Dental Treatment - Coverage is limited to injuries to sound, natural teeth; does not include biting or chewing injuries; Benefit is payable up to \$200 per tooth	100% *R&C
Orthopedic Appliances and Durable Medical Equipment - When prescribed by a doctor.	80% *R&C
Motor Vehicle Injury	Same as any Injury
Adult Preventative Care - Benefit includes one routine exam and miscellaneous routine tests and lab services; The benefit is payable after a \$20 copay per visit; Policy year maximum \$200; Deductible does not apply.	100% *R&C

**R&C means Reasonable and Customary*