

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.
- Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.
- Elective treatment.
- 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.
- Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for college credit.
- Voluntary participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting.
- 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.

- Injury resulting from the practicing for, participating in, or traveling as a team member to and from intercollegiate, professional or semi-professional sports; or while participating in any conditioning program for such sport-related contest or competition.
- 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.
- Injury resulting from racing or speed contests, skin diving, scuba diving, parasailing, sky diving, parachuting, hang gliding, glider flying, sail planing, bungee jumping or mountaineering (where ropes or guides are customarily used).
- Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column except as specifically provided.
- Motor vehicle Accidents, to the extent covered by another valid and collectible insurance policy, prepaid services, contract or similar plan.
- Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place. This exclusion will not apply to passengers if they are insured under the Policy.
- Injury resulting from travel in or upon a two or three wheeled vehicle.

RIGHT OF SUBROGATION

When benefits are paid to or for a Covered Person under the terms of the Policy, We shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such Covered Person against any person who might be acknowledgedly liable or found legally liable by a Court of competent jurisdiction for the Injury that necessitated the hospitalization or the medical or surgical treatment for which benefits were paid. Such subrogation rights shall extend only to Our recovery of the benefits We have paid for such hospitalization and treatment and We shall pay fees and costs associated with such recovery.

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.

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

IMPORTANT NOTICE

This brochure sets forth the main points of the Accident and Sickness Program in force for Central College. It is not a contract. Terms and conditions are set forth in policy number issued to Central College. 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 College during business hours. Please keep this material with your important papers.

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.

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

Central College Student Medical Benefit Plan - I.D. Card

This is to certify that as of August 15, 2011, insurance coverage is provided in accordance with all terms and provisions of Policy No. 144-125-006-P issued to the above named college for the student named below.

Name _____ Student ID# _____

Street Address _____

City _____ State _____ Zip Code _____

This coverage expires August 15, 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

Student Injury & Sickness Insurance Plan

Designed for the Students of



2011-2012



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

POLICY # 144-125-006-P

ELIGIBILITY

All students attending Central College are required to participate in this Plan. If a student presents satisfactory evidence of comparable coverage which meets the requirements of the College, they may waive participation in this Plan. The annual premium of \$380.00 will automatically be added to your student account unless the waiver is completed by the waiver date of September 9, 2011. Dependents of all participating students may also enroll within the open enrollment period of August 15, 2011 to September 25, 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 Central College

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 8/15/11 to 9/25/11. 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.....	\$380.00
Spouse	\$1,105.00
Child(ren)	\$555.00

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 15, 2011. An eligible person will become an insured under the Policy, provided proper premium payment is made on the Policy Effective Date or the day he or she enrolls for coverage under the Policy, whichever is later but prior to the enrollment deadline.

The Master Policy terminates at 12:01 a.m., August 15, 2012. Coverage terminates on the earliest of: full-time active duty in any armed forces. This does not include Reserve or National Guard duty for training unless it extends beyond 31 days; the end of the period for which the last premium contribution is made; or the date the Policy is terminated.

Termination will not affect a claim for a covered Injury or Sickness which occurred while coverage was in effect.

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 \$7,500. Payment is subject to prior approval by the Company.

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 \$10,000 provided that such evacuation is certified as medically necessary by the attending Doctor and subject to prior approval by the Company.

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.

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 as shown in the Schedule.

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.

MEDICAL EXPENSE BENEFITS SCHEDULE - BASE PLAN

INJURY

When the Insured person, because of Injury occurring while this insurance is in force, receives within 30 days following such Injury, treatment prescribed by a Doctor; Hospital care or service while Hospital Confined or on an out-patient basis; X-ray examinations; the services of a registered graduate Nurse; professional local ambulance service; braces and appliances; transfusions; and prescription drugs, payment will be made for the Reasonable and Customary Charges actually incurred while this insurance is in force, not to exceed in the aggregate a maximum of \$1,000.00 per Injury. However, dental treatment made necessary by Injury to sound, natural teeth is payable to a Maximum Benefit of \$200.00.

Club sports injuries are covered as any other Injury.

SICKNESS - \$1,000.00 AGGREGATE MAXIMUM PER SICKNESS

Benefits, as described below, will be payable for the Reasonable and Customary Charges incurred while the Insured person's coverage is in effect for treatment by or under the order of a Doctor for Sickness, beginning with the date of first treatment.

INPATIENT COVERED EXPENSES

Room & Board Expense: daily semi-private room rate for a hospital stay and general nursing care provided by and charged by the hospital, up to\$200.00 Per Day / Maximum of 30 Days

Miscellaneous Expenses: during a hospital stay or as a pre-condition for a hospital stay. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; supplies and pre-admission testing, to a maximum of \$1,000.00

Surgeon: Doctor's fees for a surgical procedure 80% of Reasonable and Customary Charges to a maximum of \$1,000.00

Anesthetist Services: in conjunction with a surgical procedure, to a maximum of25% of the Surgeon's Fee Paid

Doctor's Visits: during a hospital stay. Benefits are limited to one visit per day, up to \$25.00 Per Visit / Maximum of 30 Days- Benefits do not apply when related to surgery.

OUTPATIENT COVERED EXPENSES

Surgeon: Doctor's fees for a surgical procedure 80% of Reasonable and Customary Charges to a maximum of \$1,000.00

Anesthetist Services: in conjunction with a surgical procedure, to a maximum of25% of the Surgeon's Fee Paid

Doctor's Visits: limited to one visit per day \$20.00 Co-pay Benefits do not apply when related to surgery or physiotherapy.

Diagnostic X-rays Services and Laboratory Procedures: when followed by medical treatment prescribed by the attending Doctor for a diagnosed Sickness, up to a maximum of \$500.00

Prescription Drugs (no maintenance drugs) \$100.00 Maximum per Sickness

OTHER SERVICES

Ambulance Service: transportation to or from a hospital, to a maximum of \$100.00 Per Trip / \$100.00 Maximum

Mental and Nervous Disorders/Substance Abuse: subject to all terms and conditions of the Policy, to a maximum of\$1,000.00 Per Policy Year

MAJOR MEDICAL COVERAGE

After medical expenses incurred of \$1,000.00 under either the Basic Injury or Sickness, the Company will Pay 80 % of the Reasonable and Customary Charges which exceed the benefits paid under the Base Plan and which are incurred during the Insured person's term of coverage. A maximum payment of \$50,000.00 per Injury or Sickness for all benefits under the Base Plan and this Major Medical Coverage will be allowed. Hospital room and board charges will be payable at the semi-private room rate.