

EXCESS MEDICAL INSURANCE

If a person incurs eligible expenses for any of the services on the Schedule of Benefits, the Company will pay the expense incurred, subject to the deductible amount and benefit percentage (if applicable) only when they are in excess of amounts payable by any other plan providing health care benefits. (This does not apply to the State of Pa. where benefits are paid on a Primary Excess over \$100 basis. The Company will pay the first \$100 of eligible expenses incurred, subject to the deductible amount a benefit percentage (if applicable). Additional expenses will be paid only when they are excess to the amounts payable by any other plan providing health care benefits.)

CONFORMITY WITH STATE STATUTES

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

Any Expense not specifically listed in the preceding sections is not covered.

EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the Policyholder's health service, \infirmatory, Hospital or employees;
- Routine eye exams and contacts; replacing eyeglasses or prescription therefore; routine examinations and services related to hearing examinations or hearing aids; or treatment for hearing defects not related to an Injury or Sickness;
- Routine physical examinations; preventive care; elective surgery and elective treatment, services solely to improve appearance; for personal hygiene; services specifically for dietary control; custodial, sanitarial or rest care; or fertility testing;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children;
- Physiotherapy; except as provided
- False labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication of pregnancy;
- Treatment or supplies for the newborn infant except that required for the treatment of a covered Accident or Sickness;
- Voluntary termination of pregnancy; except as provided.
- Skydiving; recreational 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;
- Injury or Sickness resulting from any declared or undeclared war;
- Injury due to participation in a riot; commission of or attempt to commit a felony;
- Suicide, attempted suicide or intentionally self-inflicted Injury;

- Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;
- Injury or Sickness covered by any workers' compensation or occupational disease law;
- Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
- Injury resulting from the practice or play of intercollegiate sports; or
- Pre-Existing Conditions, as defined in Definitions.

SUBROGATION

When benefits are paid to or for an Insured Person under the terms of this Policy, we shall be subrogated, once the Insured has been indemnified for his Loss, unless otherwise prohibited by the law, to the rights of recovery of such Insured Person against any person who might be acknowledged liable or found legally liable by a Court of competent jurisdiction for the Injury or Sickness that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment, and we shall pay fees and costs associated with such recovery.

RIGHT OF RECOVERY

Payments made by us which exceed the Covered Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder, shall be recoverable by us from or among any persons, firms, or corporations to or for whom such payments were made.

Claim Procedure

In the event of an Injury or Sickness, the Covered Person should:

1. Visit his or her provider for treatment;
2. Obtain a Company claim form, complete and mail to the address below along with all itemized medical bills and/or hospital bills ;
3. Give notice of claim within 30 days of Injury or first treatment for Sickness. Bills must be received by the Company within 90 days of service to be considered for payment.

Submit all claims or inquiries to:

**MCA Administrators, Inc
P.O. Box 6540
Harrisburg, Pa 17112
1-800-427-9308**

Markel Privacy Practices

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at: Phone (800) 431-1270 or www.MarkelAH.com.

Underwritten by:



Glen Allen, VA 23060

Plan Administrator:
**American Management Advisors, Inc.
PO Box 366 • Langhorne, PA 19047
(888) 533-7654**

Mail claims to:
**MCA Administrator, Inc.
P.O. Box 6540 • Harrisburg, PA 17112
(800) 427-9308**

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the institution.

College Accident & Sickness Insurance

This Brochure is only a brief description of the coverages offered.

For more detailed information, please refer to the master policy reference # M-AH100 (1/95) which is on file at the institution.

The Policy may contain reductions, limitations, exclusions and termination provisions. If there is any conflict between the contents of this document and the Policy, the Policy will govern in all cases.

Please keep this outline of coverage for future reference

ELIGIBILITY

All registered students of the College (the Policyholder) are eligible to enroll in the plan. The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If and when the Company discovers that the policy eligibility has not been met, the Company's only obligation is to refund premium. Eligibility requirements must be met each time a Premium is paid to continue coverage.

REFUND PROVISION

Premiums are not refundable except when the Covered Person enters the military service. In such case the premium will be prorated to the first of the month following entrance into the military.

TERM OF COVERAGE

The Master Policy effective date of coverage is 12:01 AM. Eastern Standard Time on the date as shown on the master application. The Master Policy terminates at 11:59 PM on the date shown on the master application. Coverage terminates the earliest of: a) the termination of the Policy; b) the date the covered person ceases to meet the eligibility; c) the end of the period for which premium has been paid; or the date the eligible person enters full time active military service.

ANNUAL PREMIUM RATES

Student Annual Rate	\$ 585.00
Spouse Annual Rate	\$ 1503.00
Dependent Annual Rate	\$ 878.00

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under this health plan is "creditable coverage" under Federal Law. When coverage terminates, a Certificate of Creditable Coverage will be issued upon request. In order to obtain a Certificate of Creditable Coverage please contact American Management Advisors, Inc. at (888) 533-7654.

DEFINITIONS

Accident means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Hospital means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of

overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

Injury means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

Insured means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

Loss means medical Expense caused by Injury or Sickness and covered by the policy.

Medically Necessary means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: (a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured person, Physician or other providers; and (d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Pre-Existing Condition means any condition for which medical advice or treatment was received or recommended within the 12 months immediately preceding Your effective date of coverage. This exclusion applies for 12 months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. We shall credit the time You were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act health plan; state children's health programs (S-CHIP); and foreign national health plans.

Sickness means disease or illness which causes a Loss while the Insured is covered by the policy. Sickness includes normal pregnancy and complications of pregnancy.

Usual and Customary Expense means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

We, Us or Our means Markel Insurance Company.

You, Your or Yours means the Insured.

EXTENSION OF BENEFITS

If an Insured Person is hospital confined on the date that his/her coverage terminates, eligible expenses will continue to be paid until the Covered Person is discharged from the Hospital or the end of 90 days, whichever comes first subject to the maximum amounts stated in the Schedule of Benefits in the Policy.

DESCRIPTION OF BENEFITS

ACCIDENT AND SICKNESS BENEFITS

When You suffer a Loss from Accident or Sickness, after payment of the \$250 annual deductible, We will pay the Expense incurred up to an aggregate maximum of \$15,000. Benefits are allocated as follows:

Inpatient

Hospital Room and Board Expense: When Your Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate, not to exceed \$750 per day.

Hospital Miscellaneous Expense: We will pay the Expenses incurred by You during a Hospital confinement to a maximum of \$3,000. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Surgical Expense: When Your Accident or Sickness requires surgery, We will pay the Expense at 80 % of Usual and Reasonable to the maximum surgical benefit of \$2,000. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthesiologist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred at 25% of Surgical allowance.

If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred at 25% of surgical allowance

Registered Nurse: When hospital confined, We will pay \$50 per day for private duty nursing care.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Accident or Sickness requires the services of a Physician, We will pay the Expense for such services, up to \$50 per visit.

Mental Nervous Disorders: For Sickness only, We will pay a maximum benefit of \$5,000 per policy year

Outpatient

Surgeon's Fees: When Your Accident or Sickness requires surgery, We will pay the Expense at 80% of Usual and Reasonable to the maximum surgical benefit of \$2,000.

If the surgery requires the services of an anesthesiologist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred at 25% of Surgical allowance.

Day Surgery Miscellaneous: We will pay the Expenses incurred by You during, Day Surgery including lab tests, operating room, x-rays including reading; Drugs or medicine to a maximum of \$1,500

Outpatient Miscellaneous: We will pay the Expenses incurred by You including emergency room and supplies; diagnostic x-rays; to a maximum of \$1,500.

Outpatient Physician Fees Expense: When Your Accident or Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense up to a maximum of \$50 per visit, one visit per day.

Physiotherapy: When Your Accident or Sickness requires Physiotherapy, We will pay the Expense up to a maximum of \$50 per visit, one visit per day.

Medical Emergency Expenses: When your Accident or Sickness require Medical Emergency Expenses including Physician charges, x-ray services, lab tests, injections, use of emergency room and supplies, We will pay up to a maximum of \$500, subject to a \$100 co-pay if not admitted.

Prescribed Medicines Expense: When Your Accident or Sickness requires prescribed medicines, We will pay the Expense up to a maximum of \$200 per year.

Mental/Nervous Disorder: We will pay expenses incurred by You as a result of Mental and Nervous Disorders, including prescription drugs and diagnostic testing, up to a maximum of \$35 per day, one visit a day, not to exceed 7 days per policy year

Alcohol and Substance Abuse: We will pay the Expenses incurred by You for Alcohol and substance abuse expenses up to a maximum of \$500 per policy year.

Ambulance Expense: When Your Accident or Sickness requires the use of an ambulance or air ambulance, We will pay the Expense up to a maximum of \$75.

Orthopedic Appliances: We will pay the Expenses incurred by You for Orthopedic Appliances for Injury only with a physician's prescription up to a maximum of \$500.

Maternity Expense: We will pay the Expense for Maternity as paid for any other sickness.

Voluntary Termination of Pregnancy Expense: We will pay the Expense for the voluntary termination of pregnancy up to a maximum of \$200.