

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 AND LIMITATIONS

The Policy does not cover Loss nor provide benefits for:

1. Treatment, services or supplies which: are not Medically Necessary; 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.
2. 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.
3. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
4. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
5. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
6. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
7. 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 as provided for Dependent newborns.
8. 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.
9. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
10. Expenses incurred as a result of dental treatment, except as specifically stated.
11. Services provided normally without charge by the Health Service of the Policyholder, by any person employed or retained by the Policyholder, or by services covered or provided by the student health fee.
12. Routine eye exams and contacts; replacing eyeglasses or prescription therefor; routine examinations and services related to hearing examinations or hearing aids, or treatment for hearing defects not related to an Injury or Sickness.

13. Routine physical examinations, preventive care; elective surgery and elective treatment or services solely to improve appearance, for personal hygiene. Services specifically for dietary control, custodial, sanitarial or rest care or fertility testing.
14. Skydiving, recreational parachuting, hang gliding, glider flying, para-sailing, sail planing or bungee jumping.
15. Injury sustained while participating in practice or play of intercollegiate or club sports.
16. Elective abortions.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

1. The Covered Person has been covered under the Policy for more than 12 months; or
2. The Covered Person has been 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.

A Pre-existing condition is 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 pregnancy existing on the Covered Person's effective date of coverage under the Policy.

CLAIM PROCEDURE

To file a claim under the Accident and Sickness Plan, the student should:

1. Complete a claim form, which is available at the Student Health Center or Our website, www.1stagency.com/claimforms.htm (select "College Student Accident and Sickness" claim form).
2. The claim form must be completed and signed. Attach all itemized medical and Hospital bills. Itemized bills must be furnished with the claim form within 90 days from the date of the loss.
3. Questions should be referred to the Claims Administrator or the Student Health Center (if applicable).
4. Preauthorization and precertification of benefits to providers of medical services are not required nor provided by Us.
5. Claim filing procedures and access to Our claim form are available at Our website: www.1stagency.com/claimforms.htm

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 University by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501.

This Plan is underwritten by:

Guarantee Trust Life Insurance Company
Glenview, IL

Administered by:



First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
PH: (269) 381-6630 or (800) 243-6298
FAX: (269) 381-3055
www.1stagency.com

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 to the Insured.

Blanket Accident and Health plan

Designed for the Students of:

CHOWAN UNIVERSITY

Murfreesboro, NC 27855

2011-2012

Policy #: 324-125-002-P

Keep this brochure as a summary of the Insurance. No individual policies will be sent. If any discrepancies exist between the brochure and the Policy, the Policy on file with the University governs the payment.

Dear Students, Parents and Guardians:

In an effort to provide the best possible health care to our students, Chowan University is making available a health insurance Policy for its students. Please take a few minutes to review the following information.

All day-program students attending Chowan University are automatically enrolled in the Accident and Sickness plan. **To be exempt from this coverage and fee, you are required to show proof of other medical insurance by returning the enclosed waiver card to the Business Office by 9/2/2011 if enrolling for the fall semester; by 1/20/2012 if enrolling for the spring semester.** If the waiver card is not received by those dates, the fee will remain on your bill. The cost for students entering the fall semester is \$317.00, for the spring semester \$220.00.

If your personal insurance is an HMO. We urge you to seriously consider enrolling in the school-sponsored plan. Many HMO's will only pay for treatment outside their network area when it is an emergency and will not pay for treatment from doctors out of their area without prior permission, sometimes not even then. Increased Supplemental Medical coverage as well as Catastrophic Major Medical coverage are also available on an optional basis with the cost being paid separately by the student.

This Policy protects insured students on and off campus, at home or while traveling. This Policy is primary to any other insurance the student may carry.

Sincerely,

Donnie O. Clary

Vice President for Business & Finance

ELIGIBILITY

All day-program students enrolled for a minimum of 12 credit hours are included in this insurance plan and the premium for coverage is added to your bill unless proof of comparable coverage is furnished.

Students enrolled in the Basic Accident and Sickness Plan may also enroll in the Optional Increased Supplemental Plan and the Catastrophic Major Medical coverage as well. Students who elect to enroll in these options must submit the enrollment form and additional premium to First Agency, Inc. with a postmark date prior to 9/2/11 (1/20/12 for Spring Term).

The Company retains 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.

REFUND PROVISION

In the event an Insured Person leaves school to enter active military service, coverage will cease and a pro-rated refund of premium will be made upon request. Other than as stated here, no refunds are available.

TERM OF COVERAGE

The Policy for the current year becomes effective on 8/1/11 (for Spring Term enrollees 1/1/12) at 12:01 a.m. and terminates on 8/1/12 at 12:01 a.m.

Coverage terminates at the earliest of:

- the termination of the Policy;
- the last day of the Term of Coverage for which premium is paid;
- the date a Covered Person enters full-time active military service.

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.

WAIVER DEADLINE

If You have proof of comparable insurance and wish to waive coverage, the deadline to waive out of this plan is 9/2/11. For students beginning their studies in the spring, the deadline is 1/20/12.

PREMIUM RATES

Student Annual Rate: \$317

Student Spring Rate: \$220

DEFINITIONS

Covered Charge: The Reasonable and Customary Charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

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 Complication of Pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

DESCRIPTION OF BENEFITS

SECTION I

BASIC ACCIDENT AND SICKNESS BENEFITS

When your Injury or Sickness requires: (a) treatment by a Doctor; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) x-ray service; (e) use of an operating room, anesthesia, including the administration thereof, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Doctor, prescription medicines, drugs or any other therapeutic service or supplies; or (i) home health care Expenses, We will pay

the Expense incurred within 52 weeks after the date of Accident or Sickness up to an aggregate maximum of \$2,000 per Injury or Sickness subject to the following allocations:

Outpatient Physiotherapy 10 visit maximum;
 Outpatient Doctor Visits. \$65 maximum per visit;
 Emergency Room Co-pay \$75 (waived if admitted within 24 hours);
 Prescription Limit \$250 per claim subject to \$5 co-pay generic and \$15 co-pay brand name.

Treatment of Injury must begin within 60 days of covered Accident.

SECTION II

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while You are insured under the Policy. Also, the Loss must take place within 52 weeks after the Accident.

The following table shows the amounts We will pay:

For Loss of	Amount
Life	\$2,000
Both hands or both feet or sight of both eyes	\$2,000
One hand and sight of one eye	\$2,000
One hand and one foot	\$2,000
One foot and sight of one eye	\$2,000
One hand or one foot or sight of one eye	\$1,000

The most We will pay for all Losses to an Insured as the result of one Accident is \$2,000.

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

SECTION III

OPTIONAL INCREASED SUPPLEMENTAL PLAN

Eligibility: This Plan is optional. Students who elect to purchase this option must have purchased the Basic Plan as well. See Eligibility section for details.

Term of Coverage: Students who elect to purchase the Increased Supplemental Plan must submit the enrollment form and additional premium to First Agency, Inc. with a postmark date prior to 9/2/11 (1/20/12 for Spring Term).

Increased Supplemental Plan: Coverage is available to registered, full-time students who elect to purchase it. The additional premium for this coverage is noted on the enrollment form.

Rate

Student Annual Rate: \$321

Student Spring Rate: \$219

If the covered Medical Expenses for an Injury or Sickness exceed the \$2,000 maximum paid under the Basic Accident and Sickness Plan, payment will be made for 80% of the remaining eligible covered Accident or Sickness Expenses to a maximum of \$13,000 per Injury or Sickness.

The combined maximums under the Basic Plan and Increased Supplemental Plan will not exceed \$15,000 per Injury or Sickness.

Covered Medical Expenses under this Optional Increased Supplemental Plan will be the same as covered Medical Expenses under the Basic Accident and Sickness Plan. All other terms and conditions of the Basic Plan will apply to this Plan as well.

CATASTROPHIC MAJOR MEDICAL COVERAGE

Underwritten by Markel Insurance Company

This Plan is optional. Students who elect to purchase this option must have purchased the Basic Plan and Supplemental Plan as well. See Eligibility section for details.

Coverage is available to registered, full-time students who elect to purchase it. The additional premium for this coverage is noted on the enrollment form.

Covered Expenses begin at \$15,000.

Benefits are paid at 80% to a maximum of \$500,000.

Benefits, provisions and exclusions are not listed in this brochure. Please request a copy if enrolling in this additional coverage.

Rates	Annual Rate	Spring Rate
Under Age 25	\$350	\$263
25 and older	\$568	\$426

MANDATED BENEFITS

North Carolina mandates coverage for the following benefits: diagnostic, therapeutic or surgical procedures involving any bone or joint of the jaw, face or head; anesthesia and hospital charges in connection with dental procedures under certain circumstances; post-mastectomy hospital stay; hospital stay of 48 hours following a normal vaginal delivery and 96 hours following a cesaerean section and post-delivery care in the event of earlier discharge; bone mass measurement for the diagnosis and evaluation of osteoporosis for qualified individuals; prescription contraceptive drugs or devices if prescription drug coverage is provided; colorectal cancer screening; emergency services expense; mammograms; examinations and laboratory tests for the screening for the early detection of cervical cancer; prostate specific antigen tests; diabetes equipment, supplies and out-patient self-management training; reconstructive breast surgery following mastectomy; health care services associated with participation in covered clinical trials; and surveillance tests for women at risk for ovarian cancer.

All state mandates are paid the same as any other Sickness unless specifically stated otherwise. Please see the Policy on file with the University for full details.