

ELIGIBILITY

All Registered students enrolled for a minimum of [9] credit hours are eligible to enroll in the Plan. All students enrolled in one of the Health Career Programs and taking 6 or more credit hours are also eligible to enroll.

REFUND PROVISION

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata 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 August 23, 2011 at 12:01 a.m. and expires on August 22, 2012 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

ANNUAL PREMIUM RATES

Student Annual Rate	\$965.00
Spouse Annual Rate	\$2,975.00
Dependent Annual Rate.....	\$1,893.00

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.

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, infirmary, Hospital or employees;

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;

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;

Out patient Physiotherapy except for a condition that required surgery or Hospital Confinement: 1) within 30 days immediately preceding such Physiotherapy; or 2) within 30 days immediately following the attending Physician's release for rehabilitation;

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;

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, club or professional sports or

Underwritten by:



Glen Allen, VA 23060

First Agency

5071 West H Avenue

Kalamazoo, Michigan 49009-8501

Phone: (269) 381-6630

Fax: (269) 381-3055

www.1stAgency.com

Mail claims to:

MCA Administrators, Inc

A Markel Business Partner

P.O. Box 6540

Harrisburg, Pa 17112

1-800-427-9308

Fax: 1-717-652-8328

Student-insurance@mcoa.com

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.

Blanket Accident and Health Plan

Designed for the Students of:



2011-2012

Policy Number: 11200711

Please keep this outline of coverage for future reference

**COLLEGE OF LAKE COUNTY
ENROLLMENT FOR STUDENT
ACCIDENT AND SICKNESS PLAN**

Premiums	Annual 8-23-11 to 8-22-12	Fall 8-23-11 to 1-17-12	Spring 1-18-12 to 6-5-12	Summer 6-6-12 to 8-22-12
Students	\$965.00	\$409.00	\$329.00	\$248.00
Spouse	\$2975.00	\$1230.00	\$1156.00	\$648.00
Children	\$1,893.00	\$783.00	\$735.00	\$413.00

Student Billing Information

Male Female DOB: _____

Student's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Dependent Information (Complete if purchasing dependent coverage)

Spouse's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

I understand that insurance becomes effective only when this application and full premium have been received by First Agency, Inc.

Signature _____

Send Completed Enrollment Form and Check Payable to:

**First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009**



Surgery and/or treatment of acne; acupuncture; allergies, including allergy testing' biofeedback-type services; breast implants or breast reduction; circumcision; corns, calluses and bunions; subluxation of the foot; deviated nasal septum, including submucous resection and/or other surgical correction thereof, unless due to Injury occurring while coverage is in force; family planning; fertility tests; hair growth or removal' impotence, (organic or otherwise); learning disabilities; nonmalignant warts, moles, and lesions; obesity and any condition resulting therefrom, (including hernia of any kind, diabetes or heart disease); premarital examinations: sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; smoking cessation; tubal ligation; vasectomy; and weight reduction;

Hearing examinations or hearing aids; or other treatment of hearing defects and problems.

Pre-Existing Conditions.

CLAIM PROCEDURE

To file a claim under the Accident and Health Plan, the student should: Complete a claim form, if applicable, and submit it to the Claims Administrator. Claim forms must be completed and signed for accident claims. A claim form is not required for sickness claims, although in certain circumstances one may be requested by the Claims Administrator for completion. Claim forms are available from the Claims Administrator or from First Agency the servicing agent.

Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in your submission, the student's school name, student name, policy number and student Social Security number even if the charges are for a spouse or dependent. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator.

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.

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approved by the United Food and Drug Administration and such drug is used for indication other than those approved by said FDA. Off label drugs must be recognized for the treatment of the specific type of cancer for which it has been prescribed in established reference compendia. Coverage includes Expenses for any prescribed drug or device that is FDA approved as a contraceptive. In addition, We shall cover Expenses for outpatient services such as consultations, examinations, procedures and medical services related to contraceptive methods.

Alcoholism/Drug Abuse, \$500 maximum

MANDATED BENEFITS

The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy; and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

Outpatient Serious Mental Illness Expense: If, while not confined to a Hospital, Your Sickness requires the services of a licensed psychiatrist, licensed clinical psychologist, licensed clinical social worker, or licensed clinical professional counselor for serious mental illness, We will pay the Expense as follows: up to 60 visits for outpatient treatment including group and individual outpatient treatment and 20 additional outpatient visits for speech therapy for treatment of pervasive developmental disorders to the same extent as any other Sickness. “Serious Mental Illness” means schizophrenia; paranoid and other psychotic disorders; bipolar disorders (hypomanic, manic, depressive and mixed); major depressive disorders (single episode or recurrent); schizoaffective disorders (bipolar or depressive); pervasive developmental disorders; obsessive-compulsive disorders; depression in childhood and adolescence; panic disorder; and post-traumatic stress disorders (acute, chronic, or with delayed onset).

Inpatient Mental, Emotional or Nervous Disorders Expense: If, while confined to a Hospital, You require treatment for mental, emotional or nervous disorders, We will pay the covered medical Expense for Hospital confinement in a mental Hospital under the direction and supervision of the Department of Mental Health; or in a private mental Hospital licensed by the Department of Mental Health; or in a licensed or accredited general Hospital to the same extent as any other Sickness.

Inpatient Serious Mental Illness Expense: If, while confined to a Hospital, You require treatment for serious mental illness, We will pay the covered medical Expense for Hospital confinement in a mental Hospital under the direction and supervision of the Department of Mental Health; or in a private mental Hospital licensed by the Department of Mental Health; or in a licensed or accredited general Hospital as follows: up to 45 days of inpatient treatment to the same extent as any other Sickness.

“Serious Mental Illness” means schizophrenia; paranoid and other psychotic disorders; bipolar disorders (hypomanic, manic, depressive and mixed); major depressive disorders (single episode or recurrent); schizoaffective disorders (bipolar or depressive); pervasive developmental disorders; obsessive-compulsive disorders; depression in childhood and adolescence; panic disorder; and post-traumatic stress disorders (acute, chronic, or with delayed onset)

Maternity Inpatient Care Expense: We will pay the Expense incurred in connection with inpatient hospitalization services for a covered mother and a newborn child for a minimum of: a) 48 hours after an uncomplicated vaginal delivery; and b) 96 hours after delivery by an uncomplicated cesarean section. A shorter length of Hospital inpatient stay for services related to maternity and newborn care may be provided if the attending Physician, licensed to practice medicine in all of its branches, determines, in accordance with the protocols and guidelines developed by the American College

of Obstetricians and Gynecologists or the American Academy of Pediatrics, that the mother and the newborn meet the appropriate guidelines for that length of stay based upon evaluation of the mother and newborn and the availability of a post-discharge Physician office visit or in-home visit to verify the condition of the infant in the first 48 hours after discharge.

Mammography Expense: We will pay the Expense for screening by Low-Dose Mammography for all women 35 years of age or older for the presence of occult breast cancer. The coverage shall be as follows: 1) a baseline mammogram for women 35 to 39 years of age; 2) an annual mammogram for women 40 years of age or older; 3) a mammogram at the age and intervals considered Medically Necessary by the woman's health care provider for women under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors; and 4) a comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue, when Medically Necessary as determined by a Physician licensed to practice medicine in all of its branches. “Low-Dose Mammography” means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with radiation exposure delivery of less than one rad per breast for two views of an average size breast.

Cervical or Pap Smear Expense: We will pay the Expense for pelvic examinations and pap smear examinations, including FDA approved cytological screening technology.

Mastectomy and Breast Reconstructive Surgery Expense: We will pay the Expense incurred in connection with mastectomy and breast reconstruction. This shall include: a) reconstruction of the breast upon which the mastectomy has been performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; and c) prostheses and treatment for physical complications at all stages of mastectomy, including lymphedemas.

Prostate Cancer Test Expense: We will pay the Expense for an annual digital rectal examination and a prostate-specific antigen test for male Insureds upon the recommendation of a Physician licensed to practice medicine in all its branches for: a) asymptomatic men age 50 and over; b) African-American men age 40 and over; and c) men age 40 and over with a family history of prostate cancer.

Diabetes Equipment, Training and Education Expense: We will pay the Expense for outpatient self-management training and education, equipment and supplies for the treatment of type 1 diabetes, type 2 diabetes and gestational diabetes mellitus.

“**Diabetes self-management training**” means instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes self-management training shall include the content areas listed in the National Standards for Diabetes Self-Management Education Programs as published by the American Diabetes Association, including medical nutrition therapy.

“**Medical nutrition therapy**” shall have the meaning ascribed to “medical nutrition care” in the Dietetic and Nutrition Services Practice Act.

“**Qualified provider**” means a Physician licensed to practice medicine in all of its branches or a certified, registered or licensed network health care professional with expertise in diabetes management. Coverage shall be limited to the following: 1) up to three Medically Necessary visits to a qualified provider upon initial diagnosis of diabetes by

DEFINITIONS

The following definitions apply to the aforementioned Travel Benefits:

Covered Travel means any travel 100 miles or more from home.

Covered Emergency Evacuation Expenses: are those for Medically Necessary Transportation, including Usual and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured person. Expenses for Transportation must be: (1) recommended by the attending Physician; and (2) required by the standard regulations of the conveyance transporting the Insured person.

Emergency Evacuation means: (1) the Insured person's medical condition warrants immediate Transportation from the place where the Insured person is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (2) after being treated at a local Hospital, the Insured person's medical condition warrants Transportation to the United States or Canada (where he or she resides) to obtain further medical treatment or to recover; or (3) both (1) and (2) above.

Transportation means: any land, sea or air conveyance required to transport the Insured person during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulance, land ambulance and private motor vehicles.

COORDINATION OF BENEFITS

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses.

When a claim is made, other valid and collectible insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

“Other valid and collectible insurance” shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; or (2) any plan or program created or administered by national or state government, or agencies thereof; or (3) individual insurance. We will not limit or exclude payment on a claim because the Insured person is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

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.

Out of Network providers have not agreed to any prearranged fee schedules with HFN network.

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 six 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.

Preferred Providers are the Physicians, Hospitals, and other healthcare providers who have contracted to provide specific care at negotiated prices, with the HFN network through NHBC.

Preferred Allowance means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

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

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to nine months after the expiration date.

This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

DESCRIPTION OF BENEFITS

The Preferred Provider for this plan is HFN network accessed through National Benefits Corporation of American (NHBC). The in-network deductible is \$150 Per Insured Person per Policy Year. The out of network deductible is \$250 per Insured Person Per Policy Year.

In-network claims are paid at 90% of the Preferred Allowance, unless otherwise specified. Out of Network claims are paid at 70% of the Reasonable and Customary Charge unless otherwise specified. To find Preferred Providers visit the website at <http://providers.nhbc.com> or call 1-888-621-7900, Access code AMA916

SECTION I

BASIC ACCIDENT BENEFITS

When Your Injury requires: (a) treatment by a Physician; (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 Physician, prescription medicines, drugs or any other therapeutic services or supplies; or (i) home health care Expenses, We will pay the Expense incurred up to an aggregate maximum of \$100,000. This benefit includes coverage for treatment of Injury to natural teeth.

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.....	\$5,000
Both hands or both feet or sight of both eyes.....	\$5,000
One hand and one foot.....	\$2,500
One hand and sight of one eye.....	\$2,500
One foot and sight of one eye.....	\$2,500
One hand or one foot or sight of one eye.....	\$2,500

The most We will pay for all Losses to an Insured as the result of one Accident is \$5,000.

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

BASIC SICKNESS BENEFITS

When You suffer a Loss from Sickness, We will pay the Expense incurred up to an aggregate maximum of \$100,000. Benefits are allocated as follows:

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

Hospital Miscellaneous Expense: We will pay the Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

EMERGENCY EVACUATION BENEFIT

We will pay for Covered Emergency Evacuation Expenses incurred if the Insured person suffers an Injury or Sickness that requires Emergency Evacuation while on Covered Travel. Benefits payable are subject to a maximum amount per Insured person of \$50,000 for all Emergency Evacuations due to all Injuries from the same Accident or all Sicknesses from the same or related causes, and this is also the aggregate maximum for all travel benefits including Medically Necessary Transportation and the Repatriation of Remains Benefit and Family Visitation Expense.

The Physician must order the Emergency Evacuation and must certify that the severity of the Insured person's Injury or emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

Medically Necessary Transportation

If the Insured person is hospitalized for more than five consecutive days following a Covered Emergency Evacuation, We will pay, subject to any limitations stated herein, for Expenses to return the Insured person from the medical facility to which he or she was treated to the Insured person's return destination, less refunds from the Insured person's unused Transportation tickets. Airfare costs will be economy or first class if the Insured person's original tickets are first class.

Family Visitation Expense

If the Insured person is unable to travel due to a Covered Emergency Evacuation, We will pay, subject to any limitations stated herein, for Expenses to bring a family member to and from the Hospital or other medical facility where the Insured person is confined, not to exceed the cost of one round-trip economy airfare ticket. The aggregate maximum payable for this benefit is \$1000

REPATRIATION OF REMAINS BENEFIT

If the Insured person suffers a covered loss of life while on Covered Travel, We will pay, subject to the limitations stated below, for Covered Expenses reasonably incurred to return the Insured person's body to their home country, but not exceeding a maximum per Insured person benefit amount of \$50,000, and this is also the aggregate maximum for all travel benefits including the Emergency Evacuation Benefit and Medically Necessary Transportation and Family Visitation Expense.

Covered Expenses

Covered Expenses include, but are not limited to, Expenses incurred in accordance with the applicable international requirements for:

- (1) embalming;
- (2) cremation;
- (3) the most economical coffins or receptacles adequate for Transportation of the remains; and
- (4) Transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

Benefits will not be provided for any Expense provided by another party at no cost to the Insured person or already included in the cost of the Covered Travel.

We or Our representative must authorize all Expenses in advance for any travel benefit to be payable.

the patient's Physician; 2) up to two Medically Necessary visits to a qualified provider upon a determination by the patient's Physician that a significant change in the patient's symptoms or medical condition has occurred. A "significant change" in condition means symptomatic hyperglycemia (greater than 250 mg/dl on repeated occasions), severe hypoglycemia (requiring the assistance of another person), onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment regimen. Coverage shall be provided for equipment, pharmaceuticals and supplies when Medically Necessary and prescribed by a Physician licensed to practice medicine in all of its branches. Coverage shall be provided for regular foot care exams by a Physician or by a Physician to whom a Physician has referred the patient. If authorized by a Physician, diabetes self-management training may be provided as a part of an office visit, group setting or home visit.

Surveillance Tests for Ovarian Cancer Expense: We will pay the Expense for surveillance tests for ovarian cancer for Insureds who are at risk for ovarian cancer. "Surveillance tests" means annual screening using a) CA-125 serum tumor marker testing; b) transvaginal ultrasound; and c) pelvic examination. "At risk" for ovarian cancer means having a family history: (i) with one or more first-degree relatives with ovarian cancer; (ii) of clusters of women relatives with breast cancer; (iii) of nonpolyposis colorectal cancer; or (iv) testing positive for BRCA1 or BRCA2 mutations.

Multiple Sclerosis Preventive Physical Therapy Expense: We will pay the Expense for Medically Necessary preventive physical therapy for an Insured diagnosed with multiple sclerosis. "Preventive Physical Therapy" means physical therapy that is prescribed by a Physician licensed to practice medicine in all of its branches for the purpose of treating parts of the body affected by multiple sclerosis, but only where the physical therapy includes reasonably defined goals, including, but not limited to, sustaining the level of function the person has achieved, with periodic evaluation of the efficacy of the physical therapy against those goals.

Colorectal Cancer Screening Expense: We will pay the Expense for colorectal cancer screening with sigmoidoscopy or fecal occult blood testing once every three years as follows: a) for persons who are at least 50 years old; and b) for persons at least 30 years of age who may be classified as high risk for colorectal cancer because the person or a first degree family member has a history of colorectal cancer.

Bone Mass Measurement and Diagnosis and Treatment for Osteoporosis: We will pay the Expense for Medically Necessary bone mass measurement and for the diagnosis and treatment of osteoporosis.

Clinical Breast Examination Expense: We will pay the Expense for complete and thorough clinical breast examinations performed by a Physician licensed to practice medicine in all its branches, an advanced practice nurse who has a collaborative agreement with a collaborating Physician that authorizes breast examinations, or a Physician assistant who has been delegated authority to provide breast examinations, to check for lumps and other changes for the purpose of early detection and prevention of breast cancer as follows: 1) at least every three years for women at least 20 years of age but less than 40 years of age; and 2) annually for women 40 years of age or older.

TRAVEL BENEFITS

All services or benefits provided in this policy and outlined below must be pre-approved by Us or Our representative. Travel Benefits are provided by AXA Assistance USA. To access service, please call: 1-888-735-8473

Surgical Expense: When Your Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the [90th] percentile, subject to the maximum surgical benefit of [\$5,000]. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to a maximum of \$5,000.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Sickness requires the services of a Physician, We will pay the Expense for such services, up to a maximum of one visit] per day, and does not apply when related to surgery.

Outpatient Physician Fees Expense: When Your Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense up to a maximum of one visit per day and does not apply when related to surgery or Physiotherapy.

Consultant or Specialist Expense: When Your Sickness requires the services of a consultant or specialist, as requested by the attending Physician, We will pay the Expense up to the maximum of \$100,000

Ambulance Expense: When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense, up to a maximum of \$100,000

Outpatient Diagnostic X-ray and Laboratory Expense: When Your Sickness requires diagnostic x-ray, including ultrasound, MRI and CAT Scan or laboratory services, including professional fees. Under the Physician's direction, We will pay the Expense up to a maximum of \$950.

Outpatient Expense: When Your Sickness requires the use of outpatient facilities of an ambulatory surgical center, ambulatory medical center, Hospital or Physician's office for the use of diagnostic x-ray, including ultrasound, MRI and CAT Scan,(including professional fees, anesthesia), laboratory services, or an emergency or operating room, drugs or medicines; and supplies, We will pay the Expense up to a maximum of \$100,000

Surgeons Fees, in accordance with Medical Data Research \$5,000 maximum

Licensed Nurse Expense: If, while confined in a Hospital, Your Sickness requires the services of an R.N. or licensed practical nurse, We will pay the Expense up to the Policy maximum.

Hospital Outpatient Expense: When Your Sickness requires the use of outpatient facilities of a Hospital for diagnostic x-ray, including ultrasound, MRI and CAT Scan, laboratory services, or an emergency or operating room, under the Physician's direction, We will pay the Expense up to a maximum of \$100,000.

Physiotherapy, benefits limited to one visit per day

Outpatient Mental, Emotional or Nervous Disorders Expense: If while not confined to a Hospital, Your Sickness requires the services of a licensed psychiatrist, licensed clinical psychologist, licensed clinical social worker, or licensed clinical professional counselor for mental, emotional or nervous disorders or conditions other than serious mental illness, We will pay the Expense up to a maximum of \$100 per day/10 visits maximum per Policy Year.

Outpatient Prescribed Medicines Expense: When Your Sickness requires prescribed medicines, We will pay the Expense, up to a maximum of \$700 This includes prescription drugs considered "off label". "Off label" use means a prescription drug used in the treatment of cancer, which has been