

Dear Student:

Cornerstone University is always concerned with the health and welfare of its students. We know the high cost of medical care in the U.S. and how it could cause devastating financial consequences that could force a student to discontinue their education. For the 2011-2012 school year, all registered full-time traditional undergraduate students taking 12 or more billable credit hours are automatically enrolled in the Blanket Accident and Health Insurance plan unless proof of comparable coverage is received prior to the waiver deadline.

**ELIGIBILITY**

All full-time traditional undergraduate students taking 12 billable credit hours, attending Cornerstone University are automatically covered under this program unless a Waiver Form is completed by the waiver date of September 30, 2011. If you have comparable health insurance coverage and wish to waive this plan, **please scan the front and back of your insurance card and email to:**

[insurance.waiver@cornerstone.edu](mailto:insurance.waiver@cornerstone.edu)

Or

**Submit your insurance card in person to Spiritual Formation or Health Services for scanning.**

Part-time and seminary students taking at least 5 credit hours are also eligible to enroll in this plan. Students must be physically and actively attending classes on campus to enroll in this plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Plan Administrator should be notified at that time by the student. Students who enroll in the plan may secure family coverage. Dependents must enroll in the plan when the student first enrolls in the plan, and must enroll for the same coverage as the student. Eligible dependents are the spouse residing with the Insured Student and unmarried children under 19 years of age who are not self-supporting and reside with the Insured Student.

The Plan Administrator reserves the right to determine if the student has met the Eligibility requirements. If the Plan Administrator later determines the Eligibility requirements have not been met, its only obligation is to refund premium.

**ENROLLMENT DEADLINE**

For part-time and seminary students taking at least 5 credit hours and all Eligible dependents, enrollment is only allowed during the open enrollment period which is 9/7/11 to 10/7/11 and 1/5/12 to 2/5/12 for second semester students. 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.

**EFFECTIVE DATE**

Coverage becomes effective on the later of: the Policy effective date (8/15/11); or for Dependent coverage, the Policy effective date for enrollment and premium received on or prior to the Policy effective date, or after the Policy effective date, the enrollment and premium are received by the Administrator prior to the enrollment deadline.

**TERMINATION DATE**

A covered person's coverage will terminate on the earliest of the following dates: 1) the last day of the period through which the premium is paid; 2) the date of entry in to full time active military services; 3) the date the insured student's coverage terminates; or 4) the date the Policy terminates (8/15/12).

**PRE-EXISTING CONDITIONS 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 individual seeking coverage under the Policy has an aggregate of 18 months of creditable coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage; and whose most recent prior Creditable Coverage was under an employer group health plan; and who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her. We will credit the time the individual was covered under prior creditable coverage.

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.

**MEDICAL BENEFITS SCHEDULE**

When your covered Injury or Sickness requires treatment by a Health Provider, the Policy will provide the following benefits while your coverage is in force for the medically necessary Reasonable and Customary (R&C) charges scheduled below. Treatment of Injury must begin within 30 days of covered accident. The Policy will allow benefits only for expenses not covered by other valid and collectible coverage. If the total covered expenses are less than \$100, this provision will be waived.

<b>PART A: BASIC INJURY BENEFITS</b> ..... <b>\$5,000 maximum/each Injury, Subject to following limits</b>		
DENTAL TREATMENT - Repair and/or replacement of sound and natural teeth.....		\$500
PHYSICAL THERAPIST .....	\$25 a visit, one visit/day	
ANESTHETIST (Inpatient and Outpatient) .....	25% of surgery expense	
ASSISTANT SURGEON (Inpatient) .....	25% of surgery expense	
ALL OTHER COVERED SERVICES.....		R & C
<b>PART B: BASIC SICKNESS BENEFITS</b> ..... <b>\$5,000 maximum/each Sickness, Subject to following limits</b>		
HOSPITAL, ROOM AND BOARD: Average daily semiprivate room rate.....		\$350/day
HOSPITAL MISCELLANEOUS INPATIENT: for X-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, etc .....		\$3,000
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS - in lieu of INPATIENT:.....		\$3,000
HEALTH PROVIDER'S NONSURGICAL VISITS: (Inpatient) .....	\$30/visit, 1 visit/day, up to 30 visits	
HEALTH PROVIDER'S NONSURGICAL VISITS: (Outpatient).....	\$60/visit, 1 visit/day, limit 5 visits	
SURGICAL TREATMENT: (in or out of hospital) - services performed by a licensed Health Provider as determined by the 80th percentile and in accordance with the most current Reasonable & Customary payment system. ....	80% of R&C incurred to a maximum of \$3,000	
ANESTHETIST AND/OR ASSISTANT SURGEON:.....	25% of Surgical Treatment	
OUTPATIENT TREATMENT: when the Covered Person is not hospital confined as a resident bed patient and incurs expense for emergency room and/or diagnostic X-rays/lab test by Health Provider or hospital.....		\$2,500
TREATMENT OF ALCOHOLISM: while hospital confined .....	Same as any sickness	
AMBULANCE SERVICES: .....		\$200
MATERNITY BENEFITS: .....	Same as any Sickness	
MENTAL OR NERVOUS DISORDERS: when the Covered Person is hospital confined .....		\$1,500 maximum
Outpatient.....		\$500 maximum
PRESCRIPTION DRUGS:.....		\$500 maximum
ALCOHOL/DRUG ABUSE BENEFITS: .....		\$3,969 per policy year
ALLERGY BENEFITS:.....		\$50 maximum per policy year
Covered Charges paid under the Basic Medical Expense Benefit of this Policy shall not be paid under the Major Medical Expense Benefit of this Policy.		
<b>PART C: MAJOR MEDICAL BENEFITS</b> ..... <b>\$50,000 maximum/each Injury and each Sickness</b>		
After medical expenses incurred reach \$5,000 under the Basic Injury Benefit or Basic Sickness Benefit (PARTS A or B), the Company will then pay 80% of the Reasonable and Customary Expenses incurred up to a maximum of \$50,000 each Policy year. This maximum includes both benefits paid under PARTS A or B and PART C. No Benefits are payable for treatment of motor vehicle injuries.		
<b>PART D: MEDICAL EVACUATION AND REPATRIATION (Foreign Students and Foreign Study)</b>		
Medical Evacuation: If the Insured person, by reason of covered Injury or Sickness and following at least five 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 provided that such evacuation is certified as medically necessary by the attending Health Provider and subject to prior approval by the Company. ....		
		Up to \$50,000 when pre-approved.
Repatriation: If the Insured person dies as the 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. Payment is subject to prior approval by the Company .....		
		Up to \$15,000 when pre-approved
<b>PART E: ACCIDENTAL DEATH AND DISMEMBERMENT</b>		
Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount):		
Accidental Death .....		\$1,000
Single Dismemberment .....		\$1,000
Double Dismemberment.....		\$2,000
<b>PART F: PREMIUMS</b>		
	<u>Annual</u>	<u>Second Semester</u>
	<u>8/15/11 to 8/15/12</u>	<u>1/10/12 to 8/15/12</u>
Students Only - under age 35	<b>\$595</b>	<b>\$360</b>
Students Only - age 35 or over	<b>\$852</b>	<b>\$510</b>
Dependents (each)	<b>\$924</b>	<b>\$550</b>

## EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a Health Provider as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; 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. 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.
4. 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.
5. 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 commercially scheduled airline.
6. Surgery and/or treatment for: acne; acupuncture; biofeedback-type services; breast implants or breast reduction unless medically necessary; circumcision; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; fertility tests: impotence, organic or otherwise; learning disabilities; nonmalignant warts, moles and lesions unless medically necessary; obesity and any condition resulting therefrom, including hernia of any kind; 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.
7. Temporomandibular Joint Dysfunction (TMJ).
8. Treatment of alcoholism or any form of substance abuse, except as specifically stated.
9. Expenses incurred as a result of dental treatment, except as specifically stated.
10. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of injury.
11. Expense incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices.
12. Treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception.
13. Organ, tissue and cell transplants.
14. Injury resulting from the participation in any contest or competition of intercollegiate sports, intramural or club sports; traveling to or from such sport or sport-related contest or competition as a participant; or while participating in any practice or conditioning program for such sport-related contest or competition.
15. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
16. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
17. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.
18. Routine newborn infant care, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
19. Injury resulting from skydiving, parachuting, hang gliding, or parasailing.
20. Braces and appliances.

## DEFINITIONS

**Injury:** Bodily injury due to an accident which: results directly and independently of disease or bodily infirmity. 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.

**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.

### CLAIM PROCEDURE

In the event of Injury or Sickness the student should:

1. Consult a Health Provider and follow his/her advice. Notify the Plan Administrator within 30 days after the date of the covered accident or commencement of the covered Illness, or as soon thereafter as is reasonably possible. Please note that students may go to any Health Provider desired.
2. Obtain a claim form from Student Life or online at [www.lstagency.com/claimforms.htm](http://www.lstagency.com/claimforms.htm). Students are responsible for filing their own claims.
3. Written proof of loss [itemized bill(s)] must be furnished with your claim within 90 days after the date of the Loss.
4. Questions should be referred to the Plan Administrator.

**First Agency, Inc.  
5071 West H Ave.  
Kalamazoo, MI 49009-8501**

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.

### TO APPLY FOR COVERAGE

**(Part-time students, seminary students or dependents)**

Complete the enrollment card and return with your check made payable to:

**First Agency, Inc.  
5071 West H Ave.  
Kalamazoo, MI 49009-8501**

Only the above office is authorized to accept and process your completed enrollment card; do not send them elsewhere.

This is non-renewable one year term policy. It is the insured's responsibility to maintain continuity of coverage.

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.

The Plan is Underwritten by:  
Guarantee Trust Life Insurance Company



**Cornerstone  
UNIVERSITY**

**2011 - 2012**

# Student Injury And Sickness Insurance Plan

Policy #214-125-001-P