

Emotionally Handicapped Children Expense: We will pay the Expense for treatment provided in a residential treatment facility licensed by the Commission of Human Services for an emotionally handicapped child on the same basis as any other inpatient medical coverage benefits.

Temporomandibular Joint Disorder Expense: We will pay the Expense for: a) surgical treatment of temporomandibular joint disorder and craniomandibular joint disorder; and b) nonsurgical treatment of temporomandibular joint disorder and craniomandibular joint disorder. This will apply if treatment is administered or prescribed by a Physician or a dentist.

Diabetes Equipment, Supplies and Training Expense: We will pay for Expenses for all medically appropriate and necessary diabetes equipment, supplies and outpatient self-management training and educational services, including nutrition therapy, the Insured's treating Physician or other appropriately licensed health care provider, or a Physician who specializes in the treatment of diabetes, certifies are necessary for the treatment of: a) insulin-using diabetes; b) noninsulin-using diabetes; c) elevated blood glucose levels induced by pregnancy; or d) gestational diabetes.

Maternity Care Expense: We will pay the Expense incurred in connection with: a) inpatient hospitalization services for a covered mother and a newborn child for a minimum of 48 hours after an uncomplicated vaginal delivery; and b) 96 hours after delivery by an uncomplicated cesarean section. If the duration of inpatient care is less than above, a post delivery home visit will be provided within four days following the discharge. This visit shall include, but not be limited to: a) parent education; b) assistance and training in breast or bottle feeding; and c) any necessary and appropriate clinical tests.

Reconstructive Breast Surgery Expense: We will pay the Expense incurred in connection with reconstructive breast surgery incident to a mastectomy including: a) all stages of reconstruction of the breast on which the mastectomy has been performed; b) surgery and reconstruction on the other breast to produce symmetry; and c) prosthetic devices.

Prostate Cancer Expense: We will pay the Expense for prostate cancer screening as follows: a) for men 40 years of age or over who are symptomatic or in a high risk category; and b) for all men age 50 or older.

Child Health Supervision Services Expense: We will pay the Expenses for child health supervision services from birth to 18 years of age as follows: a) pediatric preventive services; b) appropriate immunizations; c) developmental assessments; and d) laboratory services. Reimbursement shall be made as follows: a) for at least 5 visits from birth to 12 months; b) three visits from 12 months to 24 months; and c) one visit a year from 24 months to 72 months.

Ovarian Cancer Surveillance Tests Expense: We will pay the Expense for ovarian cancer surveillance tests for women who are at risk for ovarian cancer as defined below: a) having a family history of ovarian cancer; b) with one or more first or second degree relatives with ovarian cancer; c) of clusters of women relatives with breast cancer; d) of nonpolyposis colorectal cancer; or e) testing positive for BRCA1 or BRCA2 mutations. Surveillance tests for ovarian cancer means annual screening using: 1) CA-125 serum tumor marker testing; 2) transvaginal ultrasound; 3) pelvic examination; or 4) other proven ovarian cancer screening tests currently being evaluated by the Federal Food and Drug Administration or by the National Cancer Institute.

Colorectal Screening Tests Expense: We will pay the Expense for colorectal screening tests for men and women when ordered or provided by a Physician in accordance with the standard practice of medicine.

Optional Voluntary Catastrophic Accident and Sickness

When the base program has paid \$25,000 in medical expenses, an Optional Catastrophic Accident and Sickness program is available on a voluntary basis to a medical maximum of \$100,000. Students may also cover their dependents to a \$100,000 medical maximum. Both coverages are subject to a \$25,000 deductible. The annual rate per person is \$230.00. A student must be covered under the base plan to apply for the Optional coverage and must apply at the beginning of the semester along with the application for the base plan.

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. We will not limit or exclude payment on a claim because the Insured is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

A plan without a coordinating provision is always the primary plan.

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, 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;
- 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;
- 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.

- Voluntary termination of pregnancy.

ADDITIONAL EXCLUSIONS

- 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 the Company; are received by any family member

- Cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other disease of the involved part; or reconstructive surgery because of a congenital disease or anomaly as provided as provided for Dependent newborns.

- 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.

- Injury resulting from bungee jumping; hang gliding; glider flying; skydiving; recreational parachuting; parasailing; or sail planing

Claim Procedure

In the event of Injury or Sickness the student should:

1. If at school, report immediately to Student Health Services so that proper treatment can be prescribed or approved.
2. If away from School, consult a physician and follow his/her advice. Notify Student Health Services or the Plan Underwriter within 30 days after the date of the covered accident or commencement of the covered illness, or as soon thereafter as is reasonable possible.
3. Obtain a claim form from the business office. Students are responsible for filing their own claims.
4. Written proof of loss [Itemized Bill(s)] must be furnished with your claim within 90 days after the date of the Loss.
5. Questions should be referred to the Plan 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.

Underwritten by:



Glen Allen, VA 23060

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

Mail claims to:

MCA Administrators, Inc.
PO Box 6540
Harrisburg, PA 17112
Phone: (800) 427-9308
Fax: 717-652-8328

Accident and Health Plan

Designed for the Students of:

Crossroads College

**920 Mayowood Road SW
Rochester, MN 55902**

2011-2012

Policy Number: 11200688

Please keep this outline of coverage for future reference

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.

ELIGIBILITY

Full-time students are automatically covered under this program unless coverage is waived. The insurance charge will be added to your student account unless the waiver is completed by the waiver date of September 10, 2011. Please see the enrollment card for waiver instructions. Part-time students taking 6 hours or more and dependents of all eligible and participating students must enroll within the open enrollment time period. Please see attached card for instructions.

Insured Students may also purchase Dependent coverage. An eligible Dependent is an individual who resides with the Insured Student and is the Insured Student's legally married spouse; unmarried child under 19 years of age who is not self-supporting; and unmarried child who is dependent upon the Insured Student for support and maintenance, is incapable of self-sustaining employment by reason of mental or physical handicap, and is age 19 and over. Proof of such incapacity and dependency must be furnished to Us by the Insured within 31 day of the child's attainment of the limiting age and subsequently as may be required by Us but not more frequently than annually after the two year period following the child's attainment of the limiting age; a child who is dependent upon the Insured for support and maintenance, is 19 through 24 years of age and is attending school full time, as determined by the school the dependent is attending, including college, vocational, technical, vocational-technical or trade schools or institutes. Any full time student who by reason of Sickness, Injury or physical or mental disability as documented by a Doctor is unable to carry what the educational institute considers a full time course load, will be considered a full time student so long as the student's course load is at least 60% of what is otherwise considered by the institution to be a full time course load. Dependent eligibility expires concurrently with that of the Insured student.

Newborn Children: An insured's newborn child is automatically covered from the moment of birth until 31 days old. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defect, birth abnormalities, prematurity and nursery care. An Insured is not required to notify Us of the birth of a Dependent child. However, if payment of an additional premium is required for each Dependent, We shall be entitled to all premiums that would have been collected had We been aware of the additional Dependent.

Students with chronic and recurrent conditions predating the effective date of this insurance are advised that they should stay with their current insurance carrier since it is not the intent or purpose of this policy to cover Pre-existing Conditions.

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.

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

Coverage is effective August 29, 2011 at 12:01 a.m. for enrollment and premium received on or prior to that date. Coverage terminates on the earlier of August 29, 2012 at 12:01 a.m. or the last day of term for which premium is paid or the date the covered person enters full time military service.

ANNUAL PREMIUM RATES

Student Annual Rate \$465.00
Spouse Annual Rate \$1,385.00
Dependent Annual Rate. \$695.00

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.

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, graduate nurse, clinical social worker, Physician assistant, certified nurse midwife, and nurse practitioner. 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.

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 a Covered Person is receiving treatment for a Sickness or Injury on the date the policy terminates, We will extend that Covered Persons benefits for the Sickness or Injury. Benefits will be paid as if coverage has remained in effect. Extension of benefits will end at the earlier of the Sickness or Injury; the end of a 9 month period following the date the Policy terminates; or the date the Policy Year maximum amount is reached.

This Extension of Benefits is applicable only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage. Benefits paid for a covered Injury or Sickness before the Termination Date and during the extension of benefits will not exceed the limits of this Policy.

DESCRIPTION OF BENEFITS

Treatment must begin within 30 days of covered accident
DEDUCTIBLE - \$100 per Injury or Sickness

SECTION I - BASIC HOSPITAL AND SURGICAL EXPENSE BENEFIT

When a covered Person suffers Loss from Injury or Sickness, We will pay the covered charges incurred up to the Basic Aggregate Maximum Amount of \$2,000 per Injury or Sickness, during the policy year. Covered charges are allocated as follows:

- Hospital room and board Expense during Hospital confinement, up to the semi-private room rate.
- Hospital miscellaneous Expense during Hospital confinement or as an outpatient for day surgery for anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings, and other necessary non room and board Expense.
- Surgical Expense, payable at 75% as determined by the 90th percentile and in accordance with the most current Usual & Customary payment system.
- Anesthetist Expense for an anesthetist who is not employed or retained by the Hospital in which the operation is performed, payable at 25% of the amount payable for the operation.
- Assistant surgeon Expense, payable at 20% of the amount payable for the operation.
- In Hospital Physician visit Expense while Hospital confined, limited to one visit per day.
- Licensed nurse or licensed practical nurse Expense during Hospital confinement when prescribed by the attending Physician.
- Dental Expense for Injury to natural teeth. Treatment of impacted wisdom teeth will be treated as any other Injury.

SECTION II

SUPPLEMENTAL HOSPITAL AND SURGICAL EXPENSE BENEFIT

Hospitalization and Surgical Expenses only. Outpatient Non-Surgical Expenses are not covered. Covered charges paid under the Basic Medical Expense Benefit of this Policy shall not be paid under Supplemental Medical Expense Benefit of this Policy.

If the covered charges for an Injury or Sickness exceed the Basic Aggregate Expense Benefit, We will pay 75% of the covered charges up to a maximum of \$23,000.

Covered Charges for daily room and board will not be more than the usual semi-private room rate. The \$25,000 maximum is per Injury or Sickness during the policy year.

SECTION III - OUTPATIENT EXPENSE

We will pay 75% of the Outpatient Expenses incurred by a covered person up to a maximum of \$1,000 per Injury and Sickness. We will pay for Physician's services, consultant, emergency room, laboratory tests, x-rays, including ultrasound, MRI and CAT scans, prescribed medicines, injections and ambulance.

SECTION IV - ACCIDENTAL DEATH & DISMEMBERMENT

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 fifty-two (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. \$5,000
One hand and sight of one eye \$5,000
One foot and sight of one eye \$5,000
One hand or one foot or sight of one eye \$2,500

The most we will pay for all Losses as the result of one accident is \$5,000. Loss to hands and feet means severance at or above the wrist or ankle joint. Loss of sight means total irrecoverable loss of sight.

SECTION V - REPATRIATION

(Preparation & Transportation of Remains)
If the Insured person dies as the result of a covered Injury or Sickness, the company will pay the Expense incurred for the preparation and transportation of the body to the Insured student's home country, up to a maximum of \$5,000. Payment is subject to prior approval by the company.

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.

Mammography and Pap Smear Expense: We will pay the Expense for low-dose mammography screening for breast cancer screening or diagnosis, or for any non symptomatic woman covered under the policy as follows: a) a baseline mammogram for ages 35 to 39; b) a mammogram for ages 40 to 49, inclusive, every two years or more frequently based on the recommendation of the patient's Physician; c) a mammogram every year for ages 50 and over; and d) a mammogram upon the recommendation of a Physician. We shall pay the Expense for pelvic examinations and pap smear examinations, including FDA approved cytological screening technology.

Scalp Hair Prosthesis Expense: We will pay the Expense for scalp hair prosthesis when worn for hair loss suffered as a result of alopecia areata. This benefit is subject to the policy's copayment requirement, if any, and is limited to a maximum of \$350 in any benefit year, exclusive of any Deductible.

Ventilator Dependency Expense: We will pay the Expense for ventilator dependency for up to 120 hours of service provided by a private duty nurse or personal care assistant to the ventilator-dependent person during the time the ventilator-dependent person is in a Hospital. The personal care assistant or private duty nurse shall perform only the services of communicator or interpreter for the ventilator-dependent patient during a transition period of up to 120 hours to assure adequate training of the Hospital staff to communicate with the patient and to understand the unique comfort, safety and personal care needs of the patient.

PKU Formula Expense: We will pay the Expense for formula recommended by a Physician for the treatment of a patient with phenylketonuria or any inherited disease of amino or organic acids. "Phenylketonuria/PKU" means a congenital disease of newborns due to inability to metabolize the substance phenylalanine.

ENROLLMENT FOR STUDENT ACCIDENT AND SICKNESS PLAN

PREMIUMS	08/29/11 to 08/29/12	01/01/12 to 08/29/12
Student	\$465.00	\$315.00
Spouse	\$1,385.00	\$925.00
Dependent	\$695.00	\$470.00

Catastrophic Accident & Sickness Coverage \$100,000 Medical Maximum - \$25,000 Deductible Paid at 80% to Maximum

Base Plan must also be purchased

Annual Rate/Person \$230.00 I wish to take the Catastrophic Plan

Male Female Age: _____

Crossroads College

School Name: _____

Student's Name: _____

Date of Birth: _____

Billing Address

Street: _____

City: _____

State: _____ Zip Code: _____

Dependent Information (Complete if purchasing dependent coverage)

Spouse's Name: _____ Age: _____

Child's Name: _____

Signature: _____

All full-time students are automatically covered unless coverage is waived. The insurance charge will be added to your student account unless the waiver is completed by the waiver date of September 10, 2011. Part-time students taking 6 credit hours or more and dependents of all eligible and participating students must enroll within the open enrollment period.

How to waive if you have other Health Insurance Coverage:

1. Go to First Agency, Inc. Website: www.1stAgency.com/college.htm
2. Click on Waive coverage button under Crossroads College
3. Complete waiver form and submit
4. You will receive confirmation that your waiver has been received. Keep this for your records
5. The insurance premium will be removed from your student account.

Or return this signed form to the Business Office by September 10, 2011.

I do not desire the Waiver Plan of Coverage and have attached a copy of both sides of my health insurance card.

Signature: _____

Print Name: _____

Date: _____

