



# Elgin Community College

## STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

2011-2012

POLICY # 12N-125-016-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 school governs the payment.

### COVERAGE

The Student Insurance Plan protects students at home, at school or while traveling, 24 hours a day. Protection is in effect during all interim vacation periods.

### IMPORTANT NOTES

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

An explanation of benefits does not guarantee payment.

Should an insured student graduate or withdraw from the school, the insurance shall remain in effect until the end of the period for which premium has been received. 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 written request.

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.

### ADDITIONAL COVERAGE AVAILABLE

ADDITIONAL COST

**\$500,000  
OPTIONAL CATASTROPHIC  
COVERAGE AVAILABLE**

See application card for rates and enrollment.

Benefits are paid at 80% to \$500,000 for Students.  
Benefits are paid at 50% to \$100,000 for Dependents  
Benefits, provisions, and exclusions are not listed in this brochure.  
This coverage is provided by Markel Insurance Company.

### 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.

### PERIOD OF COVERAGE

The Insurance becomes effective on 8-15-11 at 12:01 a.m. standard time on the first day of the Period of Coverage selected or the date enrollment form and premium are received, if later. Coverage terminates on the earlier of 12:01 a.m. on the Policy termination date which is 8-15-12, the end of the Period of Coverage for which premium is paid, or the date the Covered Person enters the armed forces of any country. 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 written request.

### CLAIM PROCEDURE

In the event of Sickness or Injury the insured should:

1. A company claim form is required for filing a claim. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the college under which the student is insured.
2. This policy contains an "excess" provision which means it pays (up to policy limits) balances unpaid by other insurance that covers you. It becomes primary if you have no other coverage. **For timely claim payment, file your claim with your other insurance company (or your parent's if you are covered under their policy) and with First Agency, Inc., at the same time. Mail First Agency, Inc. copies of what your other insurance paid, such as their worksheet.**
3. Report claims promptly and file no later than 90 days from the date of such loss.
4. Students are responsible for filing their own claims.
5. You can pay the charges (obtain a receipt and ask us to reimburse you) or we can pay the charges.

### DEFINITIONS

**Injury:** will mean 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:** will mean illness, disease, pregnancy 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 Conditions:** 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.

*Insurance Administrator & Claims Office:*



FIRST AGENCY, INC.  
5071 West H Avenue  
Kalamazoo, MI 49009  
Phone: (269) 381-6630  
www.1stagency.com

Underwritten by:  
NATIONAL GUARDIAN LIFE  
INSURANCE COMPANY

Policy #12N-125-016-P

### SUPPLEMENTARY ENROLLMENT FOR FAMILY COVERAGE

I wish to extend my own coverage to include my following dependents (spouse and unmarried children under age 19):

Dependent's Name

Date of Birth

Relationship to Insured

Policy # 12N-125-016-P  
*Detach and retain if you enroll*  
2011-2012  
STUDENT INSURANCE PLAN

NAME: \_\_\_\_\_

Elgin Community College  
*Underwritten by*

National Guardian  
Life Insurance Company

*Coverage is subject to verification by the Company.  
(Address on reverse side)*

Signature

Date Signed

Many students and their parents are not prepared to meet the costs of an unexpected Injury or Sickness. Although many families have some form of health insurance, those plans may not cover your college student, or this plan might be a better value. Costly medical bills can impose a tremendous hardship, and even necessitate a student's withdrawal from school.

**ELIGIBILITY**

All students taking 6 or more credit hours under the age of 35 and their dependents are eligible for coverage hereunder at the rates shown on the application.

For students who are age 35 or over, the rates are increased by the following percentage:

Students ages 35-44	30%
Students ages 45-54	70%
Students ages 55-64	100%

Enrollment is only allowed during the open enrollment period which is 8/15/11 to 9/22/11. Second Semester open enrollment is 1/1/12 to 2/17/12.

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 of continuation coverage if offered.
4. Students entering Allied Health Programs.

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, our only obligation is refund of premium.

Eligibility requirements must be met each time a premium is paid to continue coverage.

Eligible dependents shall be the student's spouse and all dependent children under the age of 26 years and who reside with the Insured Student. For a dependent who has served in the military, coverage shall be provided to age 30 if the dependent: (i) is an Illinois resident, (ii) served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and (iii) has received a release or discharge other than a dishonorable discharge. Dependents can only enroll in this Plan at the time the student enrolls in the plan.

Newborn children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for the child when we are notified in writing within 31 days from the date of birth and required premium is paid.

**BASIC MEDICAL EXPENSE BENEFITS**

Payment will be made for the medically necessary reasonable and customary expense actually incurred for the treatment of Injury or Sickness, as shown below, not to exceed a Policy year maximum of \$5,000 per Injury or Sickness. Treatment of Injury must begin within 60 days of covered accident.

COVERED EXPENSES		
	PLAN I	PLAN II
1. <b>Cash Deductible</b> .....	None	None
2. <b>Daily Room and Board Semi-Private</b> when hospital confined at a rate per day of.....	\$300.00	\$600.00
3. <b>Miscellaneous Hospital Charges</b> for use of operating room, anesthesia, X-ray examination (not treatment), laboratory tests, drugs or medicines, therapeutic services or supplies when hospital confined and while receiving Room and Board Benefits above. Payable at 80% up to a maximum of.....	\$1,000.00	\$2,000.00
4. <b>Surgical Operations</b> in accordance with the Schedule, using a \$75 coefficient, up to a maximum of .....	\$1,000.00	\$2,000.00

COVERED EXPENSES (continued)		
5. <b>Assistant Surgeon</b> up to 20% of the surgery fee paid, up to .....	\$200.00	\$400.00
6. <b>Administration of Anesthetics</b> up to 25% of the amount of the surgical benefit, up to .....	\$250.00	\$500.00
7. <b>Dental Treatment</b> for Injury to sound, natural teeth, up to .....	\$300.00	\$600.00
8. <b>Ambulance Service</b> to and from confinement. Per Injury or Sickness.....	\$200.00	\$400.00
9. <b>Doctor's Visits</b> beginning with the first call when hospital confined.....	\$25.00	\$50.00

*In case of Injury or Sickness not requiring hospitalization, the following applies:*

	PLAN I	PLAN II
<b>Injury</b> (first visit) (including Physiotherapy).....	\$35.00	\$70.00
<b>Sickness</b> (beginning with 2nd visit) not requiring hospitalization (including Physiotherapy).....	\$35.00	\$70.00
No payment shall be made for medical treatment received on the day of any surgical operation or during convalescence therefrom if payment is made to insured for such operation.		
10. <b>Consultant</b> requested and approved by the attending doctor, up to.....	\$50.00	\$100.00
11. <b>Diagnostic X-ray and Laboratory Procedures</b> when prescribed by the attending doctor for each diagnosed Sickness or Injury. up to a maximum of .....	\$150.00	\$300.00
12. <b>Hospital Emergency Care Out-Patient Expense</b> not including medication, up to.....	\$100.00	\$150.00

When benefits are payable under any other policy or prepayment plan this policy limits the reimbursement to \$500.00.

**INCLUDES MAJOR MEDICAL EXPENSE BENEFITS ACCIDENT AND SICKNESS (Included in PLAN I AND PLAN II)**

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. When the Covered Person, because of covered Injury or Sickness, actually incurs during the Policy Year, medically necessary reasonable and customary medical expense in excess of \$5,000.00 for treatment by a doctor, services of a registered graduate nurse, X-ray service, ambulance, or any hospital care or service (hospital room and board limited to semiprivate rate), the Company will pay 80% of such expense up to a maximum payment of \$15,000 for all benefits under the Policy Per Injury or Sickness. No benefits are payable due to traveling in and as a result of an automobile accident under the Major Medical Expense Benefit.

**MANDATES**

Illinois mandates coverage for the following benefits: Hospital confinement for mother and child for 48 hours following vaginal delivery and 96 hours following caesarean delivery. If shorter length of hospital stay, coverage includes a post-discharge doctor office visit or in-home nurse visit in the first 48 hours after discharge; initial prosthetic device and reconstructive surgery incident to mastectomy; mammograms at certain intervals; annual cervical smear or pap test; prostate specific antigen test at age 40 and older; outpatient diabetes self-management training; diabetes equipment and pharmaceuticals; colorectal cancer exams and lab tests in accordance with American Cancer Society guidelines; treatment of serious mental illness; treatment of alcoholism while hospital confined; autism spectrum disorders and medically necessary bone mass measurement and diagnosis and treatment of osteoporosis the same as any other

Sickness; Outpatient contraceptive services, drugs and devices approved by the FDA (if prescription drug coverage is provided.); clinical breast examinations; pain therapy and medications for the treatment of breast cancer; non-FDA approved drugs for certain types of cancer; HPV vaccines; amino acid based elemental formulae; rehabilitative services for children under 19; shingles vaccinations for persons 60 or older; prenatal HIV testing; prescription inhalants; physical therapy for treatment of multiple sclerosis; treatment of infertility. All Illinois mandates are paid the same as any other sickness unless specifically stated otherwise. Please see the policy on file with the policyholder for complete details.

**EXCLUSIONS AND LIMITATIONS**

We won't pay 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 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. 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. 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.
6. Cosmetic surgery other than: reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part. Reconstructive surgery because of a congenital disease or anomaly as provided for Dependent newborns.
7. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.
8. Surgery and/or treatment for nonmalignant warts and moles.
9. Temporomandibular Joint Dysfunction (TMJ).
10. Treatment of mental or nervous disorders.
11. Expenses incurred as a result of dental treatment, except as specifically stated.
12. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of Injury and except as specifically stated.
13. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury.
14. Injury sustained while participating in practice or play of intercollegiate sports.
15. Any expenses for services rendered by employees or doctors or any other persons employed or retained by the Policyholder or for the use of Policyholder's facilities.
16. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
17. Injury caused by or resulting from being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
18. Congenital conditions, except as specifically provided for newborn or adopted infants.
19. Air travel, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline, parachuting; or travel in or upon any two, three, or four-wheeled motor vehicle (except as specifically provided).
20. Outpatient prescription drugs.
21. Physiotherapy, except as specifically stated in the policy.
22. Hernia of any kind.

**PRE-EXISTING CONDITIONS LIMITATIONS**

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: The Covered Person has been covered under the Policy for more than 12 months; or (a) 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. We will credit the time the individual was covered under 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.

**Enrollment for Student Accident and Sickness Plan - Please Print**

**National Guardian Life Insurance Company**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ELGIN COMMUNITY COLLEGE

Check mark (✓) the plan you have selected. For FAMILY COVERAGE, complete on reverse side.

	8-15-2011 to 8-15-2012		1-1-2012 to 8-15-2012	
	Plan I	Plan II	Plan I PLUS	Plan II PLUS
	\$500,000 Max	\$500,000 Max	\$500,000 Max	\$500,000 Max
STUDENT ONLY	<input type="checkbox"/> \$626	<input type="checkbox"/> \$905	<input type="checkbox"/> \$976*	<input type="checkbox"/> \$1,255*
SPOUSE	<input type="checkbox"/> \$2,445	<input type="checkbox"/> \$3,185	<input type="checkbox"/> \$3,381*	<input type="checkbox"/> \$4,121*
PER CHILD	<input type="checkbox"/> \$535	<input type="checkbox"/> \$792	<input type="checkbox"/> \$1,003*	<input type="checkbox"/> \$1,260*
			<input type="checkbox"/> \$370	<input type="checkbox"/> \$525
			<input type="checkbox"/> \$370	<input type="checkbox"/> \$633*
			<input type="checkbox"/> \$1,418	<input type="checkbox"/> \$1,862
			<input type="checkbox"/> \$321	<input type="checkbox"/> \$465
			<input type="checkbox"/> \$643*	<input type="checkbox"/> \$787*
			<input type="checkbox"/> \$788*	<input type="checkbox"/> \$2,564*

Please see brochure for the premium differentials for students over age 35.

\*The optional coverage is provided by:

**MARKEL INSURANCE COMPANY. Please call for rate if you are age 25 or older for \$500,000 Max. Plan only!**

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

CUT AND RETAIN

Students who have enrolled for Student Accident and Sickness Insurance and paid the proper premium are insured according to the provisions of a Master Policy on file at the College.

**YOUR CANCELLED CHECK IS YOUR RECEIPT AND PROOF OF COVERAGE.**

All claims and inquiries are to be directed to:  
**FIRST AGENCY, INC.**  
 5071 West H Avenue  
 Kalamazoo, MI 49009  
 (269) 381-6630  
 www.1stagency.com