SECTION IV - MAJOR MEDICAL BENEFITS

After medical expenses incurred reach $5,000 under the Basic Accident Benefit or Basic Sickness Benefit, the company will pay 80% of the Usual & Customary Expenses incurred during the Policy year up to a maximum of $50,000. This Maximum includes benefits paid under Basic Accident Benefits and Basic Sickness Benefits. Benefits shall end at the close of the period of coverage under the Policy. No Benefits are payable for Mental and Nervous disorders, Substance Abuse, Motor Vehicle Injuries, or Dental Treatment.

MEDICAL EVACUATION AND REPATRIATION

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 up to a maximum of $10,000 provided that such evacuation is certified as medically necessary by the attending doctor and subject to prior approval by the Company.

Repatriation: If the Insured person dies as a 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, up to a maximum of $7,500. 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.

Diabetes Care Expense: We will pay for all Medically Necessary Expenses incurred in connection with the treatment of diabetes as follows: **a)** blood glucose monitors and blood glucose monitors for the legally blind; **b)** test strips for glucose monitors, visual reading and urine testing strips, lancets and spring-powered lancet devices; **c)** syringes; **d)** insulin pumps and medical supplies for the use of an insulin pump; **e)** self management training; **f)** insulin; **g)** non-experimental medication for controlling blood sugar; and **h)** medications used in the treatment of foot aliments, infections and other medical conditions of the foot, ankle or nails associated with diabetes.

Mammogram Expense: We will pay the Expense for breast cancer screening mammography as follows: **a)** one screening mammography examination for women 35 through 40 years of age; and **b)** one screening mammogram examination every year for women 40 years of age and older.

Reconstructive Breast Surgery Expense: We will pay the Expense for reconstructive breast surgery after a mastectomy as follows: **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 a symmetrical appearance; and **c)** prostheses and physical complication of mastectomy, including lymphedemas.

DEFINITIONS

The following definitions apply to the aforementioned Travel Benefits:

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.

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 sound 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 therefore; 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;
- 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 resulting from the practice or play of intercollegiate sports; or
- Treatment of alcoholism, or any form of substance abuse, except as specifically provided;
- Treatment of mental or nervous disorders, except as specifically provided.;
- Organ, tissue and cell transplant.
- Outpatient Prescription Drugs, except as specifically provided.

ADDITIONAL EXCLUSIONS

- 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 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;
- Pre-Existing Conditions;

$100,000 Optional Voluntary Catastrophic Accident Sickness.

When the base program has paid $50,000 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 $50,000 deductible. The annual rate per person is $215.00. 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 application for the base plan.

Claim Procedure

Secure a claim form from the College Office or from the Servicing Agent, fill in the necessary information, attach all itemized doctor and hospital bills and send to:

MCA Administrators, Inc.
PO Box 6540
Harrisburg, PA 17112

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, please call the Claims Administrator, Monday through Friday, 8am to 5pm EST. The Telephone number is: **1-800-427-9308.**

To Apply for Coverage

Complete the Enrollment Form and return with your check made payable to:

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

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.

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.

If your coverage ends under this plan and you obtain other coverage, student insurance qualifies as prior creditable coverage. A certification of coverage will be furnished upon request to the Company.

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:

MARKEL INSURANCE COMPANY

Glen Allen, VA 23060

Local Broker:
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
269-381-6630 - Telephone
269-341-4614 - Fax

Mail claims to:

MCA Administrators, Inc.
PO Box 6540
Harrisburg, PA 17112
800-427-9308

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.

Accident and Health Plan

Designed for the Students of:

Grand Rapids Community College

143 Bostwick NE
Grand Rapids, MI 49503

2011 - 2012

Policy Number: 11200686

PLEASE KEEP THIS OUTLINE OF COVERAGE FOR FUTURE REFERENCE

INTRODUCTION

The Administration is making available to the students and their dependents, a Blanket Accident and Sickness Insurance underwritten by Markel Insurance Company. The Coverage is designed to provide benefits for medical expenses arising from an accident or sickness, including those which occur off campus and during interim vacations.

Participating in this plan is voluntary; however, we encourage you to review your personal situation to determine if you need coverage.

Any questions about the Policy should be directed to:

First Agency, Inc.
5071 West H Ave.
Kalamazoo, MI 49009-8501
269-381-6630

ELIGIBILITY

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more attending Grand Rapids Community College are eligible to participate in this program. The Eligible Person must attend classes at the Policyholder's school for at least 31 days of the period for which coverage is purchased. Students withdrawing after such 31 days will remain covered under the policy and no refund will be allowed. The servicing agent should be notified at that time by the student. Students who enroll in the plan may secure family coverage. Eligible dependents are the spouse residing with the Insured Student and unmarried children under twenty-three years of age who are not self-supporting and reside with the Insured Student. Eligibility requirements must be met each time a premium is paid to continue coverage. Newborn children are covered for injury or sickness from birth under 31 day old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and required premium is paid. Only those students who are new to the school or those have purchased coverage the first semester are eligible to purchase second semester coverage.

EFFECTIVE DATE

Your coverage becomes effective on the later of; the Policy effective date (08/15/11); or the date the application and proper premium is received by the Administrator. Enrollment is only allowed during the open enrollment period which is 08/30/11 to 09/30/11.

Exceptions will be made for the following:

1. Adding a new spouse or dependent child (within 31 days of marriage, birth or adoption).
   PROVIDED DEPENDENT COVERAGE IS OFFERED.
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.

TERMINATION DATE

A covered person's coverage will terminate on the earliest of the following dates: 1) the last date of the period which the premium is paid;

2) the date of entry into full time active military services; 3) the date the insured student's coverage terminates; or 4) the date the Policy terminates (08/15/12)

REFUND PROVISION

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.

ANNUAL PREMIUM RATES

Student under age 25	$ 728.00
Dependent Under age 35	$1,096.00
Student age 35 and older	$ 982.00
Dependent age 35 and older	$2,195.00

PRE-EXISTING CONDITIONS

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 for 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.

A Pre-existing Condition is a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 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.

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, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

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

When your covered Injury or Sickness requires treatment by a doctor, the Policy will provide benefits while your coverage is in force during the Policy year for the Usual and Customary (U&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 medical coverage. If the total covered expenses are less than $100 this provision will be waived.

SECTION I - BASIC ACCIDENT BENEFITS

Expenses will be covered to a maximum of $5,000 per Injury subject to the following limits:

OUTPATIENT PRESCRIPTION DRUGS.....$150.

DENTAL TREATMENT (repair or replacement of sound and natural teeth).....$1,000.

MOTOR VEHICLE INJURY.....Same as other accidents, up to $1,000

PHYSICAL THERAPIST.....$25 a visit, one visit per day

ALL OTHER COVERED SERVICES.....Usual and Customary

SECTION II - BASIC SICKNESS BENEFITS

Expenses will be covered to a maximum of $5,000 per Sickness subject to the following limits:

HOSPITAL ROOM AND BOARD
(average daily semiprivate room rate) **$450/day**

HOSPITAL MISCELLANEOUS INPATIENT
(for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, etc) . . . . . **$1,500.**

HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS
(in lieu of INPATIENT) . . . . . **$1,500.**

DOCTOR'S NONSURGICAL VISITS
(inpatient - not paid day of surgery) . . . . . **$50/visit, 1 visit a day**

DOCTOR'S NONSURGICAL VISITS
(Outpatient - not paid day of surgery). . **$50/visit, 1 visit/day, starting 2nd visit**

SURGICAL TREATMENT
(in or out of hospital - services performed by a licensed doctor as determined by the 80th percentile of MDR and in accordance with most current Usual and Customary payment system) . **80% of U&C, up to $2,000.**

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 physician or hospital) . . . . . **80% of U&C,up to $1,000**

SUBSTANCE ABUSE BENEFITS . . . . . .$3,919 per policy year

AMBULANCE SERVICES
(Ground service only) **$400**

MATERNITY BENEFITS . . . . . .Same as any Sickness

MENTAL AND NERVOUS DISORDER . . . .Same as any Sickness,
except **DOCTOR'S NONSURGICAL VISITS . .$50 1 visit per day, up to 10 visits**

OUTPATIENT PRESCRIPTION DRUGS . . .$150 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.

SECTION III - ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment Benefits cover 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 180 days after the Accident.

The following table shows the amounts We will pay:

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

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.

CUT HERE

GRAND RAPIDS COMMUNITY COLLEGE ENROLLMENT FOR STUDENT ACCIDENT AND SICKNESS PLAN

Premiums	Annual 8-15-11 to 8-15-12	Fall 8-15-11 to 1-15-12	Spring/Summer 1-15-12 to 8-15-12
Students Under Age 35	$728.00	$303.00	$425.00
Dependents (Each)	$1,096.00	$457.00	$639.00
Students Age 35 & over	$982.00	$409.00	$573.00
Dependents (Each)	$2,195.00	$915.00	$1,280.00

Catastrophic Accident & Sickness Coverage

$100,000 Medical Maximum - $50,000 Deductible Paid at 80% to Maximum

Annual Rate/Person $215.00 ❑ I wish to take the Catastrophic Plan

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