

Brochure of Coverage
Policy #214-125-318-P

STUDENT
ACCIDENT & SICKNESS PLAN
a Non-Renewable Term Policy

Designed for

HILLSDALE COLLEGE
2011 • 2012

ADMINISTERED BY



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

UNDERWRITTEN BY

G • T • L
Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025

INTRODUCTION

The school is making available a Plan of Blanket Accident and Sickness Insurance (hereinafter called "plan" or "Plan"). This Insurance plan provides continual protection, 24 hours a day, anywhere in the world during the period of coverage for which the proper premium has been paid.

- The Basic Maximum Benefit is \$50,000 per Injury or Sickness.
- An option is available to purchase major medical benefits with an Aggregate Maximum of \$100,000 per Injury or Sickness.
- Injury benefits are subject to a \$100 deductible per Injury. No deductible for Sickness benefits.
- Repatriation and medical evacuation benefits are included.
- Students may use the Hospital or Doctor of choice.

STUDENT ELIGIBILITY

All students attending the participating school are eligible to enroll in the insurance plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the Insurance Plan.

Students must be physically and actively attending classes on campus to enroll in the Insurance Plan. Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days after their effective date of coverage shall not be covered under this health Insurance Plan. Students who graduate or withdraw from school after 31 days, whether involuntarily or voluntarily will remain covered under this Insurance Plan until coverage expires.

Students who wish to enroll in the insurance plan must enroll by the enrollment deadline dates.

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 the premium.

COVERAGE FOR DEPENDENTS

Students who enroll in the Insurance Plan may also enroll their eligible Dependents by the enrollment deadline dates. Dependents must enroll when the student first enrolls in the Insurance Plan and must enroll for the same coverage as the student.

EFFECTIVE AND EXPIRATION DATES OF COVERAGE

Student coverage becomes effective on the later of the following dates:

- The Master Policy effective date August 15, 2011 at 12:01 a.m.;
- The first day of the term for which the proper premium has been paid; or
- 12:01 a.m. following the day the proper premium is received by the Plan Administrator.

Student coverage will expire on the earliest of the following dates:

- The Master Policy expiration date August 15, 2012 at 12:01 a.m.;
- When payment for insurance coverage is due and unpaid.

Dependent coverage under the Policy becomes effective on the same day as the Insured student for which the proper Dependent premium payment is received. Coverage will not be effective prior to that of the Insured student. Dependent coverage will expire on the day the student's coverage expires or the date the Dependent no longer meets the definition of a Dependent.

ENROLLMENT DEADLINE

Enrollment is only allowed during the open enrollment period as outlined in the chart at the top right column. Exceptions will be made for the following qualifying events:

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.

Students should notify First Agency, Inc. or the Servicing Agent immediately when eligible for late enrollment.

PERIODS OF COVERAGE AND ENROLLMENT DEADLINE DATES

TERM	DATE COVERAGE BEGINS	DATE COVERAGE ENDS	*ENROLLMENT PERIOD DEADLINE DATE
ANNUAL	08-15-2011	08-15-2012	10-01-2011
SECOND TERM	01-01-2012	08-15-2012	02-18-2012
SUMMER	05-01-2012	08-15-2012	06-01-2012

***Important: Enrollment forms and premium payments received after the enrollment period deadline date are not accepted, unless a qualified event for late enrollment occurs.** If premium payment is received after the effective date of coverage for the term enrolling, coverage becomes effective 12:01 a.m. following the date the proper premium is received by the Plan Administrator.

2011-2012 PREMIUM SCHEDULE

	ANNUAL	SECOND TERM	SUMMER
Student Only			
Under Age 30	\$668	\$425	\$205
Dependents- Each	\$1,336	\$850	\$410
Student Only			
Age 30 or Over	\$949	\$604	\$291
Dependents - Each	\$1,898	\$1,208	\$582

Optional Major Medical

\$250 per person, payable when first enrolled in the Plan

Students must be enrolled in the Basic Injury and Sickness coverage in order to purchase Optional Major Medical. Optional coverage will terminate when the Basic Injury and Sickness coverage terminates. Optional coverage can be purchased for the student only, or for the student and their dependent(s). Optional coverage is not available for dependents only. This Additional Plan is underwritten by Markel Insurance Company and contains its own benefits, limitations and exclusions. Please refer to the separate brochure online which details this Plan.

PREMIUM REFUND POLICY

A prorated refund will be issued only for the following situations:

- Students who withdraw from school within the first 31 days following their effective date of coverage, unless medical benefits have been paid during the first 31 days; or
- Students who have entered into full-time active duty military service for any country.

All premium refund requests must be made in writing and include any proof and date of occurrence. Refund requests should be sent to First Agency, Inc.

TO ENROLL FOR COVERAGE

Students have two options to enroll for coverage

Option 1 - Enroll On-line - Credit/Debit Card payment only. Students can complete an on-line enrollment form on the website www.1stagency.com/college.htm. The on-line form is available under School Look-up or Hillsdale College.

Option 2 - Mail Enrollment Form and Payment

1. Students can complete the Enrollment Form or download and print an Enrollment Form on the website www.1stagency.com/college.htm.
2. Print all information legibly and indicate the coverage and options desired.
3. Enclose a check or money order payable to First Agency, Inc.
4. Send the form and payment to:

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

ID CARDS

An ID card will be mailed to the student's address on file approximately 2 weeks after the enrollment form and premium payment is received. Students do not need an ID card to be eligible to receive benefits under the Policy. For lost ID cards, reprint an ID card from the website www.1stagency.com.

SCHEDULE OF BENEFITS

The Policy will provide the following benefits for Reasonable and Customary *(R&C) charges incurred per Sickness or Injury by an Insured Person for loss due to a covered Injury or Sickness incurred during the Policy Year up to the Maximum Policy Year Benefit for each service as scheduled below. Treatment must begin within 60 days of covered Injury or Sickness.

Basic Injury Maximum Policy Year Benefit - per Injury	\$50,000
Basic Sickness Maximum Policy Year Benefit - per Sickness.....	\$50,000
Optional Major Medical Maximum Aggregate Benefit - per Injury or per Sickness (requires additional premium).....	\$100,000
Basic Injury Deductible per person - per Injury.....	\$100

BASIC INJURY - COVERED SERVICES AND BENEFIT LIMITS	INJURY BENEFIT	MAJOR MEDICAL BENEFIT
Prescription Drugs (Outpatient) <i>Benefit is payable up to maximum \$500; 30-day supply per prescription</i>	100% of *R&C Charges	100%
Dental Treatment <i>does not include biting or chewing injuries;</i> <i>Benefit is payable up to maximum \$500</i>	100% of *R&C Charges	No Benefit
Physiotherapy (Outpatient) <i>Benefit is payable \$25 per visit; 1 visit/day</i>	100% of *R&C Charges	100%
Motor Vehicle Injury <i>Benefit is payable the same as any Injury; up to maximum \$1,000</i>	100% of *R&C Charges	100%
Other Injury Covered Services: Hospital Inpatient Room and Board; Hospital Inpatient Miscellaneous; Hospital Outpatient Surgical Miscellaneous; Hospital Emergency Room; Surgical Treatment; Assistant Surgeon; Anesthesia; Consultant Doctor; Doctor Outpatient and Inpatient Non-Surgical Visits; Outpatient X-ray and Lab Services; Ambulance Services; Private Duty Nurse; Shots and Injections; Orthopedic Appliances.	100% of *R&C Charges	No Benefit
BASIC SICKNESS - COVERED SERVICES AND BENEFIT LIMITS	SICKNESS BENEFIT	MAJOR MEDICAL BENEFIT
Hospital Inpatient Room and Board <i>Semi-Private Room Rate, includes Hospital Intensive Care and General Nursing Care.</i> <i>Benefit is payable up to maximum \$1,000 per day</i>	100% of *R&C Charges	100%
Hospital Inpatient Miscellaneous <i>For services and supplies when hospital confined including but not limited to: The cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.</i> <i>Benefit is payable up to maximum \$4,000</i>	100% of *R&C Charges	100%
Hospital Outpatient Surgical Miscellaneous <i>For facility expenses when not hospital confined for scheduled day surgery at an outpatient surgical care unit or licensed outpatient surgical center. Benefits for services and supplies include but not limited to: The cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies.</i> <i>Benefit is payable up to maximum \$4,000</i>	100% of *R&C Charges	100%
Surgical Treatment (inpatient or outpatient) <i>In accordance with the most current Reasonable and Customary payment system. When multiple surgical procedures are performed during the same operative session through the same incision, or in immediate succession the most expensive procedure will be paid first, then 50% of the less expensive surgical procedures will be considered.</i> <i>Benefit is payable up to maximum \$4,000</i>	80% of *R&C Charges	100%
Assistant Surgeon <i>Benefit is payable up to 25% of the Surgical Treatment Benefit</i>	25% of *R&C Charges	100%
Anesthesia <i>Benefit is payable up to 25% of the Surgical Treatment Benefit</i>	25% of *R&C Charges	100%
Consultant Doctor <i>Benefits are payable if requested and approved by the attending Doctor.</i> <i>Benefit is payable under Doctor's Non-Surgical Visits</i>	100% of *R&C Charges	100%
Doctor's Inpatient Non-Surgical Visits <i>Covered visits will be paid under the Inpatient benefit or under the Outpatient benefit but not both on the same day.</i> <i>1 visit/day; not paid day of surgery</i> <i>Benefit is payable \$100 per visit</i>	100% of *R&C Charges	100%
Doctor's Outpatient Non-Surgical Visits <i>Covered visits will be paid under the Inpatient benefit or under the Outpatient benefit but not both on the same day.</i> <i>1 visit/day; not paid day of surgery;</i> <i>Benefit is payable \$100 per visit</i>	100% of *R&C Charges	100%
Physiotherapy (Outpatient) <i>Benefit is payable under Doctor Non-Surgical Visits</i>	100% of *R&C Charges	100%
Inpatient Pathology and Radiology Services <i>Benefit is payable under Hospital Inpatient Miscellaneous</i>	100% of *R&C Charges	100%
Outpatient Diagnostic X-ray and Lab Services <i>Benefit is payable up to maximum \$700</i>	80% of *R&C Charges	100%
Hospital Emergency Room Services (Outpatient) <i>Benefit is payable up to maximum \$500; after \$100 copay per visit</i> <i>Copay is waived if admitted into hospital within 24 hours</i>	80% of *R&C Charges	100%
Ambulance Services <i>Benefit for ground service only</i> <i>Benefit is payable up to maximum \$400</i>	100% of *R&C Charges	100%
Orthopedic Appliances <i>Does not include benefits for durable medical equipment</i>	No Benefit	100%
Prescription Drugs (Outpatient) <i>Benefit is payable up to maximum \$500; 30-day supply per prescription</i>	100% of *R&C Charges	100%
Private Duty Nurse <i>Benefit is payable under Hospital Inpatient Miscellaneous</i>	100% of *R&C Charges	100%
Shots and Injections <i>Benefit is payable under Doctor Non-Surgical Visits - Outpatient</i>	100% of *R&C Charges	100%
Chemotherapy and Radiation Therapy	No Benefit	100%
Maternity Benefit <i>Benefits are payable the same as any Sickness</i>	Same as any Sickness	100%
Mental and Nervous Disorders <i>Benefit is payable the same as any Sickness;</i> <i>Except outpatient doctor non-surgical visits payable \$100 per visit, 1 visit/day, up to 10 visits</i>	Same as any Sickness	No Benefit
Substance Abuse Treatment <i>Refer to Mandated Benefits for a description of benefits payable</i>		No Benefit
*R&C means Reasonable and Customary		

BENEFITS MANDATED BY STATE OF MICHIGAN

Michigan mandates coverage for the following benefits: Treatment of substance abuse while hospital confinement and for intermediate care and out-patient care, paid the same as any other Sickness, up to \$3,969.00 per Policy Year; Up to 48 hours Hospital Confinement following vaginal delivery and 96 hours for caesarean delivery, paid the same as any other Sickness. If discharged early, benefit includes one at-home post-delivery care visit within 48 hours of discharge. At the mother's discretion, the visit can be at the provider's facility. Please see the Policy on file with the policyholder for complete details.

BENEFIT PAYMENTS

Benefits are payable only for expenses incurred during the policy period. No benefits are payable for expenses incurred prior to or after the Insured person's effective coverage or expiration dates respectively.

Medical expenses due to covered Injury or Sickness are payable for the Reasonable and Customary charges as determined by the Policy, less any basic deductible or copay and as outlined in the Schedule of Benefits. The Policy does not provide benefits for services which are not listed in the Schedule of Benefits.

OTHER SCHEDULED BENEFITS

OPTIONAL MAJOR MEDICAL BENEFIT

This additional Plan is underwritten by Markel Insurance Company and contains its own benefits, limitations and exclusions. Please refer to the separate brochure online which details this plan.

If this coverage is purchased, benefits are provided under the Optional Major Medical benefit after the Maximum Basic Injury or Sickness benefit limit of \$50,000 has been paid. Benefits are payable for the reasonable and customary charges incurred for covered services up to an aggregate maximum benefit of \$100,000 for each Injury or Sickness. This maximum includes the benefits payable under Basic Injury or Sickness benefit and Optional Major Medical benefit.

EXCESS PROVISION

Even if you have other insurance, the Policy may cover unpaid balances, deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which is paid or payable by Other Medical Insurance.

ACCIDENTAL DEATH AND DISMEMBERMENT

If the specific loss occurs within 180 days from date of Injury, the Policy shall pay one of the following (the largest applicable amount):

Accidental Death	\$1,000
Single Dismemberment or Loss of One Eye	\$1,000
Double Dismemberment or Loss of Both Eyes	\$2,000

The benefit paid will be in addition to any other benefits paid for the Injury. Dismemberment means the severance of a hand or foot above the wrist or ankle joint. Loss of Eye means entire and irrecoverable loss of vision in the eye.

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 continuously insured under the Policy for more than 12 months. "Continuously insured" means a person has been continuously insured under the Policy and prior student health insurance policies issued to the Policyholder. Persons who have remained continuously insured will be covered for Sickness or Injury which was payable while continuously insured except for expenses payable under prior policies in the absence of the Policy. Previously insured students must re-enroll for coverage within 30 days of the end of the prior coverage in order to avoid a break in coverage for Sickness or Injury which existed in prior policy years. Once a break in continuous coverage occurs, the definition of Sickness or Injury will apply in determining coverage of any Sickness or Injury which existed during such break; or
2. (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 (b) whose most recent prior Creditable Coverage was under an employer group health plan; and (c) who

accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

Creditable Coverage Means:

- Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans.
- The federal Medicare program pursuant to Title XVIII of the Social Security Act.
- The Medicaid program pursuant to Title XIX of the Social Security Act.
- 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)).
- A medical care program of the Indian Health Service or of a tribal organization.
- A state health benefits risk pool.
- A health plan offered under 5 U.S.C.A. Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FEHBP)).
- A public health plan. For the purposes of this definition, a public health plan means any plan established or maintained by a state, the U.S. government, a foreign country, or any political subdivision of a state, the U.S. government, or a foreign country that provides health coverage to individuals who are enrolled in the plan.
- A health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e)).
- Title XXI of the Social Security Act (State Children's Health Insurance Program).

Creditable Coverage includes continuation or conversion coverage but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, longterm care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

POLICY DEFINITIONS

Accident: A sudden, unforeseeable, external event which results in an Injury.

Ambulance: A vehicle which is licensed solely as an ambulance by the local regulatory body to provide transportation to a Hospital or transportation from one Hospital to another for those individuals who are unable to travel to receive medical care by any other means or the Hospital cannot provide the needed care.

Covered Charge: The Reasonable and Customary Charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Dependent: A person who resides with the Insured and is the Insured's: Legally married spouse; Child who is dependent upon the Insured for support and maintenance and is under the age of 23; Child who is dependent upon the Insured for support and maintenance, is incapable of self-sustaining employment by reason of mental or physical handicap, and is age 23 and over. The term child refers to the Insured's unmarried: Natural child; Stepchild or foster child; A stepchild is a Dependent on the date the Insured marries the child's parent; Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

Doctor: A legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a Family Member.

Emergency: A Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following: The patient's life or health would be in serious jeopardy; Bodily functions would be seriously impaired; or A body organ or part would be seriously damaged. Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the above listed complications.

POLICY DEFINITIONS CONTINUED

Experimental/Investigational: A drug, device or medical care or treatment will be considered experimental/investigational if: The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished; The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law; The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's institutional review board or other body serving a similar function, or if federal or state law requires such review and approval; Reliable evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of on-going Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or Reliable evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis. Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Covered Charges will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Hospital: An institution licensed, accredited or certified by the State which: Is accredited by the Joint Commission on Accreditation of Healthcare Organizations; Provides 24-hour nursing service by licensed registered nurses (R.N.); Mainly provides diagnostic and therapeutic care under the supervision of Doctors while Hospital Confined; and Maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities. Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest; the aged; a nursing home; or an institution mainly rendering treatment or services for Mental or Nervous Disorders or substance abuse, except as specifically provided in the Policy.

Hospital Confined/Hospital Confinement: Confinement in a Hospital for at least 18 consecutive hours for which a room and board charge is made by reason of a Sickness or Injury for which benefits are payable.

Insured: The Covered Person who is enrolled at the Policyholder's school.

Injury: Bodily injury due to an Accident which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Intensive Care Unit: A specifically designed facility of the Hospital that provides the highest level of medical care; and which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be permanently equipped with special life-saving equipment for the care of the critically ill or injured; and under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the intensive care unit. Intensive Care Unit does not mean any of these step-down units: progressive care; sub-acute intensive care; intermediate care units; private monitored rooms; observation units; or other facilities which do not meet the standards for intensive care.

Medically Necessary: A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis. A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it: Is Experimental/Investigational or for research purposes; Is provided solely for educational purposes or the convenience of the patient, the patient's family, Doctor, Hospital or any other provider; Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care; Could have

been omitted without adversely affecting the patient's condition or the quality of medical care; Involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or Can be safely provided to the patient on a more cost-effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment. We reserve the right to determine whether a service, supply or drug is Medically Necessary.

Orthopedic Appliances: Any supportive device or appliance used in treating Sickness or Injury.

Physiotherapy: Any form of the following administered by a Doctor: Physical or mechanical therapy; Diathermy; Ultra-sonic therapy; Heat treatment in any form; or Manipulation or massage.

Pre-existing Condition: 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 under the Policy.

Prescription Drugs: Drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the U.S. Food and Drug Administration (FDA). The drugs must be dispensed by a licensed pharmacy provider for out of Hospital use. Coverage for a Prescription Drug will not be excluded for a particular indication on the ground that the drug has not been approved by the FDA for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature as recommended by current American Medical Association (AMA) policies. Prescription Drug coverage shall also include Medically Necessary services associated with the administration of the drug.

Reasonable and Customary Charges, Fees or Expenses: An amount equal to the lesser of: The actual amount charged by the provider; the negotiated rate, if any; or the reasonable charge as determined by the Payment System software as shown in the Schedule.

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. Sickness will also include normal pregnancy.

Sound Natural Teeth: Natural teeth, the major portion of the individual tooth which is present, regardless of filings and caps; and is not carious, abscessed, or defective.

We, Ours and Us: The Guarantee Trust Life Insurance Company. Male pronouns whenever used include female pronouns.

EXCLUSIONS

This Policy does not provide benefits 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 Us; 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. 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.
3. Expenses incurred as a result of dental treatment, except as specifically stated.
4. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
5. Eyeglasses and contact lenses, and examination for prescribing or fitting them; any other procedure for correction of refractive disorder of the eye or eyes; hearing aids and hearing examinations.
6. Routine physical examinations, health examinations or preschool physical examinations including routine care of a newborn infant, other than Hospital nursery expense of a Dependent newborn baby.
7. Elective abortions.
8. Cosmetic surgery except made necessary by Injury.

EXCLUSIONS CONTINUED

9. Expense incurred in connection with birth control.
10. 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.
11. Injury resulting from participating in the practice or play of interscholastic or intercollegiate sports, including the participation in any conditioning program for such sport, contest or competition.
12. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
13. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.
14. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs, or the use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.
15. Services provided normally without charge by the Health Service of the Policyholder; or by any person employed or retained by the Policyholder or services covered or provided by the student health fee.
16. Treatment for smoking cessation.
17. Organ, tissue and cell transplants.
18. Patient controlled analgesia (PCA); corns, calluses and bunions; orthopedic shoes or devices intended to be placed inside shoes or other footwear; treatment for acupuncture; allergy, including allergy testing; hair growth or removal; treatment for sleep disorders, including testing thereof; weight loss treatment or obesity and any condition resulting therefrom (including hernia of any kind, diabetes or heart disease).
19. 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.

CLAIM PROCEDURE

Send all medical, pharmacy or hospital itemized bills including diagnosis to the address below within 90 days after the date of the Injury or Sickness or as soon as reasonably possible.

Information to identify the student or dependent must be provided and should include: student name, patient name, address, student ID number or social security number, and name of the school.

A claim form is required. A company claim form can be obtained from the School, Servicing Agent or www.1stagency.com. A student may also complete the online claim form from the website.

Bills submitted later than one year after the 90 day period expires will not be considered for payment except in the case of no legal capacity.

Send claims or inquiries to:

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

The claim office is available for calls between 7:30 a.m. to 4:30 p.m. Eastern Time, Monday - Friday.

Students may check the status of a claim already filed by calling First Agency, Inc.

For assistance and questions about insurance benefits, ID cards, claim status or claim processing contact:

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

Servicing Agent:
David Turley

Phone: (269) 381-6630
or (800) 243-6298
Fax: (269) 381-3055
email: dturley@1stagency.com

Policy Number:
214-125-318-P

**Guarantee Trust Life Insurance Company
Student Accident & Sickness Plan
Designed for
Hillsdale College
2011 • 2012**

This is a general summary of Student Accident and Sickness Insurance coverage. Keep this Brochure as no individual policy will be issued. This summary is not a contract; however, the Master Policy is on file at the school or available by contacting First Agency, Inc.

Note: The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this Brochure and the Master Policy.

PRIVACY NOTICE

Guarantee Trust Life Insurance Company and First Agency, Inc. are committed to maintaining the privacy of the Insured person's personal health information and complying with all state and federal privacy laws. A copy of the Privacy Notice may be obtained by contacting First Agency, Inc. at (800) 243-6298 or visiting its website.

COMPLAINTS AND CLAIM APPEALS

An Insured person has a right to file a Grievance in writing for any provision of services or claim practices of Guarantee Trust Life Insurance Company which offers an insurance plan or its claim administration by First Agency, Inc.

If there is a problem or concern the Insured person can first call the customer service number on the ID card. A customer service representative will provide assistance in resolving the problem or concern as quickly as possible. If the Insured person continues to disagree with the decision or explanation given, a written request may be submitted for a review through the internal grievance process.

The internal grievance process may be initiated by contacting First Agency, Inc. The Insured person can:

- Submit written comments, documents, records, and other material relating to the review;
- Receive, upon request, reasonable access to and copies of all documents relevant to the request for benefits relating to claim denial.

The grievance will be reviewed and a written decision will be mailed. The grievance procedures can be obtained by contacting First Agency, Inc., or from the Master Policy on file with the School.

Grievance may be sent to:

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