

## DEFINITIONS

**Pre-existing Condition** means a sickness or injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 month period immediately 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.

**Reasonable & Customary Charges** means a reasonable charge which is: 1) reasonable and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under the Policy for any expenses incurred which in the judgment of the Company are in excess of Reasonable and Customary Charges. (90th percentile)

## MAMMOGRAPHY BENEFITS

Benefits will be provided on the same basis as benefits for any other sickness for screening by low-dose mammography for the presence of occult breast cancer subject to all of the terms and conditions of the Policy and according to the following guidelines:

1. A baseline mammogram for women thirty-five through thirty-nine years of age.
2. An annual mammogram for women forty years of age or older.

"Low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with radiation exposure delivery of less than one rad per breast for 2 views of an average size breast.

## BENEFITS FOR INITIAL PROSTHETIC DEVICE AND RECONSTRUCTIVE SURGERY

Benefits will be provided for the surgical procedure known as a mastectomy and the initial prosthetic device or reconstructive surgery incident to the mastectomy. When a mastectomy is performed and there is no evidence of malignancy, benefits will be limited to the cost of the prosthesis or reconstructive surgery to within 2 years after the date of the mastectomy. Benefits for the prosthetic device and reconstructive surgery shall be subject to the provisions applied to the mastectomy and all other terms and conditions applicable to other benefits under the Policy.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Doctor.

## INTERCOLLEGIATE SPORTS MAXIMUM BENEFIT \$90,000 (FOR EACH INJURY)

Insured student athletes who are members of and are participating in intercollegiate baseball, softball, basketball, volleyball, soccer, swimming, cheerleading, golf, tennis, track and field, and cross country sponsored by the Policyholder are covered for sports injury under a separate Policy.

## INTRAMURAL COVERAGE MAXIMUM BENEFIT \$10,000 (FOR EACH INJURY)

Students who are participating in school sponsored and supervised intramural activities at Lewis University are covered for intramural injuries under a separate policy.

## 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 valid and collectible insurance.

However, this excess provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the insured for failing to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

## MATERNITY TESTING

These expenses incurred will be paid as any other sickness.

## EXCLUSIONS AND LIMITATIONS

The Company will not pay 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 the Company. This exclusion will not apply to coverage for investigational cancer treatments if the policyholder has selected such optional coverage; 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. 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.

5. Cosmetic surgery other than: Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part.
6. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor or except as specifically stated.
7. Any service or supply not specifically listed as a Covered Charge.
8. Surgery and/or treatment for acne; acupuncture; allergy, including allergy testing; biofeedback-type services; breast implants or breast reduction unless Medically Necessary; circumcision; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof unless due to Injury occurring while coverage is in force; family planning; hair growth or removal; impotence, unless as a result of covered Injury or Sickness, organic or otherwise; learning disabilities; nonmalignant warts, moles, and lesions unless Medically Necessary; obesity, except morbid obesity, and any condition resulting therefrom (including hernia of any kind, diabetes or heart disease); premarital examination; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; smoking cessation; tubal ligation; vasectomy; and weight increase or reduction.
9. Temporomandibular Joint Dysfunction (TMJ).
10. Expenses incurred as a result of dental treatment, except as specifically stated.
11. Patient controlled analgesia (PCA).
12. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of injury and except as specifically stated.
13. Expense incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices, except as specifically stated.
14. Organ, tissue and cell transplants.
15. Elective abortions.
16. Routine physical examinations and routine testing, preventive testing or treatment; and screening exams.
17. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
18. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
19. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.
20. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
21. Injury caused by or resulting from being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
22. Congenital conditions.
23. Injury resulting from skydiving, parachuting, hang gliding, glider flying, sail-plaining, bungee jumping, parasailing or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
24. Alopecia.
25. Gynecomastia.
26. Assistant surgeon fees.
27. Nicotine addiction.

## EXCLUSIONS CONTINUED

28. Injury sustained while (a) participating in a club, intercollegiate, intramural, or professional sport, contest or competition, (b) traveling to or from such sport, contest or competition as a participant or (c) while participating in any practice or conditioning program for such sport, contest or competition.

## 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: 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.

## CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

1. Report at once to the Center for Health and Counseling Services for treatment or referral, or when not in school to the nearest Physician or Hospital.
2. Complete a claim form when filing a claim. You may obtain a claim form at Health Services or on-line at [www.1stagency.com/claimforms.htm](http://www.1stagency.com/claimforms.htm). Mail to the address below all medical and hospital bills along with the claim form.
3. File claim within 30 days of Injury or first treatment for a Sickness. Bills must be received by the Company within 90 days of service to be considered for payment.

*The Plan is Underwritten by:*  
**Guarantee Trust Life Insurance  
Company of Illinois**

*Submit all Claims or Inquiries to:*  
**First Agency Inc.  
5071 West H Avenue  
Kalamazoo, Michigan 49009-8501  
(269) 381-6630  
(269) 381-3055 FAX**

Keep this brochure as summary of the Insurance. No individual policies will be issued. If any discrepancies exists between the brochure and the policy, the policy on file with the school governs the payment.

This Brochure is based on  
Policy #124-125-001-P

# Student Injury And Sickness Insurance Plan

*Designed Especially  
for the Students of*



## 2011 -2012

Policy #124-125-001-P

## ELIGIBILITY

All resident students taking credit hours and all intercollegiate athletes taking credit hours are automatically enrolled in the Basic Injury coverage, of this insurance Plan. The above mentioned students are eligible to enroll in the Optional Sickness coverage of this insurance Plan on a voluntary basis. All Non-Resident students taking credit hours are eligible to purchase the Basic Injury and Sickness coverage of this insurance Plan on a voluntary basis.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of premium. Students may secure dependent coverage during the open enrollment time period if they have purchased coverage for themselves. Eligible dependents are the spouse (residing with the insured student) and unmarried children under nineteen years of age who are not self-supporting and reside with the Insured Student.

Alternative Coverage - If you do not meet the Eligibility requirements of the Plan, please call (269) 381-6630 for information on alternative insurance Plans.

## EFFECTIVE AND TERMINATION DATES

Your coverage becomes effective on the later of; the Policy effective date (8/17/11); or the date the application and proper premium is received by the Administrator. Enrollment is only allowed during the open enrollment period which is 8/25/11 to 10/1/11 and 1/1/12 to 2/17/12 for second semester.

Exceptions will be made for the following:

1. Adding a new spouse or Dependent child (within 31 days of marriage, birth, or adoption).
2. Enrolling as a new or transfer student within 31 days of enrollment at the school.
3. Within 31 days of ineligibility under another plan of Creditable Coverage and accepted and exhausted COBRA continuation of coverage if offered.

A covered person's coverage will terminate on the earliest of the following dates: 1) the last day of the period through which the premium is paid; 2) the date of entry into full-time active military services; 3) the date the insured student's coverage terminates; or 4) the date the Policy terminates (8/17/12).

If paying premiums by semester, coverage expires as follows:

Fall 01-17-12

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

You must meet the Eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the premium expiration date.

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.

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.

## EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is hospital confined on the Termination Date from a covered accident or sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such accident or sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date. The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## THE CENTER FOR HEALTH AND COUNSELING SERVICES

This is a supplemental Plan. Students are encouraged to use the resources of the Center For Health and Counseling Services first where treatment will be administered, or a referral issued, except under the following conditions:

1. Medical emergency. The student must return to the Center for Health and Counseling Services for necessary follow-up care;
2. When the Center for Health and Counseling Services is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to use the Center for Health and Counseling Services due to a change in student status;
6. Maternity; or
7. Mental or nervous disorders including use of drugs and alcohol.

## MEDICAL EVACUATION

If the Insured person, by reason of covered Injury or Sickness and following at least 5 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.

## BASIC MEDICAL EXPENSE BENEFITS

### Up to \$10,000 Policy Year Maximum Benefit Paid as Specified Below (For Each Injury and Sickness)

NOTE: THE CENTER FOR HEALTH AND COUNSELING SERVICES REFERRAL REQUIREMENT WILL BE WAIVED FOR NON-RESIDENT STUDENTS.

Policy Exception: Exclusion #24 will be waived for students participating in Lewis University's flight program activities.

The Policy provides benefits for the Reasonable and Customary Charges incurred by an Insured Person for loss due to a covered injury or sickness (if the optional sickness benefit has been purchased) up to the Maximum Benefit of \$10,000 for each Injury and sickness. Treatment of Injury must begin within 60 days of covered accident.

**The sickness coverage has an annual deductible of \$50.** Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

<b>INPATIENT</b>	<b>INJURY</b>	<b>OPTIONAL SICKNESS</b>
<b>Room and Board Expense</b> , daily semi-private room rate .....Semi-Private room rate .....80% of Reasonable & Customary Charges and general nursing care provided by the Hospital.		
<b>Hospital Miscellaneous Expenses</b> , such as the cost of ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, 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.		
<b>Physiotherapy</b> ..... No Benefits .....80% of Reasonable & Customary Charges		
<b>Surgeon's Fees</b> , in accordance with data provided by..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges the most current Reasonable and Customary payment system.		
No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.		
<b>Anesthetist</b> .....25% of surgery allowance .....80% of Reasonable & Customary Charges		
<b>Registered Nurse's Services</b> , private duty nursing care ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges		
<b>Doctor's Visits</b> , benefits are limited to one visit per ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges day and do not apply when related to surgery.		
<b>Pre-admission Testing</b> ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges		
<b>OUTPATIENT</b>		
<b>Surgeon's Fees</b> , in accordance with data provided by..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges the most current Reasonable and Customary payment system.		
No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.		
<b>Day Surgery Miscellaneous</b> , related to scheduled ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges surgery performed in a Hospital, including the cost of the operating room; laboratory tests, and X-ray examinations, including professional fees; anesthesia, drugs or medicines; and supplies. Usual and Customary charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.		
<b>Anesthetist</b> .....25% of surgery allowance .....80% of Reasonable & Customary Charges		
<b>Doctors Visits</b> , benefits are limited to one visit per ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges day. Benefits for Doctor's Visits do not apply when related to surgery or Physiotherapy.		
<b>Physiotherapy</b> , benefits are limited to one visit per day ..... No Benefits .....80% of Reasonable & Customary Charges		
Outpatient physiotherapy benefits are payable only for a condition that required surgery or Hospital Confinement:		
1) within the 30 days immediately preceding such Physiotherapy: or 2) within the 30 days immediately following the attending Doctor's release for rehabilitation.		
<b>Medical Emergency Expenses</b> , use of the emergency ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges room and supplies		
<b>Diagnostic X-ray and Laboratory Services</b> ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges		
<b>Tests &amp; Procedures</b> , diagnostic services and medical ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges procedures performed by a Doctor other than		
Doctor's Visits, Physiotherapy, X-rays and lab procedures.		
<b>Injections</b> , when administered in the Doctor's office ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges and charged on the Doctor's statement.		
<b>Prescription Drugs</b> ..... No Benefits .....80% of Reasonable & Customary Charges		
<b>OTHER</b>		
<b>Ambulance Services</b> ..... Reasonable & Customary Charges .....80% of Reasonable & Customary Charges		
<b>Braces and Appliances</b> , a written prescription must ..... Reasonable & Customary Charges ..... No Benefits accompany the claim when submitted. Replacement braces and appliances are not covered.		
<b>Dental Treatment</b> , made necessary by Injury to ..... Reasonable & Customary Charges ..... No Benefits Sound, Natural Teeth. \$250 maximum		
<b>Maternity</b> ..... N/A ..... Paid as any other Sickness		
<b>Complications of Pregnancy</b> ..... N/A ..... Paid as any other Sickness		

## MAJOR MEDICAL BENEFIT \$15,000 ADDITIONAL BENEFIT (FOR EACH INJURY OR SICKNESS)

After medical bills incurred reach \$10,000 under the Basic Medical Benefits, the Company will pay 100% of additional Covered Medical Expenses incurred up to \$25,000.

The Maximum Benefit under the Policy for any one Injury or Sickness is \$25,000 minus all amounts paid under the Basic Medical Plan benefits, including the annual \$50 sickness deductible.

No benefits will be paid under major medical for: 1. Room and Board expenses which exceed the semiprivate room rate; 2. Intercollegiate Sports; 3. Dental treatment; 4. Outpatient Physiotherapy.

## MENTAL OR NERVOUS DISORDERS BENEFITS INCLUDING USE OF DRUGS AND ALCOHOL

While hospital confined, benefits will be paid as for any other sickness.

Benefits for treatment of mental or nervous disorders including use of Drugs and alcohol on an outpatient basis will be paid as for any other sickness.

All Covered Medical Expenses incurred as a result of Mental or Nervous Disorder including use of Drugs and alcohol are subject to the policy maximums.

Psychiatric Hospitals are not covered. Treatment must be administered by an M.D. or licensed Psychologist, Ph.D.

## 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; habitative 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.

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.