

EXCLUSIONS AND LIMITATIONS (continued)

13. Physiotherapy, except as specifically stated in the Policy.
14. Cosmetic surgery, except as the result of Injury occurring while the Policy is in force as to the Covered Person.
15. Injury sustained while participating in the practice or play of interscholastic, intercollegiate, club, semi-professional or professional sports or travel connected therewith.
16. Normal pregnancy and childbirth, except for Complications of Pregnancy.
17. Medical expense exceeding \$100.00 when benefits are payable therefor under any other policy or prepayment plan.

DEFINITIONS

Injury: 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: 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.

Pre-Existing Conditions Limitation:

Definitions

Pre-existing Condition: A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Covered Persons effective date of coverage under the Policy or a pregnancy existing on the Covered Persons effective date of coverage under the Policy.

There is no coverage for Pre-existing Conditions unless the Covered Person has had 12 months of Continuous Coverage.

The Covered Person must provide us proof of prior Creditable Coverage.

This limitation will not apply if, during the period immediately preceding the Covered Person's Effective Date of coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for 12 consecutive months. Prior Creditable Coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

Continuous Coverage: The period of time that a Covered Person is continuously insured under this Policy and/or any prior Creditable Coverage with no greater than a 63 day lapse between the effective date of coverage under this Policy and the termination of prior Creditable Coverage.

CLAIM PROCEDURES

In the event of injury or sickness, the student should:

1. If at the College, report at once to the Student Health Service so that proper treatment can be prescribed or approved.
2. If away from the College, consult a doctor and follow his instructions. Pay the bill and obtain a receipt.
3. Claim forms and instructions on claims procedure are available at the Student Health Service. All questions concerning insurance and claims should be directed to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009, (800) 243-6298.

Written notice of claims must be given to the Company within 30 days after the occurrence or commencement of any loss covered by the policy.

This plan is underwritten by:
Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025

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.

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. Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of such state statute.

STUDENT ACCIDENT & SICKNESS INSURANCE

Designed Especially for
the Students of

LINCOLN COLLEGE

Lincoln, IL 62656



2011 - 2012

Plan Administrator:
First Agency
5071 West H Avenue
Kalamazoo, MI 49009-8501
(800) 243-6298

Company and Policy Number
Guarantee Trust Life
124-125-015-P

DESCRIPTION OF BENEFITS

Coverage is for 24 hours a day and is valid worldwide.

1. Benefits become effective at 12:01 a.m. on August 23, 2011 and will continue during the period for which premium is paid. The Master Policy expires at 12:01 a.m. on August 23, 2012.
2. Protection is in effect during all interim vacation periods.
3. Participation in athletic activities is covered, excluding the practice or play of intercollegiate athletics or club sports.

ELIGIBILITY

All registered students, taking 6 credit hours or more, are automatically covered under this insurance program.

The student must actively attend classes for 45 days following the date of enrollment in this insurance program, except during school authorized breaks. Home study, auditing scholars and other non-traditional students do not qualify as a student for the purposes of purchasing this coverage. 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.

EFFECTIVE AND TERMINATION DATE

Coverage is effective the first day of the Term of Coverage which an enrollment and premium are received by Us on or prior to the first day of the Term of Coverage.

Coverage terminates at the earliest of: the termination of the Policy; the date the Insured ceases to be an Eligible Person; the last day of the Term of Coverage for which premium is paid; the date a Covered Person enters full-time active military service. 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 within 30 days of leaving the school.

The policy will allow benefits only for expenses not covered by other valid and collectible coverage. If the total covered expenses are less than \$100 this provision will be waived.

ACCIDENT BENEFITS

When a student incurs medical expense during the policy year for an accident occurring while the policy is in force and such injury requires treatment by a legally qualified Doctor, surgeon or dentist (maximum 10 visits), hospital confinement, the services of a registered graduate nurse, X-ray service, use of operating room, wheel-chair, crutches, or the use of an ambulance to a hospital for confinement or from a hospital after confinement; the expense actually incurred for such treatment of service will be paid but not to exceed an aggregate maximum amount of \$10,000.00 as the result of any one accident. Payment for dental expense actually incurred is limited to \$100.00 per tooth and then only in the event of accidental injury to sound, natural teeth. Treatment of Injury must begin within 30 days of covered accident

SICKNESS BENEFITS

When a student incurs medical expense during the policy year for medical treatment for the sickness first manifested and causing loss while the policy is in force, the company will pay the medical expenses actually incurred for such sickness according to the following schedule of benefits per sickness.

Hospital Room and Board

Up to \$40 per day beginning with the first day, up to 30 days.

Miscellaneous Hospital Expense

X-ray examinations, laboratory tests, anesthesia, medicines, use of operating room, temporary surgical appliances, when a student is confined as a bed patient therein, or for outpatient surgery requiring anesthesia. Up to a maximum of \$200.00.

Doctor's Fees - 30 days maximum

Up to \$20.00 per day for illnesses not requiring surgery beginning with the first call during hospital confinement, or beginning with the third visit if not confined (maximum 10 visits).

Ambulance Expense Benefit

When the student requires the services of a professional ambulance to a hospital for confinement or from a hospital after confinement, the expense actually incurred will be paid up to \$50.00 for any one sickness.

Outpatient Diagnostic Laboratory or X-ray Expense

When X-ray or laboratory studies are necessary the company will pay for such services up to a maximum of \$50.00 for either.

Nurse

Expense for a Registered Nurse when a student is confined as a bed patient up to \$50.00 per day, 15 days maximum.

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.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

For the following loss occurring within 180 days of the date of covered injury.

Accidental death.....	\$5,000.00
Accidental loss of two hands, feet or eyes	\$5,000.00
Accidental loss of one hand, and one foot.....	\$5,000.00
Accidental loss of one hand or foot	\$2,500.00
Accidental loss of one eye.....	\$1,250.00

EXCLUSIONS AND LIMITATIONS

We won't pay benefits for:

1. We won't pay benefits for: 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. 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.
6. 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.
7. Manipulations of the musculoskeletal system, which includes manipulation of muscles, joints, soft tissue, bone, spine, as well as traction and massage, applications of heat or cold.
8. Elective abortions.
9. Services that are provided normally without charge by Policyholder's student health center, hospital or infirmary, services for fees provided by the Policyholder, or services rendered by any person employed by the Policyholder, including team Doctor and trainers, or any other service performed at no cost.
10. Injury caused by or resulting from being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
11. Expenses incurred for dental care or treatment of the teeth, gums, or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries to Sound Natural Teeth caused by Injury.
12. Preventative medicines or vaccines.