

# Lincoln Land Community College

## STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

2011 - 2012

124-125-010-P

### NOTE

PLEASE BE SURE TO RETAIN THIS BROCHURE, AS IT OUTLINES THE PROVISIONS OF THE MASTER POLICY WHICH IS ON FILE AT THE COLLEGE.

ANY DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY WILL BE GOVERNED BY THE POLICY.

**NO INDIVIDUAL POLICIES WILL BE ISSUED.**

### COVERAGE

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

### 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 the 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.

### ELIGIBILITY

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more, and their dependents, attending Lincoln Land Community College are eligible to participate in this program.

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.

Eligible dependents shall be the students spouse and all dependent children under the age of 19 years and who reside with the Insured Student. Dependents can only enroll in this Plan at the time the student enrolls in the plan.

Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and required premium is paid. Eligibility requirements must be met each time a premium is paid to continue coverage.

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

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

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.

### PREMIUM REFUNDS

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.

### 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 covered under the policy for more than 12 months;
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.

### PRE-EXISTING CONDITIONS

A pre-existing condition is a sickness or injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the covered person's effective date of coverage under the policy or a pregnancy existing on the covered person's effective date of coverage under the policy.

### PERIOD OF COVERAGE

The Insurance becomes effective on 8/15/11 at 12:01 a.m. or on the date enrollment form and premium are received, if later. Coverage continues to 8/15/12 at 12:01 a.m. or the end of the period for which premium was paid or entry into full military service of any country.

Enrollment is only allowed during the open enrollment period which is 8/20/11 to 9/21/11 for the first semester and 1/2/12 to 2/7/12 for the 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.
4. Within 31 days of entering the Allied Health Program.

### CLAIM PROCEDURE

In the event of injury or sickness, the Insured Student should:

1. REPORT AT ONCE to the Business Office, when on campus.
2. If you are off campus and unable to report to the Business Office, then secure treatment at the nearest Hospital or Doctor's office, pay the charges, if you wish, and obtain a receipt. Report immediately to the Business Office and follow instructions for filing your claim.
3. Obtain a claim form from the Business Office. Students are responsible for filing their own claims.

Notification of any claim must be provided to First Agency, Inc., 5071 West H Ave., Kalamazoo, MI 49009 within twenty (20) days of injury or the commencement of sickness. Bills for which benefits are to be paid must be submitted within ninety (90) days from the date treatment was provided.

*Insurance Administrator & Claims Office:*



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

*Underwritten by:*

**Guarantee Trust Life Insurance Company**

This is a non-renewable one year term policy. It is the insured's responsibility to maintain continuation of coverage. No renewal notices will be sent to the Insured.

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

### SUPPLEMENTARY ENROLLMENT FOR FAMILY COVERAGE

Dependent's  
Name

Date  
of Birth

Relationship to  
Insured

POLICY # 124-125-010-P

Detach and retain if you enroll  
2011-2012

STUDENT INSURANCE PLAN

INSURED STUDENT

College \_\_\_\_\_

Underwritten by:  
**Guarantee Trust Life  
Insurance Company**

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

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**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.

**BASIC MEDICAL EXPENSE BENEFITS**

When a covered Injury or Sickness requires treatment by a doctor, payment will be made for the medically necessary reasonable and customary expense, as allocated below, while coverage is in force during the Policy year, up to a maximum benefit of \$5,000. Treatment of Injury must begin within 30 days of covered accident.

**COVERED CHARGES, PER INJURY OR SICKNESS**

	PLAN I	PLAN II
1. Daily Room and Board Semi-Private when hospital confined at a rate per day of.....	\$200.00	\$300.00
2. Miscellaneous Hospital Charges for use of operating room, anesthesia, X-ray examination (not treatment), laboratory tests, drugs or medicines, therapeutic services or supplies when hospital confined and while receiving Room and Board Benefits above. Payable at 80%, up to a maximum of.....	\$1,000.00	\$1,500.00
3. Surgical Operations in accordance with the Schedule, with a \$75 coefficient, up to a maximum of.....	\$1,000.00	\$1,500.00
4. Assistant Surgeon, payable at 20% of the surgery fee paid, up to a maximum of.....	\$200.00	\$300.00
5. Administration of Anesthetics, payable at 25% of the amount of the surgical benefit, up to a maximum of.....	\$250.00	\$400.00
6. Dental Treatment for injury to sound, natural teeth up to.....	\$300.00	\$500.00
7. Ambulance Service to and from confinement.....	\$50.00	\$100.00
8. Doctor's Visits beginning with the first call when hospital confined.....	\$25.00	\$40.00
<b>Accident</b> (first visit) (Including physiotherapy).....	\$25.00	\$40.00
<b>Sickness</b> (beginning with 2nd visit) not requiring hospitalization (Including physiotherapy).....	\$25.00	\$40.00

No payment shall be made for medical treatment received on the day of any surgical operation or during convalescence therefrom if payment is made to the insured for such operation.

**BASIC MEDICAL EXPENSE BENEFITS (continued)**

	PLAN I	PLAN II
9. Consultant requested and approved by the attending doctor, up to.....	\$50.00	\$100.00
10. Diagnostic X-ray and Laboratory Procedures when prescribed by the attending doctor for each diagnosed illness or injury, up to a maximum of.....	\$100.00	\$150.00
11. Hospital Emergency Care Out-Patient Expense when referred by Student Health Service (if available) not including medication, up to.....	\$100.00	\$150.00

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.

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.

**MAJOR MEDICAL EXPENSE BENEFITS ACCIDENT AND SICKNESS PER INJURY OR SICKNESS (included in Plan I and PLAN II)**

When the insured person, because of covered injury or sickness, actually incurs, during the Policy year, medically necessary reasonable and customary medical expense in excess of \$5,000.00 for medically necessary treatment by a doctor, services of a registered graduate nurse, X-ray service, ambulance, or any hospital care or service (hospital room and board limited to semiprivate rate), the Company will pay 80% of such expense up to a maximum payment of \$15,000 for all benefits under the policy.

No benefits are payable under the major medical expense benefit due to traveling in and as a result of an automobile accident.

**PLUS \$500,000 Optional Catastrophic Coverage Available**

See application card for rates and enrollment.  
Benefits are paid at 80% to \$500,000 for Students.  
Benefits are paid at 50% to \$100,000 for dependents.  
Subject to the \$15,000 deductible.  
Benefits, provisions, and exclusions are not listed in this brochure.  
This coverage is provided by Markel Insurance Company.

**EXCLUSIONS AND LIMITATIONS**

The Policy does not cover any loss caused by or contributed to by:

- Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat a sickness or injury; are determined to be experimental/investigational in nature by the Company, are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
- 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.
- Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
- Expenses incurred as a result of suicide or intentionally self-inflicted injury while sane or insane.
- 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.
- Cosmetic surgery other than: Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or reconstructive surgery because of a congenital disease or anomaly, except as provided for dependent newborns.
- Loss due to voluntarily using any drug, narcotic or controlled substance, unless a prescribed by a doctor.
- Surgery and/or treatment for nonmalignant warts and moles.
- Temporomandibular Joint Dysfunction (TMJ).
- Treatment of mental or nervous disorders, except as specifically stated.
- Expenses incurred as a result of dental treatment, except as specifically stated.
- Expenses for preventative medicines, serums or vaccines, except where required for the treatment of injury.
- Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery.
- Injury sustained while participating in practice or play of intercollegiate sports, club or intramural sports.
- Any expenses for services rendered by employees or physicians or any other persons employed or retained by the policyholder or for the use of policyholder's facilities.
- Routine physical examinations and routine testing; preventative testing or treatment; and screening exams except as specifically stated.
- Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
- Injury caused by or resulting from being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
- Congenital conditions, except as specifically provided for newborn or adopted infants.
- Air travel, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline; parachuting; or travel in or upon any two or three, wheeled motor vehicle.
- Outpatient prescription drugs.
- Physiotherapy, except as specifically stated.
- Treatment of hernia of any kind.

**Enrollment for Student Accident and Sickness Plan - Please Print or Sign up on-line at [www.1stagency.com](http://www.1stagency.com) Guarantee Trust Life Insurance Company**

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

**1/2/12 to 8/15/12**

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

	Plan I PLUS	Plan II PLUS	Plan I PLUS	Plan II PLUS	Plan I PLUS	Plan II PLUS
Student Only	\$500,000 Max <input type="checkbox"/> \$794*	\$500,000 Max <input type="checkbox"/> \$1,019*	\$500,000 Max <input type="checkbox"/> \$257	\$500,000 Max <input type="checkbox"/> \$386	\$500,000 Max <input type="checkbox"/> \$520*	\$500,000 Max <input type="checkbox"/> \$649*
Spouse	\$2,560 <input type="checkbox"/> \$1,706	\$3,496* <input type="checkbox"/> \$2,642*	\$990 <input type="checkbox"/> \$368	\$1,484 <input type="checkbox"/> \$550	\$1,692* <input type="checkbox"/> \$535*	\$2,186* <input type="checkbox"/> \$640*
Per Child	\$836* <input type="checkbox"/> \$368	\$1,018* <input type="checkbox"/> \$550	\$213 <input type="checkbox"/> \$368	\$318 <input type="checkbox"/> \$550	\$535* <input type="checkbox"/> \$640*	\$640* <input type="checkbox"/> \$640*

Please see brochure for students ages 35 and over for premium differential.  
 \* The optional coverage is provided by: MARKEL INSURANCE COMPANY. Please call for rate if you are age 25 or older for \$500,000 Max. Plan only!

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

Students who are enrolled for Student Accident and Sickness Insurance and paid the proper Premium are insured according to the provisions of a Master Policy on file at the College.  
**YOUR CANCELLED CHECK IS YOUR RECEIPT AND PROOF OF COVERAGE.**

All claims and inquiries are to be directed to:  
**First Agency, Inc.**  
 5071 West H Ave.  
 Kalamazoo, MI. 49009  
 (269) 381-6630