

INTRODUCTION

Hospitalization, surgery, and accompanying medical Expenses are at an all time high. Many students and their parents are not prepared to meet the added cost of unexpected Accidents and Sicknesses. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school. Please read the provisions of this insurance plan carefully and retain this brochure for future reference.

ELIGIBILITY

All students enrolled at Mars Hill College (full-time and part-time at the Main Campus) are automatically included in Section I, Basic Accident Benefits, and the premium for coverage is added to the tuition billing. Participation in Section I, Basic Accident Benefits is mandatory. Section III, Basic Sickness Benefits, is also required of full-time traditional students and the fee is automatically included in the tuition billing, with the opportunity to waive the coverage upon proof that the student is covered under a comparable plan.

The Company retains 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, the Company's only obligation is refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

REFUND PROVISION

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro-rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

TERM OF COVERAGE

The policy for the current year becomes effective on August 1, 2011 at 12:01 a.m. and expires on August 1, 2012 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid. The plan protects the Insured students of Mars Hill College at home, at school, or wherever they are 24 hours a day.

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 to the Insured.

SECTION I BASIC ACCIDENT BENEFITS	Maximum Benefit
When Your Injury requires: (a) treatment by a Doctor; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) X-ray service; (e) use of an operating room, anesthesia including the administration thereof, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Doctor, prescription medicines, drugs or any other therapeutic services or supplies; or (i) home health care Expenses, We will pay the Usual and Customary amounts per Injury incurred during the Policy Year. Treatment of Injury must begin within 30 days of covered accident. This benefit includes coverage for treatment of Injury to natural teeth.	\$5,000
SECTION II ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS	Maximum Benefit
Accident Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while You are insured under the Policy. Also, the Loss must take place within 52 weeks after the Accident. The following table shows the amounts We will pay:	\$1,500
For Loss of Amount	For Loss of Amount
Life \$1,500	One hand and sight of one eye.....\$1,500
Both hands or both feet or sight of both eyes \$1,500	One foot and sight of one eye\$1,500
One hand and one foot \$1,500	One hand or one foot or sight of one eye.....\$750
The most We will pay for all Losses to an Insured as the result of one Accident is \$1,500. Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.	
SECTION III BASIC SICKNESS BENEFITS	Maximum Benefit
When You suffer a Loss from Sickness, We will pay the Expense incurred during the Policy Year up to the maximum listed in the right column. Benefits are Per Sickness unless otherwise stated. Benefits are allocated as follows:	\$5,000
<u>Hospital Room and Board Expense:</u> When Your Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate, not to exceed the maximum benefit.	\$250 per day; maximum of twenty (20) days
<u>Hospital Miscellaneous Expense:</u> We will pay the Expenses incurred by You during a Hospital confinement, or as an outpatient for day surgery, for services provided by a Hospital, ambulatory surgical center or ambulatory medical center up to the maximum benefit. We will pay for anesthesia, operating room, laboratory tests, X-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.	\$1,000
<u>Surgical Expense:</u> When Your Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile, subject to the maximum surgical benefit. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.	\$1,500
If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to the maximum benefit.	\$375
<u>In-Hospital Doctor Fees Expense:</u> If, while confined to a Hospital, Your Sickness requires the services of a Doctor, We will pay the Expense for such services, up to the maximum benefit.	\$40 per day; mental nervous visits limited to four visits maximum
<u>Consultant or Specialist Expense:</u> When Your Sickness requires the services of a consultant or specialist, as requested by the attending Doctor, We will pay the Expense, up to the maximum benefit.	\$75
<u>Outpatient Doctor Fees Expense:</u> When Your Sickness requires the services of a Doctor, while not confined to a Hospital, We will pay the Expense up to the maximum benefit.	\$75 per visit
<u>Ambulance Expense:</u> When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense up to the maximum benefit.	\$250
<u>Outpatient Diagnostic X-ray and Laboratory Expense:</u> When Your Sickness requires diagnostic X-ray including ultrasound, MRI and CAT Scan, or laboratory services, under the Doctor's direction, We will pay the Expense up to the maximum benefit.	\$200
<u>Licensed Nurse Expense:</u> If, while confined in a Hospital, Your Sickness requires the services of an R.N. or licensed practical nurse, We will pay the Expense up to the maximum benefit.	\$35
<u>Outpatient Psychiatric Expense:</u> If, while not confined in a Hospital, Your Sickness requires the services of a licensed psychiatrist or licensed psychologist, We will pay the Expense up to the maximum benefit.	\$500 maximum per Policy year
<u>Outpatient Prescribed Medicines Expense:</u> When Your Sickness requires prescribed medicines, We will pay the Expense, up to the maximum benefit.	\$100 per Sickness
<u>Outpatient Emergency Room Benefit:</u> If Your Sickness requires the use of an emergency room, We will pay the Expense, up to the maximum benefit.	\$500

WAIVER DEADLINE

If You have proof of comparable insurance and wish to waive coverage, the deadline to waive out of this plan is September 1, 2011. The waiver form must be completely filled out and returned to the Business Office with a copy of your current insurance I.D. card. For students beginning their studies in the Spring semester, the deadline is February 1, 2012.

ANNUAL COST

Fall & Spring (8/1/11 to 8/1/12)\$288.00
Spring Semester (1/1/12 to 8/1/12)\$193.00

DEFINITIONS

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 treatments 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.

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.

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.

EXTENSION OF BENEFITS

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is under a Doctor's care on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury 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.

This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal Policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the Policy.

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.

GENERAL EXCLUSIONS AND LIMITATIONS

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 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.
- 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.
- Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
- Cosmetic surgery except when performed to correct a condition resulting from Injury sustained while covered under the Policy.
- 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 commercially-scheduled airline.
- Routine eye exams and contacts; replacing eye-glasses or prescription therefore; routine examinations and services related to hearing examinations or hearing aids, or treatment for hearing defects not related to an Injury or Sickness.
- Routine physical examinations, preventive care; elective surgery and elective treatment; services solely to improve appearance or personal hy-

giene. Services specifically for dietary control; custodial, sanitarial, or rest care or fertility testing.

- Skydiving, recreational parachuting, hang gliding, glider flying, para-sailing, sail planing, or bungee jumping.
- Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
- Elective abortions.
- Services provided normally without charge by the Health Service of the Policyholder, by any person employed or retained by the Policyholder, or by services covered or provided by the student health fee.
- Necessary care and treatment of chemical dependency.
- Injury resulting from the practice or play of intercollegiate sports. Injuries occurring in intercollegiate sports are covered under a separate policy issued to the college.

PRE-EXISTING CONDITION 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; or
2. The Covered Person has been 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.

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 pregnancy existing on the Covered Person's effective date of coverage under the Policy.

EMERGENCY EVACUATION BENEFIT

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 Person's home country, the Company will pay the expenses actually incurred for such evacuation up to a maximum of \$25,000 provided that such evacuation is certified as medically necessary by the attending Doctor and subject to prior approval by the Company.

REPATRIATION OF REMAINS

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 Person's home country, up to a maximum of \$25,000. Payment is subject to prior approval by the Company.

North Carolina mandates coverage for the following benefits: diagnostic, therapeutic or surgical procedures involving any bone or joint of the jaw, face or head; anesthesia and hospital charges in connection with dental procedures under certain circumstances; post-mastectomy hospital stay; hospital stay of 48 hours following a normal vaginal delivery and 96 hours following a cesarean section and post-delivery care in the event of earlier discharge; bone mass measurement for the diagnosis and evaluation of osteoporosis for qualified individuals; prescription contraceptives drugs or devices if prescription drug coverage is provided; colorectal cancer screening; emergency services expense; mammograms; examinations and laboratory tests for the screening for the early detection of cervical cancer; prostate specific antigen tests; diabetes equipment, supplies and outpatient self-management training; reconstructive breast surgery following mastectomy; health care services associated with participation in covered clinical trials; and surveillance tests for women at risk for ovarian cancer.

All state mandates are paid the same as any other Sickness unless specifically stated otherwise. Please see the Policy on file with the Policyholder for full details.

CLAIM PROCEDURE

In the event of Injury or Sickness the student should:

1. If at the College, report immediately to Student Health Services so that proper treatment can be prescribed or approved.
2. If away from College, consult a Doctor and follow his/her advice. Notify Student Health Services or the Plan Administrator within 30 days after the date of the covered Injury or com-

mencement of the covered Sickness, or as soon thereafter as is reasonably possible.

3. Written proof of loss [itemized bill(s)] must be furnished with Your claim within 90 days after the date of the Loss and submitted to the Plan Administrator.
4. Questions should be referred to the Plan Administrator or the office of student accounts.
5. Claim forms may be obtained from Student Health Services or by contacting the Plan Administrator, or online at www.1stagency.com/claimforms.htm (select "college student accident and sickness claim form").

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 College by writing to: First Agency Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501.

This plan is underwritten by:

Guarantee Trust Life Insurance Company
Glenview, Illinois

Administered by:



First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Ph. (269) 381-6630
Fax (269) 381-3055

IMPORTANT

THIS BROCHURE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE AS DESCRIBED IN THE MASTER POLICY, WHICH CONTAINS COMPLETE TERMS AND PROVISIONS.

THE MASTER POLICY IS ON FILE AT THE COLLEGE'S BUSINESS OFFICE.

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

STUDENT ACCIDENT AND HEALTH INSURANCE PLAN

Read your Brochure Carefully.



Designed for the Students of:

MARS HILL COLLEGE
Mars Hill, North Carolina

2011-2012

Policy No: 324-125-009-P

August 1, 2011 to August 1, 2012

Please keep this outline of coverage for future reference.