

Definitions (continued)

accepted current 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 of 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 outpatient, 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.

Injury means 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 one injury.

Pre-Existing Condition means 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. A Pre-existing Condition does not include a Sickness or Injury for which a Covered Person was receiving benefits during a Benefit Period.

Reasonable and Customary means 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 Policy Schedule.

Sickness means 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.

"We, Ours and Us" Means The Guarantee Trust Life Insurance Company.

STATE MANDATED BENEFITS

Health care treatment or services rendered by an Ambulatory Surgical Center are paid on the same basis as coverage provided for the same health care treatment or services rendered by a Hospital; surgical and non-surgical treatment of temporomandibular joint disorders and craniomandibular jaw disorders; mammograms at certain intervals; treatment of breast cancer by high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation. **Please see the complete Policy on file with the Policyholder for full details.**

EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor 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; or are received from any Family Member.
2. Expenses incurred as a result of dental treatment, except as specifically stated.
3. Services or supplies normally provided without charge by the Policyholder or by any person employed or retained by the Policyholder or which are covered by the student health fee or for use of the Policyholder's facilities or any expense for services rendered elsewhere which are available at the Policyholder's health service, infirmary or Hospital, except in an Emergency.
4. 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.
5. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.

EXCLUSIONS AND LIMITATIONS (continued)

6. 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 as provided for Dependent newborns.
7. Preventive medicines, serums, vaccines and vitamins, except as specifically stated.
8. Expense incurred in connection with birth control, including oral contraceptive, sterilization or sterilization reversal, including surgical procedures and devices.
9. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
10. Elective abortions.
11. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury.
12. Treatment of Mental or Nervous Disorders.
13. Treatment of alcoholism, or any form of substance abuse.
14. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
15. Injury due to being legally intoxicated, as defined by the jurisdiction in which and Accident occurs.
16. Routine physical examinations, health examinations or pre-school physical examinations including routine care of a newborn infant, other than Hospital nursery expense of a Dependent newborn baby.
17. Injury sustained while operating, riding in or upon, mounting or alighting from, any two-or three- or four-wheeled recreational motor/engine driven vehicle or snowmobile or all terrain vehicle (ATV) or personal watercraft or bungee jumping.
18. Injury resulting from the practicing for, participating in, or traveling as a team member to and from interscholastic, intercollegiate, club, professional and semi-professional sports, racing or speed contests, skin diving, scuba diving, sky diving, boating, or mountaineering (where ropes or guides are customarily used).
19. Private air travel, to include ballooning or ultra-light aircraft; parachuting; para-sailing; glider flying and hang gliding.
20. Hospital Emergency Room expenses which are not due to an Emergency.
21. Home health care expenses.
22. For Surgery and/or treatment of: acne; acupuncture; gynecomastia, allergy, including allergy testing; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; circumcision; corns, calluses and bunions; deviated nasal septum, including submucuous resection and/or other surgical correction thereof unless due to Injury; family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; learning disabilities; non-malignant warts, moles and lesions unless Medically Necessary; obesity and any condition resulting therefrom (including hernia of any kind, diabetes or heart disease); premarital examinations; sexual reassignment surgery and sleep disorders, including supplies, treatment and testing thereof; smoking cessation; tubal ligation; vasectomy; actinic or seborrheic keratosis; dermatofibrosis, nevus of any description or form; halus valgus repair; hernia of any kind; varicosity; alopecia; and weight reduction.
23. For outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column except as specifically provided.
24. For addiction and co-dependency services and supplies related to nicotine.
25. Expenses for physiotherapy.
26. Expenses incurred as a result of loss due to war or any action of war declared or undeclared.

EXTENSION OF BENEFITS

In the event of Total Disability: If a Covered Person is Totally Disabled on the date the Policy terminates, We will extend that Covered Person's benefits for the Injury or Sickness which caused the Total Disability. Benefits will be paid as if coverage had remained in effect.

Total Disability/Totally Disabled means the complete inability of a Covered Person to perform the usual activities of a person the same age and sex who is in good health.

Extension of benefits will end at the earlier of: the end of Total Disability; the end of a 12 month period following the date the Policy terminates; or the date the Policy Year Maximum Amount is reached.

In the event of Sickness or Injury: if a Covered Person is receiving treatment for a Sickness or Injury on the date the Policy terminates, We will extend that Covered Person's benefits for the Sickness or Injury. Benefits will be paid as if coverage had remained in effect.

Extension of benefits will end at the earlier of: the end of the Sickness or Injury, the end of a 90 day period following the date the Policy terminates; or the date the Policy Year Maximum Amount is reached.

The Extension of Benefits is applicable only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

CLAIM FILING PROCEDURES

Claim forms may be obtained online at www.1stagency.com.

Claim forms can be accepted directly from providers if the claim form includes the name of the Covered Person, name of school under which the Insured student is insured, identification number, date of services, diagnosis, treatment procedure and billed charges. Proof of loss must be furnished within 90 days after the date of such loss.



Submit claim forms to:
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501

**Customer Service Toll-Free Telephone:
1-800-243-6298**

Questions regarding benefits, specific claim information and periods of coverage should be directed to the address or Customer Service phone number listed above.

Administered by:
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009
(800)243-6298

The Underwriting Company

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

Serviced by:
Insurance Specialists,
1750 Scottsville Road, Suite 4
P.O. Box 20165
Bowling Green, KY 42102
(270)793-0367

NON-RENEWABLE ONE YEAR TERM INSURANCE

The Policy is non-renewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Insured student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

2011-2012

STUDENT ACCIDENT & SICKNESS INSURANCE PLAN



MID-CONTINENT UNIVERSITY

Lighting the Way

“the Policyholder”

Mayfield, Kentucky

Policy Number: 164-125-003-P

Underwritten by:
Guarantee Trust Life Insurance Company
of Glenview, IL., (“the company”)

MID-CONTINENT UNIVERSITY STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

This brochure is only a brief description of the coverage available under the policy. The Policy may contain definitions, limitations, exclusions and termination provisions, some of which may not be included in this brochure. Full details of the coverage are contained in the Policy on file at the University. If any discrepancy exists between the contents of this brochure and the Policy, the Policy will govern in all cases.

ELIGIBILITY

All Domestic and International students who are registered for at least 9 or more credit hours are automatically enrolled in the Student Accident and Sickness Insurance Plan. The insurance fee of \$690 for annual coverage will automatically be placed on the student's bill.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Telecommuting students, part-time students carrying fewer than 9 credit hours, and non-traditional students are not eligible to enroll in the Plan. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been and continue to be met. If the Company discovers that the policy eligibility requirements have not been or are not being met, its only obligation is to refund premium. A Covered Student must meet the eligibility requirements each time he or she pays to continue insurance coverage.

Insured students may enroll their spouse(residing with the Insured student) and/or dependent children (unmarried children under age 19, who are not self-supporting and reside with the Insured student). Newborn Children: A child born to a Insured student is automatically covered from the moment of birth until such child is 31 days old. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. However, the Insured student must enroll the child within 31 days of such birth and pay the required additional premium in order to have coverage for the newborn child continue, beyond such 31 days period.

NOTE: Except as noted under Termination, Dependent coverage expires concurrently with that of the Insured student.

WAIVER PROCESS/PROCEDURE

Students who are currently insured by a health insurance policy, may waive Mid-Continent University's Accident & Sickness Insurance Plan with proof of other approved insurance. A waiver form must be completed by the last day of the waiver deadline, August 24, 2011. If the waiver deadline is ignored, the student will be responsible for the insurance premium. Waiver forms are available at the Administration Building.

No waiver will be accepted after the waiver deadline. The only enrollment exceptions are during a special enrollment period when one of the following qualifying events occur: (1) within 31 days of the date of ineligibility under another Creditable Plan; or (2) within 31 days of marriage, birth or adoption. Proof of the qualifying event must be submitted with the request for enrollment.

PREMIUM RATES

ANNUAL	SPRING/SUMMER**		
8/24/11* - 8/24/12	1/19/12 - 8/24/12		
Student Only	Student Only	\$690	\$421
Spouse	Spouse	\$1,213	\$736
Each Child	Each Child	\$877	\$527

*August 25, 2011 for students maintaining coverage from previous policy year.

**Only for new students to the University.

Dependent coverage enrollment forms are available online at www.1stagency.com. The premium for Dependent coverage, along with the Dependent enrollment form, must be sent directly to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. on August 24, 2011 and terminates at 12:01 a.m. on August 24, 2012. Coverage for students and their eligible Dependents will be effective on the Policy Effective Date; Effective Date of the coverage period elected; or the day after the date the enrollment form and correct premium are received, whichever is latest. Insurance will end for the Covered Person on the earliest of: a) the date the Policy terminates; b) the last day for which premium has been paid; or, c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such person upon written request received by the Company. No other refunds of premiums will be allowed.

SCHEDULE OF BENEFITS

\$25,000 MAXIMUM BENEFIT PER COVERED PERSON PER POLICY YEAR

(ALL CONDITIONS COMBINED)

\$100 DEDUCTIBLE PER COVERED PERSON PER POLICY YEAR

After the Deductible amount of \$100 per Covered Person per Policy Year has been satisfied, the Policy provides benefits for Covered Charges for loss due to a covered Injury or Sickness as scheduled below up to the \$25,000 Maximum Benefit per Covered Person per Policy Year (all conditions combined). The Policy will allow benefits only for Covered Charges not covered by other valid and collectible insurance. Treatment of Injury must begin within 60 days of covered Accident.

INPATIENT BENEFITS

Room and Board Expense , average daily semi-private room rate; and general nursing care provided by the Hospital; up to \$500 per day.	80% of Covered Charges
Hospital Miscellaneous Expenses , such as the cost of the operating room; laboratory tests, anesthesia, drugs (excluding take home drugs) or medicines; therapeutic services, and supplies; up to \$1,000 per day.	80% of Covered Charges
Diagnostic X-Ray Services , including professional fees	80% of Covered Charges
Surgeon's Fees , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession unless Medically Necessary.	80% of Covered Charges
Anesthesia , professional services in connection with inpatient surgery.	80% of Covered Charges
Doctor's Visits , benefits are limited to one visit per day and does not apply when related to surgery.	80% of Covered Charges

OUTPATIENT BENEFITS

Surgeon's Fees , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession unless Medically Necessary.	80% of Covered Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room and laboratory, anesthesia; drugs or medicines; and supplies; up to \$1,000.	80% of Covered Charges
Anesthesia , professional services administered in connection with outpatient surgery.	80% of Covered Charges
Outpatient Miscellaneous Benefit , radiation therapy, laboratory procedures, tests and procedures and chemotherapy.	80% of Covered Charges
Diagnostic X-Ray Services , including professional fees	80% of Covered Charges
Doctor's Visits , benefits are limited to one visit per day and does not apply when related to surgery.	80% of Covered Charges

Emergency Room Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of Covered Charges \$100 co-pay per visit (waived if admitted)
Outpatient Prescription Drugs , \$500 aggregate maximum per Policy Year for all conditions. However obtained, all outpatient prescription drugs are subject to the Outpatient Prescription Drug maximum.	80% of Reasonable & Customary Charges

OTHER BENEFITS

Ambulance Services	80% of Covered Charges
Consultant or Specialist Doctor Expense , when requested and approved by the attending Doctor.	80% of Covered Charges
Maternity Expenses	Paid as any other Sickness
Complications of Pregnancy	Paid as any other Sickness
Dental Expense , Injury to Sound, Natural Teeth	80% of Covered Charges
Medical Evacuation : following Hospital confinement for 5 or more days for medical evacuation to the Insured student's home country.	Up to \$10,000 when pre-approved by the Company
Repatriation : for preparation and return of a deceased Covered Student to his or her home country.	Up to \$7,500 when pre-approved by the Company

EXCESS INSURANCE

Benefits are payable for covered charges not otherwise covered and payable by other valid and collectible insurance providing medical expense benefits.

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-holder's prior policy for 12 consecutive months immediately preceding the effective date of coverage under the Policy; 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; and (b) the individual's most recent prior Creditable Coverage was under an employer group plan; and (c) who does not have other health insurance; and (d) the individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under the Policy is "Creditable Coverage" under Federal Law. When coverage terminates, the Covered Person can request a Certificate of Coverage that is evidence of coverage under the Policy. The Covered Person may need

required premium; and whose coverage has become effective and has not terminated.

Deductible means a dollar amount of Covered Charges a Covered Person must pay each Policy Year before We pay any benefits.

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 means 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.

Experimental/Investigational means a drug, device or medical care or treatment that meets the following:

- (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- (b) the informed consent document used 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, if such a consent document is required by law;
- (c) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;
- (d) reliable evidence shows 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 ongoing 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 or diagnosis; or
- (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, 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 standard means of treatment or diagnosis. Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, 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 Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

Hospital means 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.

Family Member(s) means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child). A Family Member includes an individual who normally lives in the Covered Person's household.

Medically Necessary means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally

such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after the coverage under the Policy terminates. If the subsequent health plan excludes or limits coverage for medical conditions the Covered Person had before enrolling, this Certificate may be used to reduce or eliminate those exclusions or limitations.

In order to obtain a Certificate of Creditable Coverage, please contact First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501 or call 1-800-243-6298.

NON-DUPLICATION OF COVERAGE

If benefits are payable under more than one provision under the Policy, then benefits will be provided only under the provision providing the greater benefit.

DEFINITIONS

Accident means a sudden, unforeseeable, external event which results in an Injury.

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

Covered Person means a person who is eligible for coverage as the Insured or as a Dependent; who has been accepted for coverage or has been automatically added; who has paid the