

**Northwestern College
Student Accident & Sickness
Insurance Program**

Northwestern College is again pleased to offer its students an Accident and Sickness Insurance Program underwritten by Guarantee Trust Life Insurance Company. This program features both a Basic Injury Plan as well as a 24-Hour Accident and Sickness Plan. The Policy will allow benefits only for expenses not covered by other Medical Insurance. Details on this Program are provided below.

ELIGIBILITY

All full-time students are automatically covered under the Basic Injury Plan. Northwestern College pays premiums for this benefit.

All full-time students taking 12 or more credit hours are required to participate in the 24-Hour Accident and Sickness Plan. If a full-time student presents satisfactory evidence of comparable coverage which meets the requirements of the College, they may waive participation in the 24-Hour Accident and Sickness Plan. Part-time students taking a minimum of 6 credit hours and Dependents of full-time and part-time students who enroll for coverage under the 24-Hour Accident and Sickness Plan can also elect to participate. Distance Education students are not eligible to participate in this insurance program. Premiums for the 24-Hour Accident and Sickness Plan are Payable upon registration. Participation in the 24 Hour Accident & Sickness Plan includes, at no additional cost, both the 24 Hour Nurse Helpline and the Discount Plan, both of which are outlined in this brochure.

Spouse and dependent child enrollment is only allowed during the open enrollment period which is 8/1/11 to 9/24/11. Second semester enrollment is only allowed during the spring open enrollment (first 31 days of classes). 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.

Newborn children are covered for Injury or Sickness from birth. An Insured is not required to notify the Company of the birth of a Dependent child. However, an additional premium is required for each Dependent and the Company shall be entitled to all premiums that would have been collected had We been aware of the additional Dependent.

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

RATE SECTION

The annual rates are as follows:

Student	\$850.00
Spouse	\$1,175.00
Each Child	\$1,040.00

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 1, 2011. An eligible person will become an insured under the Policy, provided proper premium payment is made on the Policy Effective Date or the day he or she enrolls for coverage under the Policy, whichever is later but prior to the enrollment deadline.

The Master Policy terminates at 12:01 a.m., August 1, 2012. Coverage terminates on the earliest of: full-time active duty in any armed forces. This does not include Reserve or National Guard duty for training unless it extends beyond 31 days; the end of the period for which the last premium contribution is made; or the date the Policy is terminated.

Termination will not affect a claim for a covered Injury or Sickness which occurred while coverage was in effect.

SCHEDULE OF BENEFITS

**PART A –Basic Injury Benefits (Full-time Students) \$2,000
Maximum each covered Injury, subject to the following limits:**

When your covered Injury requires treatment by a Doctor, the Policy would provide benefits for the Reasonable and Customary (R&C) charges incurred for covered services and supplies as scheduled below, up to the Maximum Benefit of \$2,000 for each covered Injury. Benefits are payable after a \$25 Deductible for each covered Injury incurred during the Policy year. Treatment must begin within 30 days of the covered Injury.

1.	Hospital Room and Board.....	Semiprivate Room Rate
2.	Dental Treatment (repair and/or replacement of sound and natural teeth does not include biting or chewing injuries).....	R&C Charges
3.	Intercollegiate Sports Injury.....	Same as any Injury, up to \$250
4.	Outpatient Prescription Drugs (30 day supply/prescription).....	\$10 copay/prescription; up to \$200
5.	Motor Vehicle Injury.....	Same as any Injury
6.	All Other Covered Services (covered services are those listed under PART B).....	R&C Charges

Accidental Death and Dismemberment Benefits:

Benefits are payable when covered injuries result in loss within one year after the date of the accident as follows:

• Loss of Life.....	\$2,000
• Loss of Both Hands, Both Feet or Both Eyes.....	\$2,000
• Loss of One Hand and One Foot, One Hand and One Eye, or One Foot and One Eye.....	\$2,000
• Loss of One Hand, One Foot, or One Eye.....	\$1,000
• Loss of Thumb and Index Finger of the Same Hand.....	\$500

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints, which are the joints between the fingers and the hand. To receive benefits, loss must be independent of sickness and all other causes.

24 HOUR ACCIDENT & SICKNESS PLAN

Includes PART A Above

PART B – Basic Sickness Benefits - \$2,000 Maximum each covered Sickness, subject to the following limits:

When your covered Sickness requires treatment by a Doctor, the Policy would provide benefits for 80% of the Reasonable and Customary (R&C) charges incurred for covered services and supplies as scheduled below, up to the Maximum Benefit of \$2,000 for each covered Sickness incurred during the Policy year.

1.	Hospital Room and Board and Hospital Miscellaneous Inpatient (for x-ray, intensive care, examination, laboratory tests, anesthesia, intensive care, operating room, medications, dressing, nursing care, pre-admission test, etc).....	80% of R&C
2.	Hospital Outpatient Surgical Miscellaneous (in lieu of Inpatient)	\$1,500 maximum
3.	Doctor's expense for inpatient and outpatient surgery, determined by reference to the 80th percentile in accordance with the most current Reasonable and Customary payment system; includes assistant surgeon expense.....	\$1,500 maximum
4.	Anesthesia.....	25% of Surgical Treatment
5.	Doctor's Non-Surgical Visits (Inpatient, not paid day of surgery).....	\$60/visit, 1 visit/day
6.	Doctor's Non-Surgical Visits (Outpatient, not paid day of surgery, includes injections).....	\$60/visit, 1 visit/day, up to 30 visits
7.	Physiotherapy.....	Paid under B.6.
8.	Outpatient Diagnostic, X-ray and Lab Services.....	80% of R&C
9.	Hospital Emergency Room (Outpatient).....	\$250 maximum; \$25 copay/visit
10.	Chemotherapy and Radiation Therapy.....	80% of R&C
11.	Ambulance Services (ground service only).....	\$500 Maximum
12.	Outpatient Prescription Drugs (patient must pay and then submit a claim for payment – 30 day supply/prescription).....	\$10 copay per Prescription, up to \$200
13.	Maternity Benefits	Same as any Sickness
14.	Mental and Nervous Disorders.....	Inpatient–Same as any Sickness, up to 30 days, Outpatient – 80% of 1st 10 hours; then 75% of next 30 hours; up to a maximum 40 hours in any 12 month benefit period.
15.	Substance Abuse.....	Paid under Mandated Benefits
16.	Orthopedic Appliances.....	Paid under Major Medical Benefits

PART C – Major Medical Benefits - \$50,000 Maximum Benefit each covered Injury or Sickness per Policy Year

After the Company has paid \$2,000 under PART A or PART B, and the Insured has paid a \$250 Major Medical Deductible, the Company will then pay 80% of the Reasonable and Customary (R&C) Charges incurred for covered services received up to a Maximum Benefit of \$50,000 for each covered Injury or Sickness. This maximum includes benefits paid under Part A or B and Part C. No benefits are payable under this provision for: Motor Vehicle Injuries; Dental Treatment; Mental and Nervous Disorders in excess of \$10,000; or Substance Abuse in excess of mandated benefits.

Minnesota mandates coverage for the following benefits. All state mandates are paid the same as any other sickness unless specifically stated otherwise: treatment of cleft lip and cleft palate; surgical and nonsurgical treatment of TMJ; child health supervision services; pre-natal care services; treatment of alcoholism, chemical dependency or drug addiction; treatment of emotionally handicapped children in a residential treatment facility; reconstructive surgery incidental to or following surgery resulting from injury or sickness or congenital disease or anomaly; reconstructive breast surgery following mastectomy; special dietary treatment of phenylketonuria; scalp hair prosthesis resulting from alopecia areata; routine screening for cancer, including mammograms and pap smears when ordered by a doctor; and prostate cancer screening at certain intervals, lyme disease, conditions caused by breast implants, port wine stains, treatment for fibrocystic breast condition, prescription drugs by any provider authorized to prescribe a drug, anesthesia and hospital charges for dental care rendered to a child under age 5 or a person who is disabled or who requires hospitalization or anesthesia for dental care, tests ordered by an advanced practice nurse, self-management and treatment of diabetes, off-label use of drugs and outpatient services at a facility equipped to provide such services regardless of whether the facility is part of a hospital, and payment for surgical first assisting benefits or services shall be construed as providing for payment for a registered nurse who performs first assistant functions; services that are within the scope of practice of a registered nurse and medication therapy. Please see the policy on file with the policyholder for complete details.

DEFINITIONS

Hospital - A hospital does not include a clinic or facility for convalescent, custodial, educational or nursing care; the aged, drug addicts or alcoholics; rehabilitation or a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless the services are rendered on an emergency basis, and a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

Injury means 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.

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 or a pregnancy existing on the Covered Person's effective date of coverage.

Reasonable and Customary means the usual fee(s) charged by providers for services or supplies in the locality in which the services or supplies are received.

Sickness means illness, disease, and complications of pregnancy. All related conditions and recurrent symptoms of the same or similar condition will be considered the same Sickness.

GENERAL EXCLUSIONS AND LIMITATIONS

The policy won't 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; are received without charge or 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 suicide or intentionally self-inflicted injury while sane or insane.
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. Cosmetic or reconstructive surgery, except as specifically stated.
7. Treatment of alcoholism, or any form of substance abuse, except as specifically stated.
8. Treatment of Mental or Nervous Disorders, except as specifically stated.
9. Expenses incurred as a result of dental treatment, except as specifically stated.
10. Preventive medicines, serums, vaccines, except as specifically stated.
11. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
12. Elective abortions.
13. Injury sustained in the practice or play in any intercollegiate or interscholastic sports activity, including travel to and from the activity and practice, except as specifically stated.
14. Services and supplies furnished by the Policyholder's infirmary, its employees or doctors who work for the Policyholder.
15. Services of a private duty nurse or personal care assistant for a ventilator dependent person.
16. 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. (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.

ADDITIONAL SERVICES INCLUDED IN 24 HOUR ACCIDENT & SICKNESS PLAN

24-HOUR NURSE HELPLINE PLAN

The 24-Hour Nurse Helpline is designed to help members become more informed about their healthcare. The Nurse Helpline is a 24/7 confidential telephone service that allows members to ask questions and receive information about their health, illnesses and medications. There is no cost to use the Helpline.

Members have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year. These nurses are specially trained to offer prompt, confidential medical counseling to help members make informed decisions about their health and the medical care they receive. However, our nurses do not diagnose or provide treatment.

Services Include

1. Toll-free, confidential availability to registered nurses 24 hours a day at 1-800-982-2401.
2. Guidance and information for dealing with common ailments.
3. Explanations on what to expect during medical tests.
4. Help from a registered nurse who can answer questions regarding:

- Diagnostic and surgical procedures
- Recently diagnosed medical conditions
- Prescription and over-the-counter medication information

The 24 hour Nurse Helpline Plan is Not Insurance

This Portion Is Not Insurance NORTHWESTERN COLLEGE DISCOUNT PLAN

- Dental Plan
- Pharmacy Discounts
- Diagnostic Imaging
- Vitamins & Nutritional Supplements
- Doctor Discounts
- Vision Care
- Diabetes Supplies
- Affordable Laboratory Testing

Disclosures

a. The discount medical card program is NOT health insurance. b. The plan provides discounts at certain health care providers for medical services. c. The plan does not make payments directly to the providers of medical services. d. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary services received. e. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with VantageAmerica Solutions, Inc., a discount medical plan organization.

**Managed and Administered by:
VantageAmerica Solutions, Inc.,
1275 Milwaukee Avenue, Glenview, IL 60025
www.1stagency.com/college.htm
Click on the "Discount Plan" link at Northwestern College for details.**

Additional Coverage Available

\$500,000 Optional Catastrophic Coverage Available

		Rates
Under age 25		Over age 25
\$252.00	Student	\$462.00
\$739.00	Spouse	\$981.00
\$360.00	Each Child	

Covered expense begins at \$50,000.00
Benefits are paid at 80% to a maximum of \$500,000.00 for students.
Benefits are paid at 50% to a maximum of \$100,000.00 for dependents.
Benefits, Provisions, and exclusions are not listed in this brochure.
This coverage is provided by Markel Ins. Co.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is "creditable coverage" under federal law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, 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. Phone (269) 381-6630.

CLAIM PROCEDURE

In the event of Injury or Sickness, claim forms may be obtained from Accounting Services if school is in session or online at www.1stagency.com/claimforms.htm

IMPORTANT NOTICE

This brochure sets forth the main points of the Accident and Sickness Program in force for Northwestern College. It is not a contract. Terms and conditions are set forth in policy number 224-125-001-P issued to the Student Insurance Trust for Northwestern College. If any conflict exists between the brochure and the policy, the policy will govern the payment of benefits. The policy may be seen at the College during business hours. Please keep this material with your important papers.

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.

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.



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

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

STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM

for students of



NORTHWESTERN COLLEGE

2011-2012

Policy #224-125-001-P

Underwritten By:
Guarantee Trust Life Ins. Co.
Glenview, Illinois