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# **Blanket Accident and Health Plan**

Designed for the Students of:

**Thomas More  
College**

**Crestview Hills, KY**

**2011 - 2012**

**Policy Number: 11200697**

Please keep this outline of coverage for  
future reference





# **THOMAS MORE COLLEGE BLANKET ACCIDENT AND HEALTH INSURANCE PLAN**

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**ELIGIBILITY**

All registered students attending Thomas More College taking 12 credit hours or more 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 the Company's only obligation is refund of premium.

Students may also insure their eligible dependents who are: 1) the Insured Student's spouse residing with the Insured Student and 2) the Insured Student's unmarried children, under age 19 who are not self-supporting and reside with the Insured Student.

Students who enroll their dependents must enroll them for the same term of coverage for which the Insured Student enrolls. Dependent coverage (except for newborn infants) must be applied for at the same time the student enrolls. Newborn children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and the required premium is paid. In order to continue coverage eligibility requirements must be met each time a premium is paid.

**DATES OF COVERAGE**

Coverage becomes effective at 12:01 am on the Effective Date of the applicable Policy term for which premium is paid or the date the enrollment form and correct premium are received by the Plan Administrator, whichever date is later, subject to the enrollment deadline. Coverage terminates at 12:01am on the termination date of the applicable policy term for which premium is paid or on the date a Insured person enters full-time military service. Termination is subject to the Extension of Benefits Provision outlined in the Policy.

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

Annual Term  
08-15-11 at 12:01 am to 08-15-12 at 12:01 am

Fall Term  
08-15-11 at 12:01 am to 01-15-12 at 12:01 am

Spring Term  
01-15-12 at 12:01 am to 08-15-12 at 12:01 am

**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 08/15/2011 at 12:01 a.m. and expires on 08/15/2012 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.

**ANNUAL PREMIUM RATES**

Premum Rates . . . Annual . . . Fall . . . . .	Spring/Summer
Student . . . . . \$546 . . . \$228 . . . . .	\$319
Spouse . . . . . \$1,187 . . \$495 . . . . .	\$692
Dependent . . . . . \$970 . . . \$404 . . . . .	\$566

Only those students who are new to the school or those who have purchased coverage the first semester are eligible to purchase second semester coverage.

**How to Enroll**

Complete the attached enrollment form, enclose it and premium payment for the term selected in an envelope, seal and mail. Do not send cash. Enrollment forms will be accepted for a period of 15 days from the first day of classes for each term. Second Semester coverage is only available to students who have purchased the first semester.

After this date exception will be made for only 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; and
3. Within 31 days of ineligibility under another plan of creditable coverage provided COBRA continuation of coverage was accepted and exhausted, if offered.

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**DEFINITIONS**

**Accident** means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

**Deductible** means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

**Expense** means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

**Hospital** means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

**Injury** means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

**Insured** means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

**Loss** means medical Expense caused by Injury or Sickness and covered by the policy.

**Medically Necessary** means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: (a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured person, Physician or other providers; and (d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

**Physician** means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

**Pre-Existing Condition** means any condition for which medical advice or treatment was received or recommended within the six months immediately preceding Your effective date of coverage. This exclusion applies for 12 months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. We shall credit the time You were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes

group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act health plan; state children's health programs (S-CHIP); and foreign national health plans.

**Sickness** means disease or illness which causes a Loss while the Insured is covered by the policy. Sickness includes normal pregnancy and complications of pregnancy.

**Usual and Customary Expense** means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

**We, Us, or Our** means Markel Insurance Company.

**You, Your or Yours** means the Insured.

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## DESCRIPTION OF BENEFITS

### SECTION I

#### BASIC ACCIDENT AND SICKNESS BENEFITS

When Your Injury or Sickness requires: (a) treatment by a Physician; (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 Physician, prescription medicines, drugs or any other therapeutic services or supplies. We will pay 80% of the Expense incurred within 52 weeks after the date of Injury to an aggregate maximum of \$15,000 for Injuries and 60% of the Expense incurred within 52 weeks after the date of first treatment to an aggregate maximum of \$15,000 for Sickness. This benefit includes coverage for treatment of Injury to sound natural teeth.

**Outpatient Psychiatric Expense:** If, while not confined to a Hospital, Your Sickness requires the services of a licensed psychiatrist, licensed psychologist or licensed clinical social worker, We will pay the Expense at 50% up to a maximum of \$100 per visit with a \$500 per Policy Year maximum.

**Inpatient Psychiatric Expense:** We will pay the Expense for Hospital room and board, Hospital Miscellaneous Expense and the services of a licensed psychiatrist or licensed psychologist up to \$1,000 not to exceed 30 days per Policy Year.

## **\* \$100,000 Optional Voluntary Catastrophic Accident and Sickness Coverage \***

When the base program has paid \$15,000 in medical expenses, an Optional Catastrophic Accident and Sickness program is available on a voluntary basis to a medical maximum of \$100,000. Student may purchase coverage for their Dependents covered on the base plan. Coverage is subject to a \$15,000 deductible.

The annual rate per student is \$298 . A student must be covered under the base plans to apply for the optional coverage and must apply at the beginning of the semester along with application for the base plan.

See application enrollment card for rates and enrollment. Benefits are paid at 80%,to a maximum of \$100,000. Benefits, provisions and exclusions are not listed in this brochure and are separate from those of the base plan. The coverage is provided by Markel Insurance Company.

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### **MANDATED BENEFITS**

**The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy; and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.**

**Inpatient Mental Illness Expense:** If, while confined to a Hospital, You require treatment for mental illness, We will pay the covered medical Expenses for Hospital confinement in a mental Hospital under the direction and supervision of the Department of Mental Health; or in a private mental Hospital licensed by the Department of Health; or in a licensed or accredited general Hospital. Such benefits shall be no different than for any other Sickness.

**Mammography Expense:** We will pay the Expense for mammographic examinations as follows: a) a baseline mammogram for any female who is at least 35 but less than 39 years of age; b) a mammogram every two years for any female who is at least 40 but less than 49 years of age; and c) once every year for any female who is at least 50 years of age.

**Pap Smear Expense:** We will pay the Expense for an annual pap smear for an Insured female.

**Reconstructive Breast Surgery Expense:** We will pay the Expense incurred with reconstructive breast surgery

as follows: a) all stages of breast reconstruction of the breast on which the mastectomy has been performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; and c) prostheses and physical complications of mastectomy, including lymphedemas.

**Bone Density Expense:** We will pay the Expense for bone density testing for women age 35 years and older, as indicated by the health care provider, in accordance with standard medical practices, to obtain baseline data for the purpose of early detection of osteoporosis.

**Bone Marrow Transplant Expense:** We will pay the Expense incurred in connection with the treatment of breast cancer by chemotherapy including high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation, when performed in institutions that comply with the guidelines of the American Society for Blood and Marrow Transplantation or the International Society of Hematotherapy and Graft Engineering, whichever has the higher standard.

**COORDINATION OF BENEFITS FOR POLICIES  
CONTAINING BASIC ACCIDENT EXPENSE BENEFIT  
COVERAGE AND BASIC SICKNESS EXPENSE BENEFIT COVERAGE**

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses.

When a claim is made, other valid and collectible insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; or (2) any plan or program created or administered by national or state government, or agencies thereof; or (3) individual insurance. We will not limit or exclude payment on a claim because the Insured is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

A plan without a coordinating provision is always the primary plan.

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## CONFORMITY WITH STATE STATUTES

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

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**Any Expense not specifically listed in the preceding sections is not covered.**

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## EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the Policyholder's health service, infirmary, Hospital or employees;
- Routine eye exams and contacts; replacing eyeglasses 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; for personal hygiene; services specifically for dietary control; custodial, sanitarial or rest care; or fertility testing;
- Treatment or supplies for the newborn infant except that required for the treatment of a covered Accident or Sickness;
- Voluntary termination of pregnancy;
- Skydiving; recreational parachuting; hang gliding; glider flying; parasailing; sail planing; bungee jumping; or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Injury or Sickness resulting from any declared or undeclared war;
- Injury due to participation in a riot; commission of or attempt to commit a felony;
- Suicide, attempted suicide or intentionally self-inflicted Injury;

- Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;
- Injury or Sickness covered by any workers' compensation or occupational disease law;
- Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges; or
- Injury resulting from the practice for, participating in or the traveling as a team member to and from, interscholastic, intercollegiate, club, intramural, professional or semi-professional sports; or while participating in any conditioning program for such sport-related contest or competition except as specifically stated. ; or
- Treatment, services or supplies which; are not medically necessary to treat a Sickness or Accident; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not be routinely paid in the absence of Insurance; are received by any family member; or
- Treatment, services or supplies which; are not medically necessary to treat a Sickness or Accident; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not be routinely paid in the absence of Insurance; are received by any family member;; or
- Treatment for alcoholism or any form of substance abuse, except as specifically stated; or
- Home healthcare Expense; or
- Surgery and/or treatment for: acne; breast reduction; circumcision; deviated nasal septum,, including submucous resection and/or other surgical correction except for treatment of acute purulent sinusitis; infertility test; learning disabilities; nonmalignant warts, moles and lesions; premarital examinations; preventative medicines or vaccines except when required for treatment of Injury; routine physical examinations; sexual reassignment surgery; tubal ligation; vasectomy; and weight reduction; or
- Mental and Nervous Disorders except as specifically stated; or
- Automobile Accidents in excess of \$1,000.

## **CLAIM PROCEDURE**

To file a claim under the Accident and Health Plan, the student should:

1. Complete a claim form, if applicable, and submit it to the Claims Administrator. Claim forms must be completed and signed for accident claims. A claim form is not required for sickness claims, although in certain circumstances one may be requested by the Claims Administrator for completion. Claim forms are available from the Claims Administrator or online at Our website [www.amastudentplans.com](http://www.amastudentplans.com).
2. Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in your submission, the student's school name, student name, policy number and student ID number even if the charges are for a spouse or dependent.
3. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
4. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator.

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## **MARKEL PRIVACY PRACTICES**

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate

## ENROLLMENT FOR STUDENT ACCIDENT AND SICKNESS PLAN

Student's Name \_\_\_\_\_

Student ID: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

Please check the Plan you have selected below

**Base Plan - \$15,000 Maximum Benefit**

	Annual	Fall Term	Spring Term
	8-15-11 to 8-15-12	8-15-11 to 1-15-12	01-15-12 to 8-15-12
Student	<input type="checkbox"/> \$546.00	<input type="checkbox"/> \$228.00	<input type="checkbox"/> \$319.00
Spouse	<input type="checkbox"/> \$1,187.00	<input type="checkbox"/> \$495.00	<input type="checkbox"/> \$692.00
Dependent	<input type="checkbox"/> \$970.00	<input type="checkbox"/> \$404.00	<input type="checkbox"/> \$566.00

**Optional Catastrophic Accident and Sickness**

**\$15,000 Deductible - \$100,000 Medical Maximum Benefit**

**Paid at 80% to Maximum Benefit**

**Annual Rate: \$298.00**     **I wish to take the Catastrophic Plan**

	Under 25	25 and Over
Annual Student	<input type="checkbox"/> \$298.00	<input type="checkbox"/> \$298.00
Annual Spouse	<input type="checkbox"/> \$780.00	<input type="checkbox"/> \$1,128.00
Annual Child	<input type="checkbox"/> \$390.00	<input type="checkbox"/> \$390.00

**Dependents:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return application and premium check or money order made payable to:  
FIRST AGENCY, INC., 5071 WEST H AVENUE, KALAMAZOO, MI 49009**





Underwritten by:



Glen Allen, VA 23060

Servicing Broker:

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)

Mail claims to:

MCA Administrators, Inc.  
PO Box 6540  
Harrisburg, PA 17112  
Phone: (800) 427-9308

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the institution.