

**Student Accident & Sickness Insurance Plan:
The need for protection against medical Expenses**

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 or Sicknesses.

Although many families have some sort of health insurance, these plans often do not cover a college student after age 18. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school. The school is vitally concerned with the health and well-being of its students. Student Accident and Sickness Insurance Plan offered by Markel Insurance Company is designed to provide low cost coverage for unanticipated medical Expenses.

Please read the provisions of this insurance plan carefully and retain this brochure for future reference.

ELIGIBILITY

All full-time students are automatically covered under this program unless coverage is waived. The insurance charge will be added to your student account unless the waiver is completed by the waiver date of October 1, 2011. Please see the enrollment card for waiver instructions. Part-time students taking 6 hours or more and dependents of all eligible and participating students must enroll within the open enrollment time period. Please see the attached card for instructions.

The company maintains the right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If the Company discovers that policy eligibility requirements have not been met the Company's only obligation is refund of premium. In order to continue coverage eligibility requirements must be met each time a premium is paid.

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 8/15/2011 at 12:01 a.m. and expires on 8/15/2012 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.

Coverage will be effective on the later of 08/15/2011 or the date the enrollment form is received at the Trinity

ANY EXPENSE NOT SPECIFICALLY LISTED IN THE PRECEDING SECTIONS IS NOT COVERED.

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;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children;
- 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 worker's 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 or play of intercollegiate sports.
- Treatment, services, or supplies which; are not Medically 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 be routinely paid in the absence of insurance; are received from any family member.

Underwritten by:



Glen Allen, VA 23060

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

Mail claims to:

MCA Administrators, Inc.
PO Box 6540
Harrisburg, PA 17112
Phone: (800) 427-9308
Fax: (717) 652-8328

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.

Blanket Accident and Health Plan

Designed for the Students of:

Trinity Christian College

Palos Heights, IL

2011 - 2012

Policy Number: 11200690

Please keep this outline of coverage for future reference



ENROLLMENT FOR STUDENT ACCIDENT AND SICKNESS PLAN

I WISH TO ENROLL IN THE STUDENT ACCIDENT AND SICKNESS PLAN. I UNDERSTAND THAT THE CHARGE WILL BE ADDED TO MY ANNUAL STUDENT ACCOUNT.

PREMIUMS 8/15/2011 TO 8/15/2012

Student \$663.00
 Spouse \$2,915.00
 Dependent \$1,515.00

SECOND SEMESTER & SUMMER 1/1/2012 TO 8/15/2012

Student \$480.00
 Spouse \$2,095.00
 Dependent \$1,095.00

Optional Catastrophic Coverage (base Plan must also be purchased)

\$100,000 Medical Maximum after a \$25,000 deductible

Annual Rate per person \$230.00

I wish to take the Catastrophic Plan

Male Female Age: _____

Trinity Christian College

Student's Name: _____

Date of Birth: _____

Student's ID: _____

Dependent Information (Complete if purchasing dependent coverage)

Spouse's Name: _____ Age _____

Child's Name: _____

Signature: _____

All full-time students are automatically covered unless coverage is waived. The insurance charge will be added to your student account unless the waiver is completed by the waiver date. Part-time students taking 6 credit hours or more and dependents of all eligible and participating students must enroll within the open enrollment period.

How to waive if you have other Health Insurance Coverage:

1. Go to First Agency, Inc. Website: www.1stagency.com/college.htm
2. Click on Waive coverage button under Trinity Christian College.
3. Complete waiver form and submit
4. You will receive confirmation that your waiver has been received.
Keep this for your records.
5. The insurance premium will be removed from your student account.

Signature: _____

Print Name: _____

Date: _____

- Temporomandibular Joint Dysfunction (TMJ).
- Treatment of Alcoholism or any form of substance abuse, except as specifically stated.
- Treatment of Mental or Nervous Disorders except as specifically stated.

CLAIM PROCEDURE

In the event of Injury or Sickness, you should:

1. REPORT AT ONCE to the STUDENT DEVELOPMENT OFFICE, when on campus.
2. If you are off campus and unable to report to the STUDENT DEVELOPMENT 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 Health Service and follow instructions for filing your claim.
3. If school is not in session, obtain a claim form from the STUDENT DEVELOPMENT OFFICE. Students are responsible for filing their own claims.

Notification of any claim must be provided to:

MCA Administrators, Inc.
P.O. Box 6540
Harrisburg, PA 17112
Phone: 800-427-9308
Fax: 717-652-8328

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 information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at: Phone (800) 431-1270 or www.MarkelAH.com.

TRINITY CHRISTIAN COLLEGE BLANKET ACCIDENT AND HEALTH INSURANCE PLAN

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If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to a maximum of \$200 or 20% of the amount payable for the Surgery.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, your Injury or Sickness requires the services of a Physician, we will pay the Expense for such services, limited to one visit per day.

Outpatient Expense: When Your Injury or Sickness requires the use of outpatient facilities of an ambulatory surgical center, ambulatory medical center, Hospital or Physician's office for the use of diagnostic x-ray, including ultrasound, MRI and CAT Scan, laboratory services, or an emergency or operating room, under the Physician's direction and prescriptions, We will pay 75% of the Expense up to a maximum of \$1,000.

Dental Expense: for treatment of sound natural teeth.

SUPPLEMENTAL EXPENSE BENEFIT

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We owe under the basic Accident or basic Sickness benefits, We will pay 75% of the Expense up to a combined maximum of 25,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment covers the Covered Person 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 this Policy. Also, the Loss must take place within fifty-two (52) weeks after the accident.

The following shows the amount we pay:

For Loss of:	Amount
Life	\$5,000
Both hands, or both feet or sight of both eyes . .	\$5,000
One hand and one foot	\$5,000
One hand and sight of one eye	\$5,000
One foot and sight of one eye	\$5,000
One hand or one foot or sight of one eye	\$2,500

The most we will pay for All losses as the result of one Accident is \$5,000 under this benefit.

Loss to hands and feet means severance through or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

\$100,000

Optional Catastrophic Coverage Available

Benefits are paid at 80% to \$100,000
after a \$25,000 deductible

See Application card for enrollment.

This coverage is provided by
MARKEL INSURANCE COMPANY

REPATRIATION EXPENSE

(Preparation & Transportation of Remains)

If the insured 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 or country, up to a maximum of \$10,000. Payment is subject to prior approval by the Company

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 or 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.

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.

Maternity Inpatient Care Expense: We will pay the Expense incurred in connection with inpatient hospitalization services for a covered mother and a newborn child for a minimum of: a) 48 hours after an uncomplicated vaginal delivery; and b) 96 hours after delivery by an uncomplicated cesarean section. A shorter length of Hospital inpatient stay for services related to maternity and newborn care may be provided if the attending Physician, licensed to practice medicine in all of its branches, determines, in accordance with the protocols and guidelines developed by the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics, that the mother and the newborn meet the appropriate guidelines for that length of stay based upon evaluation of the mother and newborn and the availability of a post-discharge Physician office visit or in-home visit to verify the condition of the infant in the first 48 hours after discharge.

Mammography Expense: We will pay the Expense for screening by Low-Dose Mammography for all women 35 years of age or older for the presence of occult breast cancer. The coverage shall be as follows: 1) a baseline mammogram for women 35 to 39 years of age; 2) an annual mammogram for women 40 years of age or older; 3) a mammogram at the age and intervals considered Medically Necessary by the woman's health care provider for women under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors; and 4) a comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense

Clinical Breast Examination Expense: We will pay the Expense for complete and thorough clinical breast examinations performed by a Physician licensed to practice medicine in all its branches, an advanced practice nurse who has a collaborative agreement with a collaborating Physician that authorizes breast examinations, or a Physician assistant who has been delegated authority to provide breast examinations, to check for lumps and other changes for the purpose of early detection and prevention of breast cancer as follows: 1) at least every three years for women at least 20 years of age but less than 40 years of age; and 2) annually for women 40 years of age or older.

COORDINATION OF BENEFITS

This Coordination of Benefits provisions does not apply to the first \$100 of covered Expenses for each covered Loss.

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 person 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.

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.

Christian College Business Office. If waiver of coverage is not received by 10/01/2011, you will be automatically enrolled in this program with an effective date of 08/15/2011.

Exceptions to the above 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 the ineligibility under another plan of creditable coverage and accepted and exhausted COBRA of continuation, if offered.

Coverage termination on the earlier of 08/15/2012, the last day of the period for which premium is paid, or the date a covered person enters full-time military service.

Newborn children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for the child when we are notified in writing within 31 days from the date of birth and required premium is paid.

ANNUAL PREMIUM RATES

Student Rate	\$663.00
Spouse Rate	\$2,915.00
Dependent Rate	\$1,515.00

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

upon a determination by the patient's Physician that a significant change in the patient's symptoms or medical condition has occurred. A "significant change" in condition means symptomatic hyperglycemia (greater than 250 mg/dl on repeated occasions), severe hypoglycemia (requiring the assistance of another person), onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment regimen. Coverage shall be provided for equipment, pharmaceuticals and supplies when Medically Necessary and prescribed by a Physician licensed to practice medicine in all of its branches. Coverage shall be provided for regular foot care exams by a Physician or by a Physician to whom a Physician has referred the patient.

If authorized by a Physician, diabetes self-management training may be provided as a part of an office visit, group setting or home visit.

Surveillance Tests for Ovarian Cancer Expense: We will pay the Expense for surveillance tests for ovarian cancer for Insureds who are at risk for ovarian cancer. "Surveillance tests" means annual screening using: a) CA-125 serum tumor marker testing; b) transvaginal ultrasound; and c) pelvic examination. "At risk" for ovarian cancer means having a family history: (i) with one or more first-degree relatives with ovarian cancer; (ii) of clusters of women relatives with breast cancer; (iii) of nonpolyposis colorectal cancer; or (iv) testing positive for BRCA1 or BRCA2 mutations.

Multiple Sclerosis Preventive Physical Therapy Expense: We will pay the Expense for Medically Necessary preventive physical therapy for an Insured diagnosed with multiple sclerosis. "Preventive Physical Therapy" means physical therapy that is prescribed by a Physician licensed to practice medicine in all of its branches for the purpose of treating parts of the body affected by multiple sclerosis, but only where the physical therapy includes reasonably defined goals, including, but not limited to, sustaining the level of function the person has achieved, with periodic evaluation of the efficacy of the physical therapy against those goals.

Colorectal Cancer Screening Expense: We will pay the Expense for colorectal cancer screening with sigmoidoscopy or fecal occult blood testing once every three years as follows: a) for persons who are at least 50 years old; and b) for persons at least 30 years of age who may be classified as high risk for colorectal cancer because the person or a first degree family member has a history of colorectal cancer.

Bone Mass Measurement and Diagnosis and Treatment for Osteoporosis: We will pay the Expense for Medically Necessary bone mass measurement and for the diagnosis and treatment of osteoporosis.

breast tissue, when Medically Necessary as determined by a Physician licensed to practice medicine in all of its branches. "Low-Dose Mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with radiation exposure delivery of less than one rad per breast for two views of an average size breast.

Cervical or Pap Smear Expense: We will pay the Expense for pelvic examinations and pap smear examinations, including FDA approved cytological screening technology.

Mastectomy and Breast Reconstructive Surgery Expense: We will pay the Expense incurred in connection with mastectomy and breast reconstruction. This shall include: a) reconstruction of the breast upon which the mastectomy has been performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; and c) prostheses and treatment for physical complications at all stages of mastectomy, including lymphedemas.

Prostate Cancer Test Expense: We will pay the Expense for an annual digital rectal examination and a prostate-specific antigen test for male Insureds upon the recommendation of a Physician licensed to practice medicine in all its branches for: a) asymptomatic men age 50 and over; b) African-American men age 40 and over; and c) men age 40 and over with a family history of prostate cancer.

Diabetes Equipment, Training and Education Expense: We will pay the Expense for outpatient self-management training and education, equipment and supplies for the treatment of type 1 diabetes, type 2 diabetes and gestational diabetes mellitus.

"Diabetes self-management training" means instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes self-management training shall include the content areas listed in the National Standards for Diabetes Self-Management Education Programs as published by the American Diabetes Association, including medical nutrition therapy.

"Medical nutrition therapy" shall have the meaning ascribed to "medical nutrition care" in the Dietetic and Nutrition Services Practice Act.

"Qualified provider" means a Physician licensed to practice medicine in all of its branches or a certified, registered or licensed network health care professional with expertise in diabetes management.

Coverage shall be limited to the following: 1) up to three Medically Necessary visits to a qualified provider upon initial diagnosis of diabetes by the patient's Physician; 2) up to two Medically Necessary visits to a qualified provider

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.

EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to 90 days after the expiration date.

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.

DESCRIPTION OF BENEFITS

BASIC ACCIDENT & SICKNESS EXPENSE BENEFITS

When You suffer a Loss from Injury or Sickness, We will pay the Expense incurred up to an aggregate maximum of \$1,000 after a \$100 per Injury or Sickness Deductible. Treatment of Injury must begin within 30 days of a covered Accident. Benefits are allocated as follows:

Hospital Room and Board expense: When Your Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate.

Hospital Miscellaneous expense: 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 a maximum of \$1,000. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, licensed nurse and other necessary non-room and board Expenses.

Surgical Expense: When Your Injury or Sickness requires surgery, We will pay 75% of the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile, subject to the maximum surgical benefit of \$1,000. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

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 a maximum of \$250 or 25% of the amount payable for the Surgery.