

Dear Student:

The administration is making available to the students and their dependents, a plan of Blanket Accident and Sickness Insurance underwritten by Guarantee Trust Life Insurance Company. The Coverage is designed to provide benefits for medical expenses arising from an accident or sickness, including those which occur off campus and during interim vacations.

Participating in this plan is voluntary; however, we encourage you to review your personal situation to determine if you need coverage.

Any questions about the Policy should be directed to:
 First Agency, Inc.
 5071 West H Ave.
 Kalamazoo, MI 49009-8501.

ELIGIBILITY

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more, attending Alma College are eligible to participate in this program. Students must be physically and actively attending classes on campus to enroll in this plan. Online students or distance-learning students taking home-study, correspondence, or television courses are not eligible to enroll in this plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Servicing Agent should be notified at that time by the student. Students who enroll in the plan may secure family coverage.

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. In order to continue coverage, eligibility requirements must be met each time a premium is paid.

Dependents must enroll in the plan when the student first enrolls in the plan, and must enroll for the same coverage as the student. Eligible dependents are the spouse residing with the Insured Student and unmarried children under twenty-three years of age who are not self-supporting and reside with the Insured Student. Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and required premium is paid.

EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the later of: the Policy effective date (08-15-2009); or 12:01 A.M. following the date the proper premium is received by the Servicing Agent. All coverage expires on the earliest of: 08-15-2010; when payment is due and unpaid; or the date the covered person enters the armed forces.

Enrollment is only allowed during the open enrollment period which is 9/8/2009 to 10/10/2009. 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.

PRE-EXISTING CONDITIONS LIMITATIONS

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 continuously insured under the Policy for more than 12 months. "Continuously insured" means a person has been continuously insured under the Policy and prior student health insurance policies issued to the Policyholder. Persons who have remained continuously insured will be covered for Sickness or Injury which was payable while continuously insured except for expenses payable under prior policies in the absence of the Policy. Previously insured students must re-enroll for coverage within 30 days of the end of the prior coverage in order to avoid a break in coverage for Sickness or Injury which existed in prior policy years. Once a break in continuous coverage occurs, the definition of Sickness or Injury will apply in determining coverage of any Sickness or Injury which existed during such break; 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.

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a doctor, the Policy will provide benefits while your coverage is in force for the usual and customary charges (U&C) scheduled below. Treatment of Injury must begin within 30 days of covered accident. The Policy will allow benefits only for expenses not covered by other medical coverage. If the total covered expenses are less than \$100 this provision will be waived.

PART A: BASIC INJURY BENEFITS \$5,000 maximum/each Injury, Subject to following limits: OUTPATIENT PRESCRIPTION DRUGS\$100 DENTAL TREATMENT (repair/or replacement of sound and natural teeth)..... \$500 MOTOR VEHICLE INJURY Same as any Injury, up to \$1,000 PHYSICAL THERAPIST..... \$25 a visit, one visit/day		
PART B: BASIC SICKNESS BENEFITS \$5,000 maximum/each Sickness, Subject to following limits: HOSPITAL, ROOM AND BOARD (average daily semiprivate room rate) \$450/day HOSPITAL MISCELLANEOUS INPATIENT: (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, etc)..... \$1,500 HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of INPATIENT) \$1,500 DOCTOR'S NONSURGICAL VISITS (Inpatient - not paid day of surgery)..... \$50/visit, 1 visit/day DOCTOR'S NONSURGICAL VISITS (Outpatient - not paid day of surgery)..... \$50/visit, 1 visit/day, starting 2nd visit SURGICAL TREATMENT: (in or out of hospital - services performed by a licensed doctor as determined by the 80 th percentile and in accordance with the most current Usual and Customary payment system).80% of U&C up to \$2,000 ANESTHETIST AND/OR ASSISTANT SURGEON25% of Surgical Treatment OUTPATIENT TREATMENT: (when the Insured is not hospital confined as a resident bed patient and incurs expense for emergency room and/or diagnostic x-rays/lab test by doctor or hospital).....80% of U & C, up to \$1,000 SUBSTANCE ABUSE BENEFITS:.....\$3,919 per policy year AMBULANCE SERVICES (Ground service only)..... \$200 MATERNITY BENEFITS Same as any Sickness MENTAL AND NERVOUS DISORDERS Same as any Sickness, except: DOCTOR'S NONSURGICAL VISITS \$50/visit, 1 visit/day, up to 10 visits OUTPATIENT PRESCRIPTION DRUGS..... \$100 Covered Charges paid under the Basic Medical Expense Benefit of this Policy shall not be paid under the Major Medical Expense Benefit of this Policy.		
PART C: MAJOR MEDICAL BENEFITS \$50,000 maximum/each Injury and each Sickness: After the Company has bills incurred which reach \$5,000 under the Basic Injury Benefit or Basic Sickness Benefit (PARTS A or B), the Company will then pay 80% of the usual and customary charges as listed under the Basic Benefits, up to a maximum of \$50,000 during the Policy year. This maximum includes both benefits paid under PART A or B and PART C. Benefits shall end at the close of the period of coverage under the Policy. No Benefits are payable for Mental and Nervous Disorders or Motor Vehicle Injuries.		
PART D: MEDICAL EVACUATION AND REPATRIATION 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 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.....Up to \$10,000 when pre-approved Repatriation: If the Insured person dies as a 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 country, up to a maximum of \$7,500. Payment is subject to prior approval by the Company.Up to \$7,500 when pre-approved		
PART E: ACCIDENTAL DEATH AND DISMEMBERMENT Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount): Accidental Death\$1,000 Single Dismemberment\$1,000 Double Dismemberment\$2,000		
PART F: PREMIUMS	8-15-09 to 8-15-10	8-15-09 to 12-20-09 * <i>Installment Premiums</i> 12-20-09 to 4-30-10 4-30-10 to 8-15-10
Students only - under age 35	\$510.00	\$179.00
Dependents (each)	\$801.00	\$280.00
Student Only - age 35 or over	\$718.00	\$251.00
Dependents (each)	\$1,604.00	\$561.00
*For students making three installments; the second installment will be billed and is due on 12-20-2009. The third installment will be billed and due on 04-30-2010. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. Eligibility requirements must be met each time a premium is paid to continue coverage.		

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 physician as 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 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 committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
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. Cosmetic surgery, except made necessary by Injury.
6. Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
7. Treatment of Mental or Nervous Disorders, except as specifically provided.
8. Expenses incurred as a result of dental treatment, except as specifically stated.
9. Eyeglasses and contact lenses, and examinations for prescribing or fitting them; any other procedures for correction of refractive disorder of the eye or eyes; hearing aids and hearing examinations.
10. Organ, tissue and cell transplants.
11. Elective abortions.
12. Injury resulting from participating in the practice or play of interscholastic or intercollegiate sports, including the participation in any conditioning program for such sport, contest or competition.

13. Services that are provided normally without charge by the Policyholder's student health center; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
14. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
15. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.
16. Routine newborn infant care, well-baby care and related doctor charges, except as specifically provided for in the Policy.
17. Outpatient Prescription Drugs, except as specifically stated.

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 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 6 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 under the Policy.

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.

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

CLAIM PROCEDURE

Secure a claim form from the College Office or from the Servicing Agent, fill in the necessary information, attach all itemized doctor and hospital bills and send to:

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness.

In the event it becomes necessary to check on the status of your filed claim, please call the Claims Office from 7:30 a.m. to 4:30 p.m., Monday through Friday. The telephone number is: (800) 243-6298

No premium refunds are permitted except when the student enters full-time military service in which case a pro-rata refund will be made upon request.

TO APPLY FOR COVERAGE

Complete the Enrollment Form and return with your check made payable to:

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009
www.1stagency.com

Keep this brochure as a summary of the Insurance. No individual policies will be sent to the Insured. If any discrepancies exist between the brochure and the policy, the policy on file with the school governs the payment.

If your coverage ends under this plan and you obtain other coverage, student insurance qualifies as prior creditable coverage. A certification of coverage will be furnished upon written request to the Company.

HEALTH AND ACCIDENT INSURANCE PLAN

For Students Attending

ALMA COLLEGE

2009-2010

Administered by:



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

Underwritten by:

G•T•L

Guarantee Trust Life Insurance Company
A Mutual Company
1275 Milwaukee Avenue
Glenview, Illinois 60025

Policy #214-125-009-N