

BASIC MEDICAL ACCIDENT AND SICKNESS EXPENSE BENEFITS

When a covered injury or sickness requires treatment by a doctor, payment will be made for the medically necessary usual and customary expense, as allocated below, incurred while coverage is in force during the Policy year, up to a maximum benefit of \$3,000 per injury or sickness. Treatment of Injury must begin within 30 days of covered accident. However, injury sustained while participating in practice or play of intercollegiate sports is limited to \$500 per injury.

COVERED CHARGES, PER INJURY OR SICKNESS

1. **Daily Room and Board--Semiprivate** when hospital confined at a rate per day of \$250.00
2. **Miscellaneous Hospital Charges** for use of operating room, anesthesia, X-ray examination (not treatment), laboratory tests, drugs or medicines, therapeutic services or supplies when hospital confined and while receiving Room and Board Benefits above, payable at 80%, up to a maximum of..... \$1,000.00
3. **Surgical Operations** in accordance with the CRVS 1974 with a coefficient of \$80.00 up to a maximum benefit of..... \$1,000.00
4. **Assistant Surgeon,** payable at 20% of the surgery fee paid up to \$200.00
5. **Administration of Anesthetics,** payable at 25% of the amount of the surgical benefit up to \$250.00
6. **Dental Treatment** for Injury to sound, natural teeth up to \$300.00
7. **Ambulance Service** to and from confinement, per accident or illness \$500.00
8. **Doctor's Visits** In case of accident or sickness not requiring hospitalization the following applies:
Accident (first visit up to 10 visits) \$30.00
Sickness (beginning with 2nd visit) not requiring hospitalization \$30.00
No payment shall be made for medical treatment received on the day of any surgical operation or during convalescence therefrom if payment is made to the insured for such operation.
9. **Consultant** requested and approved by the attending doctor, up to \$50.00
10. **Diagnostic X-ray and Laboratory Procedures** when prescribed by the attending doctor for each diagnosed illness or injury. up to a maximum of..... \$100.00
11. **Hospital Emergency Care Out-Patient Expense** When referred by Student Health Service (if available) not including medication, up to \$100.00

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.

MAJOR MEDICAL EXPENSE BENEFITS ACCIDENT AND SICKNESS

When the Basic Aggregate Maximum amount has been paid as a result of a loss incurred by you for an accident or sickness, we will pay 80% of the expenses incurred for the services covered under the Basic Medical Expense Benefit which exceeds the Basic Aggregate Maximum amount up to a maximum payment of \$15,000.00 for each accident or each sickness. Total benefit for Basic Medical Expense plus Major Medical Expense is \$15,000.00 during the Policy year.

Illinois mandates coverage for the following benefits: 48 hours hospital confinement following vaginal delivery and 96 hours following caesarean delivery. If shorter length of hospital stay, coverage includes a post-discharge doctor office visit or in-home nurse visit in the first 48 hours after discharge; initial prosthetic device and reconstructive surgery incident to mastectomy; mammograms at certain intervals; annual cervical smear or pap test; prostate specific antigen test at age 40 and older; outpatient diabetes self-management training; diabetes equipment and pharmaceuticals; colorectal cancer exams and lab tests in accordance with American Cancer Society guidelines; treatment of serious mental illness; treatment of alcoholism while hospital confined; autism spectrum disorders and medically necessary bone mass measurement and diagnosis and treatment of osteoporosis. Please see the Policy on file with the Policyholder for full details. All Illinois mandates are paid the same as any other sickness unless specifically stated otherwise.

*** Additional Coverage Available ***

**\$500,000
Optional Catastrophic
Coverage Available**

See application card for rates and enrollment.
Benefits are paid at 80% to a maximum of \$500,000 for students.
Benefits, provisions, and exclusions are not listed in this brochure. This coverage is provided by Markel Insurance Company.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover any loss caused by or contributed to by:

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 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 a felony.
4. Expenses incurred as a result of intentionally self-inflicted injury while sane or insane.

5. 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.
6. Surgery and/or treatment for nonmalignant warts or moles.
7. Routine physical examinations.
8. Temporomandibular Joint Dysfunction (TMJ).
9. Treatment of Mental or Nervous Disorders.
10. Expenses incurred as a result of dental treatment, except as specifically stated.
11. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of Injury.
12. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefor.
13. Injury sustained while participating in practice or play of intercollegiate sports, except as specifically stated.
14. Any expenses for services rendered by employees or doctors or any other persons employed or retained by the Policyholder or for the use of Policyholder's facilities or for any expenses for services rendered elsewhere which are available at the Policyholder's health services infirmary or hospital except in cases of emergency nature or services covered or provided by the student medical fee except as specifically provided.
15. Loss due to voluntarily using any drug, narcotic or controlled substance, unless prescribed by a Doctor.
16. Injury caused by or resulting from being intoxicated, as defined by the jurisdiction in which an Accident occurs.
17. Congenital conditions.
18. Air travel, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline; parachuting; or travel in or upon any two, three, or four-wheeled recreational motor vehicle .
19. Outpatient Prescription Drugs.
20. Physiotherapy, except as specifically stated in the Policy.
21. Cosmetic surgery, except as the result of Injury.
22. Inguinal hernia.

PRE-EXISTING CONDITIONS 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 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.

Policy # 124-125-004-N

Detach and retain if you enroll
STUDENT INSURANCE PLAN 2009 - 2010

Insured Student

Benedictine University

Underwritten by
Guarantee Trust Life Insurance Company Glenview, Illinois

Coverage is subject to verification by the Company (Address on reverse side)

FOR STUDENTS OF BENEDICTINE UNIVERSITY
Application for Student Insurance Plan

Student's Name _____ Student ID # _____ Zip Code _____
 Address _____ State _____
 Date of Birth _____ Phone Number _____
 Please check the plan you have selected below. Male Female
 Full-Time Student Yes No

Term of Coverage	Base Plan	Base w/\$500,000 Max.* <small>Under Age 25 Over Age 25</small>
<input type="checkbox"/> Full Academic year	\$350.00	\$630.00
<input type="checkbox"/> Fall Enrollment Only	\$165.00	\$840.00
<input type="checkbox"/> Spring Enrollment	\$205.00	\$573.00

Please see the brochure for students ages 35 & over for premium differential.

Signature: _____

Return application and premium check or money order (made out to First Agency) to:
FIRST AGENCY, INC., 5071 WEST H AVENUE, KALAMAZOO, MI 49009

*This catastrophic coverage provided by Markel Insurance Company.

Students who have enrolled for Student Accident and Sickness Insurance and paid the proper premium are insured according to the provisions of a Master Policy on file at the College.

**YOUR CANCELLED CHECK IS YOUR RECEIPT
AND PROOF OF COVERAGE**

All claims and inquiries are to be directed to:

FIRST AGENCY, INC.
5071 West H Avenue, Kalamazoo, MI 49009-8501
Phone: (269) 381-6630 Fax: (269) 381-3055

Pre-existing Condition means sickness or injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Covered Persons's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

EXCESS COVERAGE

Medical expenses exceeding \$500.00, the plan will be supplemental to any other valid insurance plan and benefits will be provided for eligible medical expense unpaid by other collectible insurance or health plans.

PERIOD OF COVERAGE

The insurance becomes effective at 12:01 a.m. on August 29, 2009 (or on the date enrollment form and premium are received, if later). Coverage continues until the earliest of 12:01 a.m. on August 29, 2010 or the last day of the term of coverage for which premium is paid, or the date the Covered Person enters full-time military service.

Enrollment is only allowed during the open enrollment period which is 8/31/09 - 10/01/09.

Exceptions will be made for the following:

1. Enrolling as a new or transfer student within 31 days of enrollment at the school.
2. Within 31 days of ineligibility under another plan of Credit able Coverage and accepted and exhausted COBRA of continuation coverage if offered.

CLAIM PROCEDURE

In the event of injury or sickness, you should:

1. REPORT AT ONCE to the STUDENT HEALTH SERVICE, when on campus.
2. If you are off campus and unable to report to the Health Service, 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 Health Service. Students are responsible for filing their own claims.

Notification of any claim must be provided to First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009 within twenty (20) days of Injury or the commencement of sickness. Bills for which benefits are to be paid must be submitted within ninety (90) days from the date treatment was provided.

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.

Insurance Administrator & Claims Office:



FIRST AGENCY, INC.
5071 West H Avenue
Kalamazoo, MI 49009
Phone: (269) 381-6630
Fax: (269) 381-3055

www.1stagency.com

Underwritten by:
**GUARANTEE TRUST LIFE
INSURANCE COMPANY**
Glenview, IL

Policy #124-125-004-N

COVERAGE

The Student Insurance Plan protects students at home, at school or while traveling, 24 hours a day. Protection is in effect during all interim vacation periods. Participation in all athletic activities are covered including intramural & intercollegiate sports. Coverage for intercollegiate sports is limited to \$500.00 per Injury, subject to the allocations listed.

ELIGIBILITY

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more are eligible to participate in this program. Students under the age of 35 are eligible for coverage hereunder at the rates shown on the application.

For students who are age 35 or older, the rates are increased by the following percentages:

Students ages 35-44	30%
Students ages 45-54	70%
Students ages 55-64	100%

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.

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 to the Insured.

NOTE

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

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 written request.

**STUDENT ACCIDENT
AND
SICKNESS
INSURANCE PLAN**

For Students of
**Benedictine
University**
Lisle, Illinois

2009 - 2010

POLICY # 124-125-004-N