

# Student Accident and Health Insurance Program

Designed for the Students of



Policy No: 224-125-003-N

**2009-2010**

12. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
13. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which **does or can impair normal hearing apart from the disease process.**
14. Suicide or attempted suicide while sane or insane; or intentionally self inflicted Injury.
15. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
16. Services of a private duty nurse or personal care assistant for ventilator dependent person.

#### PRE-EXISTING CONDITION LIMITATION

There is no coverage for Pre-existing Conditions unless the Covered Person has been covered under the Policy for 12 months.

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.

#### CLAIM PROCEDURE

In the event of Injury or Sickness the student should:

1. If at the School, report immediately to Student Health Services so that proper treatment can be prescribed or approved.
2. If away from the School, consult a Physician and follow his/her advice. Notify Student Health Services or the Plan Underwriter within 30 days after the date of the covered accident or commencement of the covered Illness, or as soon thereafter as is reasonably possible.
3. Obtain a claim form from the business office. Students are responsible for filing their own claims.
4. Written proof of loss [itemized bill(s)] must be furnished with your claim within 90 days after the date of the Loss.
5. Questions should be referred to the Plan Administrator.

The Plan is underwritten by:

**G•T•L**

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

Claims Administrator:  
First Agency, Inc.  
5071 West H Avenue  
Kalamazoo, MI 49009-8501  
PH: 269-381-6630  
FAX: 269-381-3055  
www.1stagency.com

#### IMPORTANT

THIS BROCHURE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE AS DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS.

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.

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.

#### 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 are paid at 50% to a maximum of \$100,000 for dependents.  
Benefits, Provisions, and exclusions are not listed in this brochure.  
This coverage is provided by Markel Insurance Company

Minnesota mandates coverage for the following benefits: 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. All state mandates are paid the same as any other sickness unless specifically stated otherwise. Please see the policy on file with the policyholder for complete details.

#### EXCESS COVERAGE

The Policy is excess to other Medical Insurance.

When a claim is made, other valid and collectible insurance pays its benefits without regard to the Policy. The 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 shall be fully payable subject to the terms, conditions and limitations of this Policy.

#### EXCLUSIONS AND LIMITATIONS

The Policy does not cover loss nor provide 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 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 Worker's Compensation or Occupational Disease Act or Law.
5. Cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other disease of the involved part; or reconstructive surgery because of a congenital disease or anomaly as provided for Dependent newborns.
6. Loss sustained or contracted in consequence of a Covered Person's being under the influence of any narcotic, unless administered on the advice of a doctor.
7. 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 commercially scheduled airline.
8. Expenses incurred as a result of dental treatment, except as specifically stated.
9. Injury resulting from bungee jumping; hang gliding; glider flying; skydiving; recreational parachuting; parasailing; or sail planing.
10. Claims arising out of participation by the Covered Person in intercollegiate sporting events.
11. Services and supplies furnished by the Policyholder's infirmary, it's employees or Doctors who work for the Policyholder.

I wish to enroll in the Student Accident and Sickness Plan. I understand that the charge will be added to my student account.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ DOB \_\_\_\_\_

List Dependents to be insured below. Dependent coverage is available only if the student is also insured under the Plan and cannot exceed coverage purchased by the student.

Spouse: _____	Last _____	First _____	M.I. _____	DOB _____	Social Security Number _____
Child: _____	_____	_____	_____	_____	_____
Child: _____	_____	_____	_____	_____	_____

#### ANNUAL ACCIDENT AND SICKNESS PLAN

08/29/2009 TO 08/29/2010

Student  \$465.00  
Spouse  \$1,385.00  
Each Child  \$695.00

#### OPTIONAL CATASTROPHIC ANNUAL

(Basic Plan must also be purchased)

Student  UNDER 25 \$215.00  
Spouse  \$645.00  
Each Child  \$323.00

Student  OVER 25 \$430.00  
Spouse  \$934.00

CHECK COVERAGE DESIRED:

#### SECOND SEMESTER AND SUMMER ACCIDENT AND SICKNESS PLAN

01/01/2010 TO 08/29/2010

Student  \$315.00  
Spouse  \$925.00  
Each Child  \$470.00

#### SECOND SEMESTER AND SUMMER

Student  UNDER 25 \$168.00  
Spouse  \$484.00  
Each Child  \$242.00

Student  OVER 25 \$323.00  
Spouse  \$701.00

**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 September 8, 2009. 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.

Insured Students may also purchase Dependent coverage. An eligible Dependent is an individual who resides with the Insured Student and is the Insured Student's: legally married spouse; unmarried child under 19 years of age who is not self-supporting; and unmarried child who is dependent upon the Insured Student for support and maintenance, is incapable of self-sustaining employment by reason of mental or physical handicap, and is age 19 and over. Proof of such incapacity and dependency must be furnished to Us by the Insured within 31 days of the child's attainment of the limiting age and subsequently as may be required by Us but not more frequently than annually after the two-year period following the child's attainment of the limiting age; and child who is dependent upon the Insured Student for support and maintenance, is 19 through 24 years of age and is attending school full time, as determined by the school the dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes. Any full time student who by reason of Sickness, Injury or physical or mental disability as documented by a Doctor is unable to carry what the educational institution considers a full time course load, will be considered a full time student so long as the student's course load is at least 60% of what is otherwise considered by the Institution to be a full time course load. Dependent eligibility expires concurrently with that of the Insured Student.

Newborn Children: An Insured's newborn child is automatically covered from the moment of birth until 31 days old. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. An Insured is not required to notify Us of the birth of a Dependent child. However, if payment of an additional premium is required for each Dependent, We shall be entitled to all premiums that would have been collected had We been aware of the additional Dependent.

Students with chronic and recurrent conditions predating the effective date of this insurance are advised that they should stay with their current insurance carrier since it is not the intent or purpose of this policy to cover Pre-existing conditions.

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.

**EFFECTIVE DATE AND TERMINATION**

Coverage is effective August 29, 2009 for enrollment and premium received on or prior to that date. Coverage terminates on the earlier of August 29, 2010 or the last day of 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 8/27/09 to 9/27/09. 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 of continuation coverage if offered.

**DEFINITIONS**

Covered Charge means the reasonable and customary charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or supply is furnished.

Doctor means a legally qualified person licensed in the healing arts and practicing within the scope of his or her license who is not a family.

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 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 under the Policy.

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.

**EXTENSION OF BENEFITS**

If a Covered Person is receiving treatment for a Sickness or Injury on the date the policy terminates, We will extend that Covered Persons benefits for the Sickness or Injury. Benefits will be paid as if coverage had remained in effect. Extension of benefits will end at the earlier of the end of the Sickness or Injury; the end of a 90 day period following the date the Policy terminates; or the date the Policy Year Maximum Amount is reached.

This Extension of Benefits is applicable only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

Benefits paid for a covered Injury or sickness before the Termination Date and during the extension of benefits will not exceed the limits of this Policy.

**DESCRIPTION OF BENEFITS  
TREATMENT OF INJURY MUST BEGIN WITHIN  
30 DAYS OF COVERED ACCIDENT**

**DEDUCTIBLE - \$100 PER INJURY OR SICKNESS**

**SECTION I**

**BASIC HOSPITAL AND SURGICAL EXPENSE BENEFITS**

When a Covered Person suffers loss from Injury or Sickness, We will pay the Covered Charges incurred up to the Basic Aggregate Maximum Amount of \$2,000 per Injury or Sickness, during the Policy year. Covered Charges are allocated as follows:

- Hospital room and board expense during hospital confinement, up to the semi-private room rate.
- Hospital miscellaneous expense during hospital confinement or as an outpatient for day surgery for anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings, and other necessary non-room and board expense.
- Doctor's fees for surgery, payable at 75% as determined by the 90th percentile and in accordance with the most current Usual & Customary payment system.
- Anesthetist expense for an anesthetist who is not employed or retained by the hospital in which the operation is performed, payable at 25% of the amount payable for the operation.

- Assistant surgeon expense, payable at 20% of the amount payable for the operation.
- Doctor's visit expense while hospital confined, limited to one visit per day.
- Ambulance expense.
- Registered nurse or licensed practical nurse expense during hospital confinement when prescribed by the attending Doctor.
- Dental expense for Injury to sound natural teeth. Treatment of impacted wisdom teeth will be treated as any other Injury.

**SECTION II**

**SUPPLEMENTAL HOSPITAL AND SURGICAL EXPENSE BENEFIT  
Hospitalization and Surgical Expenses only. Outpatient Expenses are not covered. Covered Charges paid under the Basic Medical Expense Benefit of this Policy shall not be paid under the Supplemental Medical Expense Benefit of this Policy.**

If Covered Charges for an Injury or Sickness exceeds the Basic Aggregate Maximum We owe under the BASIC HOSPITAL AND SURGICAL EXPENSE BENEFITS, we will pay 75% of the Covered Charges up to a maximum of \$25,000.

Covered Charges for daily hospital room and board will not be more than the usual semi-private room charge. The \$25,000 maximum is per Injury or Sickness during the Policy year.

**SECTION III**

**OUTPATIENT EXPENSE**

We will pay 75% of the Outpatient Expenses incurred by a Covered Person up to a maximum of \$1,000 per Injury or Sickness during the Policy year. We will pay for Doctor's services, anesthesia, emergency room, laboratory tests, x-rays, operating room, temporary surgical appliances, medicines, dressings, and other medically necessary expenses.

**SECTION IV**

**ACCIDENTAL DEATH & DISMEMBERMENT**

Accidental Death and Dismemberment Insurance covers all Covered Persons 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 an Insured under the Policy. Also, the Loss must take place within fifty-two (52) weeks after the accident.

The following table shows the amounts We will 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. Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total an irrecoverable loss of sight.

**SECTION V**

**REPATRIATION**

**(Preparation & Transportation of Remains)**

If the Insured person 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 country, up to a maximum of \$5,000. Payment is subject to prior approval by the Company.

**CROSSROADS COLLEGE**

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 of September 8, 2009. Part-time students taking 6 credit hours or more and dependents of all eligible and participating students must enroll within the open enrollment period. Enrollment instructions are located on the back side of this form. This completed form must be returned to the Business Office if you choose to enroll.

**How to Waive if you have other Health Insurance Coverage:**

1. Go to First Agency, Inc. website: www.1stagency.com
2. Click on *Programs*.
3. Click on *College Student Accident and Sickness*
4. Click on the *Waive coverage* button under Crossroads College.
5. Complete waiver form and submit.
6. You will receive confirmation that your waiver has been received. Keep this for your records.
7. The insurance premium will be removed from your student account.

Or return this signed form to the Business Office by September 8, 2009.

I do not desire the Waiver Plan of Coverage and have attached a copy of both sides of my health insurance card.

Signature

Print Name

Date