

**ELIGIBILITY**

All registered, on-campus, resident students taking credit hours are automatically enrolled in the Basic Injury insurance plan at registration and are eligible to purchase the additional Basic Sickness + Major Medical insurance plan on an optional basis. All other registered students taking 9 or more credit hours are eligible to enroll in the Basic Sickness + Major Medical insurance plans (combined) on an optional basis.

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 continuation of coverage, if offered.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (tv) courses do not fulfill the Eligibility requirements that the student actively attend classes. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Spouse and dependent child enrollment is only allowed during the open enrollment period. Eligible Dependents are the spouse and unmarried children as defined in the Policy. 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 required premium is paid.

**Alternative Coverage.** If you do not meet the Eligibility requirements of this Plan, please call (269)381-6630 for information on alternative insurance Plans.

The cost for the coverage is:

**On Campus Resident Students**

**Basic Injury:**

	Annual
Student Only	\$54.00

**Basic Sickness + Major Medical:**

	Annual	Fall	Spring Summer
Student Only	\$574.00	\$287.00	\$317.00
Spouse	\$1,218.00	\$607.00	\$670.00
Child(ren) Each	\$1,218.00	\$607.00	\$670.00

**Non-Resident Students**

**Injury & Basic Sickness + Major Medical:**

	Annual	Fall	Spring Summer
Student Only	\$671.00	\$336.00	\$370.00
Spouse	\$1,942.00	\$970.00	\$1,068.00
Child(ren) Each	\$1,942.00	\$970.00	\$1,068.00

**EFFECTIVE AND TERMINATION DATES**

The Master Policy on file at the school becomes effective at 12:01 a.m., August 12, 2009. Coverage becomes effective on that date or the date application and full premium are received by the Company or its authorized representative, whichever is later. The effective date of the Basic Injury Coverage for on-campus resident students shall include the time period which the school requires the student to arrive at the campus to participate in an activity even if prior to the Policy effective date, provided the activity is officially authorized and sanctioned by the school administration. The Master Policy terminates at 12:01 a.m., August 12, 2010. Coverage terminates on the earliest of: the end of the period through which premium is paid or the date a Covered Person enters the armed forces. Dependent coverage will not be effective prior to that of the Covered Person or extend beyond that of the Insured student.

If paying premiums by Semester, coverage expires as follows:

Fall	01-15-2010
Spring/Summer	08-12-2010

You must meet the Eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the premium expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

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.

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.

**SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS**

*UP TO \$2,000 (EACH INJURY) UP TO \$3,000 (EACH SICKNESS) MAXIMUM BENEFIT PAID AS SPECIFIED BELOW  
\$25 DEDUCTIBLE (PER COVERED PERSON) (FOR EACH INJURY) \$50 DEDUCTIBLE (PER COVERED PERSON) (FOR EACH SICKNESS)  
TREATMENT OF INJURY MUST BEGIN WITHIN 30 DAYS OF COVERED ACCIDENT.*

The Policy provides injury benefits for on-campus resident students for the medically necessary Usual and Customary charges incurred by a Covered Person for loss due to a covered injury up to a Basic Maximum Benefit of \$2,000 during the Policy year.

For an additional premium, eligible persons may purchase Basic Sickness + Major Medical benefits for expenses incurred by a Covered Person for loss due to a covered sickness up to Maximum of \$3,000 for Basic Benefits during the Policy year. The Major Medical benefit is not available separately from the Sickness benefit.

	BASIC INJURY	BASIC SICKNESS
Benefits will be paid up to the Maximum Benefit for each service as outlined below. Covered Medical expenses include:		
<b>INPATIENT</b> <b>Room and Board Expense</b> , daily semi-private room rate; and general nursing care provided by the hospital	Semi-Private Room Rate	\$200 per day/semi-private room rate
<b>Hospital Miscellaneous Expenses</b> , such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	Usual & Customary Charges	\$1,000 maximum
<b>Intensive Care</b>	Usual & Customary Charges	No Benefits
<b>Physiotherapy</b>	Usual & Customary Charges	Paid under Hospital Misc.
<b>Surgeon's Fees</b> , in accordance with data provided by the most current Usual and Customary payment system. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	Usual & Customary Charges	Usual & Customary Charges \$1,000 maximum
<b>Assistant Surgeon</b> , benefits are payable only when required by the hospital	25% of Surgery Allowance	25% of Surgery Allowance
<b>Anesthetist</b>	25% of Surgery Allowance	25% of Surgery Allowance
<b>Registered Nurse's Services</b> , private duty nursing care	Usual & Customary Charges	\$30 per day
<b>Doctor's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery	Usual & Customary Charges	\$30 per day
<b>Pre-admission Testing</b>	Usual & Customary Charges	Paid under Hospital Misc.
<b>OUTPATIENT</b> <b>Surgeon's Fees</b> , in accordance with data provided by the most current Usual and Customary payment system. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	Usual & Customary Charges	Usual & Customary Charges \$1,000 maximum
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a hospital including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	Usual & Customary Charges	\$700 maximum
<b>Assistant Surgeon</b> , benefits are payable only when required by the hospital	25% of Surgery Allowance	25% of Surgery Allowance
<b>Anesthetist</b>	25% of Surgery Allowance	25% of Surgery Allowance
<b>Doctor's Visits</b> , benefits are limited to one visit per day. Benefits for Doctor's visits do not apply when related to surgery or physiotherapy.	Usual & Customary Charges	\$30 per day/5 days maximum
<b>Physiotherapy</b> , Benefits are limited to one visit per day. See exclusion #22 for additional Physiotherapy limitations.	Usual & Customary Charges	No Benefits
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies	Usual & Customary Charges	\$100 maximum
<b>Diagnostic X-Ray &amp; Laboratory Services</b>	Usual & Customary Charges	\$75 maximum
<b>Tests and Procedures</b> , diagnostic services and medical procedures performed by a doctor other than Doctor's visits, Physiotherapy, X-rays, and lab procedures.	Usual & Customary Charges	Paid Under X-rays & Laboratory
<b>Injections</b> , when administered in the doctor's office and charged on the Doctor's statement.	Usual & Customary Charges	No Benefits
<b>OTHER</b> <b>Ambulance Services</b>	Usual & Customary Charges	\$100 maximum/ground transportation only
<b>Braces and Appliances</b> , a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	Usual & Customary Charges	No Benefits
<b>Consultant Doctor Fees</b> , when requested and approved by the attending doctor	Usual & Customary Charges	\$150 maximum
<b>Dental Treatment</b> , made necessary by injury to sound, natural teeth	\$200 per tooth	No Benefits
<b>Maternity/Complication of Pregnancy</b>	N/A	Paid as any other Sickness

**MAJOR MEDICAL BENEFITS**

The Major Medical benefits require payment of additional premium for both resident and non-resident students. Optional benefits (Basic Sickness + Major Medical) may only be purchased at the time of initial enrollment in the plan and may not be added later.

The Injury Major Medical Benefit begins payment after the Basic Maximum Benefit of \$2,000 has been paid by the Company. The Company will pay 80% of additional, eligible incurred Covered Medical Expenses incurred after first deducting the Basic Maximum Benefits. Payment will not exceed the Major Medical Maximum Benefit of \$23,000, during the Policy year.

The Sickness Major Medical Benefit begins payment after the Basic Maximum Benefit of \$3,000 has been paid by the Company. The Company will pay 80% of additional, eligible incurred covered Medical Expenses after first deducting the Basic maximum Benefit. Payment will not exceed the Major Medical Maximum Benefit of \$22,000, during the Policy year.

The total benefit payable under Major Medical is \$25,000 minus the Basic Benefits already paid per each Injury or Sickness. Treatment of Injury must begin within 30 days of covered accident.

No benefits will be paid under Major Medical for: 1) Room & Board expenses which exceed \$200 per day (Sickness Only)/Semi Private Room Rate; 2) Dental treatment; 3) Outpatient Physiotherapy; 4) Services designated as "No Benefits" in the Basic Medical Expenses Benefits Schedule of Benefits; and 5) Any condition which is diagnosed; treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under Optional Major Medical coverage; except for individuals who have been continuously insured under Optional Major Medical coverage for at least 6 consecutive months.

**EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under the policy ceases on the Termination Date. However, if a Covered Person is Hospital Confined on the date the Policy terminates from an Injury or Sickness for which Benefits were paid prior to the termination date, We will extend that Covered Person's benefits. Benefits will be paid as if coverage had remained in effect.

Extension of Benefits will end at the earlier of: The end of the Injury or Sickness; the end of a 31 day period following the date the Policy terminates; or the date the Policy Year Maximum Amount, per Sickness or Injury 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.

**CONTINUATION OF BENEFITS**

The right to continue this coverage is available to an Insured who is no longer an Eligible Person. Application for continued coverage for the Insured and his/her previously insured Dependents must be made within 30 days of termination of coverage. Coverage may be continued for the remainder of the Policy Year. If continuous coverage is maintained, coverage may be continued for up to an additional 12 months. Continuation of coverage will be subject to the terms of the Policy.

**COORDINATION OF BENEFITS**

The Policy contains a Coordination of Benefits provision. If a Covered Person is covered under any other plan of insurance, we will coordinate benefit payments with the other plan. Benefit payments by both plans will never exceed 100% of the allowable expenses. A Covered Person is required to furnish to Student Insurance the Explanation of Benefit statement from your other carrier in order for claims to be payable under the Policy.

**CLAIM PROCEDURE**

In the event of injury or sickness, the student should:

- 1) Report to the Student Health Service or Infirmary for treatment or referral, or when not in school, to their Doctor or Hospital.
- 2) A Company claim form is required for filing a claim. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, Social Security number and name of the University under which the student is insured.

FIRST AGENCY, INC.  
5071 WEST H AVENUE  
KALAMAZOO, MI 49009

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Detach and Retain for your records  
2009/2010 Identification Card  
Guarantee Trust Life Insurance Company of Illinois  
Student Insurance

Insured (Name of Student)  
If a premium has been paid, the Student whose name appears above has been insured under a Policy issued to:

MidAmerica Nazarene University

Policy #154-125-001-N

THIS PLAN IS UNDERWRITTEN BY:

**G·T·L**

GUARANTEE TRUST LIFE INSURANCE COMPANY

SUBMIT ALL CLAIMS OR INQUIRIES TO:



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

E-MAIL: 1stagency@1stagency.com

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.

THIS CERTIFICATE IS BASED ON  
POLICY #154-125-001-N

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 INSTRUCTIONS

Claim must be submitted to First Agency within 90 days after date of treatment. Please mail all medical and hospital bills along with the patient's name and insured student's name, address, Social Security Number and name of the university under which the student is insured to First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009.  
Telephone (269)381-6630.

#### NOTICE TO ALL HEALTH CARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payments and claim instructions, please call Customer Service at (269)381-6630

#### TREATMENT OF MENTAL OR NERVOUS DISORDERS, ALCOHOLISM AND SUBSTANCE ABUSE AND SERIOUS MENTAL ILLNESS

Treatment of Mental or Nervous Disorders, Alcoholism and Substance Abuse: Inpatient treatment, as outlined in K.S.A. 40-2-105, shall be provided for up to 30 days per Policy Year. Outpatient treatment is limited to 100% of the first \$100, 80% of the next \$100 and 50% of the next \$1,640 in any Policy Year and limited to not more than \$7,500 in any Covered Person's lifetime, when inpatient confinement is not necessary for treatment, or by a doctor or psychologist licensed to practice under the laws of the state of Kansas. Treatment of Serious Mental Illness: Inpatient treatment shall be provided for up to 45 days per Policy year. Outpatient treatment is limited to 45 visits.

#### REPATRIATION BENEFIT \$7,500 MAXIMUM BENEFIT

If the Covered 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 Students home country, up to a maximum of \$7,500. Payment is subject to prior approval by the Company.

#### MEDICAL EVACUATION BENEFIT \$10,000 MAXIMUM BENEFIT

If the Covered 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.

All Kansas mandates are paid the same as any other sickness unless specifically stated otherwise. Please see the policy on file with the Policyholder for full details.

- Routine and necessary immunizations for dependent children following the recommendations of the Secretary of Health and Environment from birth to 72 months of age. This benefit is not subject to any deductible, coinsurance or co-payment.
- Maternity and routine newborn care for up to 48 hours hospital confinement following vaginal delivery and 96 hours for caesarean delivery. The patient stay may be shortened if post-delivery care is provided to the mother and child in the home.
- Diabetes equipment and supplies limited to hypodermic needles and supplies used with diabetes management; and outpatient self-management training and education, including medical nutrition therapy.
- Prostate cancer screening consisting of a prostate-specific antigen blood test and digital rectal examination.
- General anesthesia and hospital charges for dental procedures under certain circumstances.
- Breast reconstruction following mastectomy.
- Diagnosis, treatment and management of osteoporosis.
- Mammograms and pap smears, payable the same as laboratory or x-ray services.

#### MATERNITY TESTING

The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the follow-

ing tests will be considered for women over 35 years of age: AFP Blood Screening; Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at (269)381-6630.

#### HANDLING CLAIMS

Written notice of claim must be given to First Agency within 90 days after loss occurs or as soon thereafter as reasonably possible.

Written proof of loss must be submitted to the Company; First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009 within 90 days after expense is incurred, or as soon thereafter as reasonably possible.

The Company, at its own expense, shall have the right and opportunity to examine the Covered Person as often as it may reasonably require and also may make an autopsy in case of death if not prohibited by law. Failure of a Covered Person to present himself or herself for examination by a doctor when requested shall authorize the Company to: 1) withhold any payment of Covered Medical Expenses until such examination is performed and doctor's report received; and 2) deduct from any amounts otherwise payable hereunder any amount for which the Company has become obligated to pay a doctor retained by the Company to make an examination for which the Covered Person failed to appear. Said deduction shall be made with the same force and effect as a Deductible herein defined.

All benefits payable under the Policy will be paid upon receipt of due written proof of loss. All benefits are payable to the Covered Person or his designated beneficiary or beneficiaries or to his estate, except that if the person insured be a minor, such benefits may be made payable to his parents, guardian or other person actually supporting him. Subject to any written direction of the Covered Person, all or a portion of any benefits payable under the Policy may be paid directly to the Hospital, Doctor or person rendering the service or treatment.

No action shall be brought under the Policy prior to the expiration of 60 days after filing written proof of loss and no action may be brought after 5 years from the date within which proof of loss is required by the Policy.

#### GENERAL EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

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 for Injury or Sickness related to the Covered Person's job to the extent such person is covered or is required to be covered by the Workers' Compensation law. If the Covered Person enters into a settlement giving up his right to recover future medical benefits under a Workers' Compensation law, this Policy will not pay those medical benefits that would have been payable in the absence of that settlement.
4. 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 commercial scheduled airline.
5. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion; or fighting.
6. Injury caused by, contributed to or resulting from the use of alcohol; or illegal drugs or any drugs or medicines that are

not taken in the dosage or for the purpose prescribed by the Covered Person's Doctor.

7. Expenses incurred as a result of dental treatment, except as specifically stated.
8. Organ, tissue and cell transplants.
9. Elective abortions.
10. Injury sustained while skydiving, parachuting, hang gliding, glider flying, parasailing, planing, or bungee jumping.
11. Injury sustained while participating in any interscholastic, intercollegiate, club or professional sport, contest or competition; traveling to or from such sport, contest or competition as a participant; or while participating in any practice or conditioning program for such sport, contest or competition.
12. Services that are provided normally without charge by Policyholder's student health center, services for fees provided by the Policyholder.
13. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
14. 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.
15. 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.
16. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury.
17. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
18. Routine newborn infant care, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
19. Congenital conditions, except as specifically provided for newborn or adopted infants.
20. Hospital, medical or other health services resulting from injury arising out of a motor vehicle injury to the extent that benefits are payable under any medical expense payment provision of any automobile insurance policy, including such benefits mandated by law.
21. Outpatient Prescription Drugs.
22. Outpatient Physiotherapy, except for a condition that required surgery or hospital confinement: (a) within the 30 days immediately preceding such physiotherapy; or (b) within the 30 days immediately following the attending doctor's release for rehabilitation.
23. Assistant surgeon fees, except when required by the hospital.
24. Supplies, except as specifically provided in the Policy.

#### PRE-EXISTING CONDITION LIMITATION

Pre-existing conditions are not covered for the first 6 months following a Covered Person's effective date of coverage under the Policy. The limitation will not apply, if during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the individual was: (a) continuously covered under the school's student insurance policy for at least 6 consecutive months; or (b) continuously covered under prior creditable coverage for 6 consecutive months. Prior creditable coverage of less than 6 months will be credited toward satisfying the Pre-existing Condition Limitation. This waiver of Pre-existing Condition will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of the prior coverage.

A Pre-existing Condition is 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.

2009 - 2010

# STUDENT INJURY AND SICKNESS INSURANCE PLAN

DESIGNED ESPECIALLY  
FOR STUDENTS OF

MIDAMERICA  
NAZARENE UNIVERSITY

2030 E. COLLEGE WAY  
OLATHE, KANSAS 66062-1899

Policy # 154-125-001-N