

**Northwestern College  
Student Accident & Sickness  
Insurance Program**

Northwestern College is again pleased to offer its students an Accident and Sickness Insurance Program underwritten by Guarantee Trust Life Insurance Company. This program features both a Basic Accident Plan as well as a 24-Hour Accident and Sickness Plan. The Policy will allow benefits only for expenses not covered by other Medical Insurance. Details on this Program are provided below.

**ELIGIBILITY**

All full-time students are automatically covered under the Basic Accident Medical Expense Benefit. Northwestern College pays premiums for this benefit.

All full-time students taking 12 or more credit hours are required to participate in the 24-Hour Accident and Sickness Plan. If a full-time student presents satisfactory evidence of comparable coverage which meets the requirements of the College, they may waive participation in the 24-Hour Accident and Sickness Plan. Part-time students taking a minimum of 6 credit hours and Dependents of full-time and part-time students who enroll for coverage under the 24-Hour Accident and Sickness Plan can also elect to participate. Distance Education students are not eligible to participate in this insurance program. Premiums for the 24-Hour Accident and Sickness Plan are Payable upon registration.

Spouse and dependent child enrollment is only allowed during the open enrollment period which is 8/26/09 to 9/26/09. 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.

Newborn children are covered for Injury or Sickness from birth. An Insured is not required to notify the Company of the birth of a Dependent child. However, an additional premium is required for each Dependent and the Company shall be entitled to all premiums that would have been collected had We been aware of the additional Dependent.

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.

**RATE SECTION**

The annual rates are as follows:

Student	\$835.00
Spouse	\$1,155.00
Each Child	\$1,015.00

**EFFECTIVE AND TERMINATION DATES**

The Master Policy on file at the school becomes effective at 12:01 a.m., August 15, 2009. An eligible person will become an insured under the Policy, provided proper premium payment is made on the Policy Effective Date or the day he or she enrolls for coverage under the Policy, whichever is later but prior to the enrollment deadline.

The Master Policy terminates at 12:01 a.m., August 15, 2010. Coverage terminates on the earliest of: full-time active duty in any armed forces. This does not include Reserve or National Guard duty for training unless it extends beyond 31 days; the end of the period for which the last premium contribution is made; or the date the Policy is terminated.

Termination will not affect a claim for a covered Injury or Sickness which occurred while coverage was in effect.

**BASIC ACCIDENT INSURANCE (Student Only)  
Accidental Death and Dismemberment Benefits**

Benefits are payable when covered injuries result in loss within one year after the date of the accident as follows:

• Loss of Life .....	\$2,000
• Loss of Both Hands, Both Feet or Both Eyes .....	\$2,000
• Loss of One Hand and One Foot, One Hand and One Eye, or One Foot and One Eye .....	\$2,000
• Loss of One Hand, One Foot, or One Eye .....	\$1,000
• Loss of Thumb and Index Finger of the Same Hand .....	\$ 500

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints, which are the joints between the fingers and the hand. To receive benefits, loss must be independent of sickness and all other causes.

**Basic Accident Medical Expense Benefits**

Treatment of Injury must begin within 30 days of the covered accident. We will pay 100% of the Reasonable and Customary charges up to a \$2,000 maximum benefit per Injury, subject to a \$25 deductible for eligible expenses incurred during the Policy year for the following:

- Hospital room and board charges, up to the most common semi-private daily room rate, for each day of the Hospital stay.
- Hospital miscellaneous charges during a Hospital stay. Miscellaneous charges do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take-home items or other convenience items.
- Surgical charges for a doctor for primary performance of a surgical procedure, assistant surgeon duties, second surgical opinions or consultations, or anesthesia and its administration, and use of surgical facilities.
- Charges by a doctor for other than pre- or postoperative care for in-hospital visits and office visits.
- Charges for X-ray and laboratory tests.
- Charges for nursing services, other than routine Hospital care by or under the supervision of a licensed graduate registered nurse.
- Ambulance from the place where the Injury occurred to the Hospital.
- Charges for medical services and supplies for oxygen and its administration and blood and blood transfusions.
- Charges for dental treatment for injury to sound, natural teeth.
- Injury incurred in the practice or play of intercollegiate or interscholastic sports activity including travel is limited to \$250.

The maximum allowable charge for Hospital room and board (the most common semi-private daily room rate) is \$250 per day. Dental coverage includes charges up to \$250 per tooth for dental treatment for injury to sound, natural teeth.

**24-HOUR ACCIDENT AND SICKNESS INSURANCE  
(Student and Dependents)**

**Accident and Sickness Medical Expense Benefits**

We will pay 80% of the Reasonable and Customary charges up to a \$15,000 maximum benefit per Injury or Sickness (\$13,000 maximum in the event it is an Injury involving the Insured where the \$2,000 Basic Plan will coordinate with the 24-Hour Plan), subject to a \$25 deductible per Injury (\$250 annual deductible for Sickness) for eligible expenses incurred during the Policy year for the following:

1. \$20 copay for all Doctor visits (per visit).
2. Hospital room and board charges, up to the most common semi-private daily room rate not to exceed \$250 a day;
3. Hospital miscellaneous charges during a Hospital stay (does not include charges for telephone, radio or television, extra beds or cots, meals for guests, take-home items or other convenience items);
4. Surgical charges for a doctor for primary performance of a surgical procedure, a doctor for assistant surgeon duties, a second surgical opinion or consultation, anesthesia and its administration or use of surgical facilities;
5. Charges by a doctor for other than pre- or postoperative care for in-hospital visits and office visits
6. X-ray and laboratory tests;
7. Chiropractic/Physical therapy Limited to \$2,000.
8. Nursing services other than routine Hospital care by or under the supervision of a licensed graduate registered nurse
9. Ambulance from the place where the Injury occurred to the Hospital
10. Medical services and supplies for both oxygen and its administration and blood and blood transfusions; and
11. Outpatient prescription drug benefits, up to a maximum of \$50 per Sickness only. Prescription Drugs are drugs which may only be dispensed by written prescription under Federal law, and are approved for general use by the Food and Drug Administration. The drugs must be dispensed by a licensed pharmacy provider for you or your covered dependent's outpatient use. Psychotropic and acne drugs are not covered.

**MINNESOTA MANDATED COVERAGE**

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. The following benefits are required by Minnesota law:

1. Benefits for Child Health supervision services including Pediatric Preventive Services, Immunizations, Development Assessments, and Laboratory Services from birth to Age 5 limited to: birth to 12 months, 5 visits; 12 months to 24 months, 3 visits; once a year from 24 months to 72 months. This benefit is exempt from the deductible and any coinsurance.
2. Benefits for routine cancer screenings, including Mammograms; surveillance tests for ovarian cancer for women who are at risk for ovarian cancer; and Pap Smears when ordered by a doctor.
3. Reconstructive breast surgery following a medically necessary mastectomy. Reconstructive surgery benefits include all stages of reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prosthesis and physical complications at all stages of a mastectomy, including lymphedemas. Conditions caused by breast implants, treatment for fibrocystic breast condition.
4. Benefits for Scalp Hair Prosthesis as a result of Alopecia Areata limited to \$350 per year. This benefit is exempt from the deductible.
5. Cosmetic or Reconstructive Surgery Benefits for conditions due to other surgery which results from injury, sickness or other diseases or conditions that result from congenital disease or anomaly of a covered dependent child which have resulted in a functional defect.
6. Surgical and non-surgical treatment of Temporomandibular and Craniomandibular disorders.
7. Phenylketonuria-Eligible expenses for medical foods and low protein modified food products for the treatment of inherited metabolic diseases if prescribed as being medically necessary.

8. Orthodontic and oral surgery treatment involved in the management of birth defects known as cleft lip and cleft palate up to the age of 18. If orthodontic services are eligible for coverage under a dental insurance plan, the dental plan shall be primary and this plan shall be secondary.
9. Off-label Cancer Prescription Drug Benefits (excluding any drug when the FDA has determined its use to be contraindicated, experimental drugs not otherwise approved for indication by the FDA or any drug not approved by the FDA).
10. Prenatal care expense including the comprehensive package of medical and psychosocial support provided throughout the pregnancy, including risk assessment, serial surveillance, prenatal education, and use of specialized skills and technology, when needed, as defined by Standards for Obstetric-Gynecologic Services issued by the American College of Obstetricians and Gynecologists.
11. Treatment of emotionally handicapped children in a residential treatment facility licensed by the commissioner of human services on the same basis as hospital confinement. "Emotionally handicapped child" shall have the meaning set forth by the commissioner of human services in the rules relating to residential treatment facilities.
12. Health care treatment or surgery on an outpatient basis at a facility equipped to perform these services, whether or not the facility is part of a Hospital shall be on the same basis as coverage provided for the same health care treatment or service in a hospital.
13. Prostate cancer screening for men 40 years of age or over who are symptomatic or in a high-risk category and for all men 50 years of age or older. The screening will consist of a prostate specific antigen blood test and a digital rectal examination.
14. Treatment of alcohol and drug abuse, the same as any other Sickness, in a licensed hospital or residential treatment program licensed by the state of Minnesota pursuant to diagnosis or recommendation by a doctor, up to a maximum benefit of 28 days in each 12 month benefit period. Treatment in a nonresidential treatment program is limited to 130 hours in a 12 month benefit period.
15. Anesthesia and hospital charges for dental care for a covered person who is (a) is a child under age 5 ; or (b) is severely disabled; or (c) has a medical condition and who requires hospitalization or general anesthesia for dental care treatment.
16. Treatment of port wine stain.
17. Equipment and supplies for treatment of diabetes.
18. Treatment of mental or nervous disorders by a licensed psychotherapist or psychologist on an outpatient basis, payable at 80% for the first 10 hours and at 75% for up to an additional 30 hours. Outpatient treatment must be furnished by a hospital, comprehensive health service organization or day care center which furnishes mental health services - any of which must be licensed by the Department of Mental Health.

## DEFINITIONS

**Dependent** means: your legally married spouse who is residing with you; child who is dependent upon you for support and maintenance and is under the age of 19; a child who is dependent upon you 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 a child who is dependent upon you 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 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 percent of what otherwise is considered by the institution to be a full time course load.

The term child refers to your unmarried; natural child; stepchild or foster child (a stepchild is a Dependent on the date you marry the child's parent); adopted child, including a child placed with you for the purpose of adoption, from the moment of placement as certified by the agency making the placement; and grandchild who is financially dependent upon the covered grandparent and who resides with that covered grandparent continuously from birth.

**Hospital** - A hospital does not include a clinic or facility for convalescent, custodial, educational or nursing care; the aged, drug addicts or alcoholics; rehabilitation or a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless the services are rendered on an emergency basis, and a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

**Injury** means bodily injury due to an Accident which results directly and independently of disease or bodily infirmity. 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.

**Reasonable and Customary** means the usual fee(s) charged by providers for services or supplies in the locality in which the services or supplies are received.

**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.

## Additional Coverage Available

\$500,000 Optional Catastrophic Coverage Available Rates		
Under age 25		Over age 25
\$280.00	Student	\$490.00
\$760.00	Spouse	\$1100.00
\$390.00	Each Child	\$390.00

Covered expense begins at \$15,000.00  
Benefits are paid at 80% to a maximum of \$500,000.00 for students.  
Benefits are paid at 50% to a maximum of \$100,000.00 for dependents.  
Benefits, Provisions, and exclusions are not listed in this brochure.  
This coverage is provided by Market Ins. Co.

### GENERAL 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 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 suicide or intentionally self-inflicted injury while sane or insane.
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. 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.
6. Cosmetic or reconstructive surgery, except as specifically stated.
7. Treatment of alcoholism, or any form of substance abuse, except as specifically stated.
8. Treatment of Mental or Nervous Disorders, except as specifically stated.
9. Expenses incurred as a result of dental treatment, except as specifically stated.
10. Preventive medicines, serums, vaccines, except as specifically stated.
11. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
12. Elective abortions.
13. Injury sustained in the practice or play in any intercollegiate or interscholastic sports activity, including travel to and from the activity and practice, except as specifically stated.
14. Services and supplies furnished by the Policyholder's infirmary, its employees or doctors who work for the Policyholder.
15. Services of a private duty nurse or personal care assistant for a ventilator dependent person.
16. Pre-existing Conditions. There is no coverage for Pre-existing Conditions unless the covered person has been covered under the Policy for 12 months.

## CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is "creditable coverage" under federal law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009. Phone (269) 381-6630.

### CLAIM PROCEDURE

In the event of Injury or sickness, claim forms may be obtained from the College's Health Center if school is in session; or if school is not in session, from:

#### First Agency, Inc.

5071 West H Avenue,  
Kalamazoo, MI 49009  
Phone (269) 381-6630

### IMPORTANT NOTICE

This brochure sets forth the main points of the Accident and Sickness Program in force for Northwestern College. It is not a contract. Terms and conditions are set forth in policy number 224-125-001-N issued to the Student Insurance Trust for Northwestern College. If any conflict exists between the brochure and the policy, the policy will govern the payment of benefits. The policy may be seen at the College during business hours. Please keep this material with your important papers.

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.

Insured By:

### Guarantee Trust Life Insurance Company Glenview, Illinois

Administered By:

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



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

# STUDENT ACCIDENT AND SICKNESS INSURANCE PROGRAM

for students of



## Northwestern College

2009-2010

Policy #224-125-001-N