

2009-2010



Student Accident and Sickness Insurance Plan

Crestview Hills, Kentucky

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

Underwritten by: Guarantee Trust Life Insurance Company Glenview, Illinois

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Policy #164-125-001-N

dition limitation. This waiver of the Pre-existing Condition limitation will be effective provided the insured becomes eligible and applies for coverage under this Plan within 63 days of the termination of his or her prior coverage.

Claims Procedures

In the event of injury or sickness the insured Student should:

- 1. Obtain claim form from the College or by calling First Agency at (269) 381-6630.
2. Follow the instructions for completing the claim form and filing claims which are listed on the claim form.
3. Send claim form along with itemized hospital and medical bills to the Claims Administrator shown below.
4. The completed claim form and all hospital and medical bills must be submitted for payment within 90 days after the first date of treatment.
5. Always keep a copy for your files of all forms submitted for claims.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statements is guilty of insurance fraud.

Excess Coverage

This plan does not pay expenses which are covered by other valid and collectible insurance or plan. If you have other insurance you should file under that plan first. After the other company has paid, this Plan will pay allowable amount on the balance of your bills.

The Underwriting Company

The Plan is insured under the Policy Number 164-125-001-N issued by Guarantee Trust Life Insurance Company, Glenview, Illinois.

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Keep this brochure as a record of your insurance benefits. No individual policies are issued. The Master Policy is on file at the Business Office of Thomas More College. The Master Policy shall control in the event of any conflict between the Master Policy and this brochure.

Claims Administered by:

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



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.

Exclusions and Limitations

This Plan does not cover a loss or provide benefits for an Injury or Sickness 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 incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
4. Expenses incurred as a result of suicide or 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. 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.
7. Expense resulting from the use of alcohol; or any drugs unless taken under the advice of a Doctor.
8. Surgery and/or treatment for: acne; breast reduction; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction, except for treatment of acute purulent sinusitis; infertility; infertility tests; learning disabilities; nonmalignant warts, moles and lesions; premarital examinations; preventive medicines or vaccines except when required for the treatment of Injury; routine physical examinations; sexual reassignment surgery; tubal ligation; vasectomy; and weight reduction.
9. Routine physical examinations, health examinations or pre-school physical examinations including routine care of a newborn infant, other than Hospital nursery expense of a dependent newborn baby.
10. Treatment of alcoholism, or any form of substance abuse, except as specifically stated.
11. Treatment of Mental of Nervous Disorders, except as specifically stated.
12. Expenses incurred as a result of dental treatment, except as specifically stated.
13. Expense for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by injury.
14. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
15. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Covered Person could be eligible.
16. Elective abortions.
17. Injury resulting from the practicing for, participating in, or the traveling as a team member to and from, interscholastic, intercollegiate, club, intramural, professional or semi-professional sports; or while participating in any conditioning program for such sport-related contest or competition, except as specifically stated.
18. Routine nursery care for a well newly born child for up to 5 full days in a Hospital nursery.
19. Home health care expense.

Pre-Existing Condition Limitation

Benefits are payable for expenses incurred as the result of a pre-existing condition after the first six (6) months following the effective date of the Insured's coverage. However, this limitation will not apply, if during the period immediately preceding the effective date of coverage under this Plan, the insured was covered under a prior creditable coverage for six (6) consecutive months. Prior insurance coverage of less than six (6) months will be credited towards satisfying the pre-existing con-

LIST OF DEPENDENTS

I wish to extend my own coverage to include my following dependents (spouse and unmarried children under age 19): (Please print)

Table with 4 columns: Dependent's Name, Student ID#, Date of Birth, Relationship to Student

METHOD OF PAYMENT (Must be filled out and signed in order to process Enrollment)

Make Check or Money Order Payable to Guarantee Trust Life Insurance Company

Student's Signature: Date:

Mail this form and payment to: First Agency, Inc. 5071 West H Avenue, Kalamazoo, MI 49009.

Coverage becomes effective at 12:01 a.m. on the effective date of the applicable policy term for which premium is paid or on the date the enrollment form and correct premium are received, whichever date is later subject to enrollment deadline. Coverage terminates at 12:01 a.m. on August 15, 2010.

**Features of the Plan**

**Eligibility**

All registered students attending Thomas More College, taking 12 credit hours or more, are eligible to participate in this program. 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.

Students may also insure their eligible dependents who are: (1) the Insured Student's spouse residing with the Insured Student, and (2) The Insured Student's unmarried children, under age 19 who are not self-supporting and reside with the Insured Student.

Students who enroll their dependents must enroll them for the same term of coverage for which the Insured Student enrolls. Dependent coverage (except for newborn infants) must be applied for at the same time the student enrolls. 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 the required premium is paid. In order to continue coverage, eligibility requirements must be met each time a premium is paid.

**Dates of Coverage**

Coverage becomes effective at 12:01 a.m. on the effective date of the applicable policy term for which premium is paid or the date the enrollment form and correct premium are received by the Plan Administrator, whichever date is later subject to the enrollment deadline. Coverage terminates at 12:01 a.m. on the termination date of the applicable policy term for which premium is paid or the date an Insured Person enters full-time active military service. Termination is subject to the Extension of Benefits provision outlined in the Policy.

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.

Annual Term .....8/15/09 to 8/15/10  
 Second Term .....1/01/10 to 8/15/10

**How to Enroll**

Complete the attached enrollment form, enclose it and premium payment for the term selected in an envelope, seal and mail. Do not send cash. Enrollment forms will be accepted for a period of 15 days from the first day of classes for each term. Second semester coverage is only available to students that have purchased the first semester.

After this date, exceptions will be made only 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; and
3. Within 31 days of ineligibility under another plan of creditable coverage provided COBRA continuation of coverage was accepted and exhausted, if offered.

**Cost**

Premium charges are	Annual Term	Spring Term
Student Only	\$ 546.00	\$ 374.00
Spouse	\$ 1,187.00	\$ 905.00
Each Child	\$ 970.00	\$ 746.00

Only those students who are new to the school or those who have purchased coverage the first semester are eligible to purchase second semester 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 written request.

**Benefits of the Plan**

**Basic Benefits - Injury**

When a Covered Person incurs expense as the result of Injury which occurs while the Policy is in force and requires treatment by a Doctor within 60 days, the Policy will pay 80% of the eligible Covered Charges incurred within 52 weeks after the date of Injury, up to a maximum benefit of \$15,000 per Injury. However, Covered Charges incurred as the result of an automobile Accident are limited to \$1,000.

**Basic Benefits - Sickness**

When a Covered Person incurs expenses as the result of Sickness, the Policy will pay 60% of the eligible Covered Charges incurred within 52 weeks after the date of first treatment, up to a maximum benefit of \$15,000 per Sickness.

**Covered Charges, per Injury or Sickness**

- Treatment by a Doctor.
- Hospital care and service, up to the semi-private room rate.
- Drugs, medicines, x-rays, supplies and appliances while Hospital Confined.
- Ambulance expense.
- Services of a licensed or graduate nurse.
- Treatment by a dentist for Injury to Sound Natural Teeth, up to a maximum benefit of \$500.
- Treatment of Mental or Nervous Disorders and alcoholism: 1) Inpatient treatment paid the same as any other Sickness, maximum of 30 days per Policy Year, not to exceed a maximum benefit of \$1,000. 2) Outpatient treatment paid at 50%, up to \$100 per visit, limited to a maximum benefit of \$500 per Policy Year.

**Kentucky mandates coverage for the following benefits:** Health care treatment or services rendered by an Ambulatory Surgical Center are paid on the same basis as coverage provided for the same health care treatment or services rendered by a Hospital; surgical and non-surgical treatment of temporomandibular joint disorders and craniomandibular jaw disorders; mammograms at certain intervals; treatment of breast cancer by high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation. All Kentucky mandates are paid the same as any other sickness unless specifically stated otherwise. Please see the complete Policy on file with the Policyholder for full details.

\$500,000  
 Optional Catastrophic  
 Coverage Available

See application card for rates and enrollment.

Covered expense begins at \$15,000  
 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.

**Definitions**

**Accident** means a sudden, unforeseeable, external event which results in an injury.

**Ambulance** means a vehicle which is licensed solely as an ambulance by the local regulatory body to provide transportation to a Hospital or transportation from one Hospital to another for those individuals who are unable to travel to receive medical care by any other means or the Hospital cannot provide the needed care.

**Ambulatory Surgical Center** means a facility which meets licensing and other legal requirements and which: is equipped and operated to provide medical care and treatment by a Doctor, does not provide services or accommodations for overnight stays; has a medical staff that is super-

vised full time by a Doctor; has full-time services of a licensed registered nurse (R.N.) at all times when patients are in the facility; has at least one operating room and one recovery room and is equipped to support any surgery performed; has X-ray and laboratory diagnostic facilities; maintains a medical record for each patient; and Has a written agreement with at least one Hospital for the immediate transfer of patients who develop complications or need confinement.

**Covered Charge** means the Usual 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 the supply is furnished.

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

**Hospital** means an institution licensed, accredited or certified by the State which: is accredited by the Joint Commission on Accreditation of Healthcare Organizations; provides 24-hour nursing service by licensed registered nurses (R.N.); mainly provides diagnostic and therapeutic care under the supervision of Doctors while Hospital Confined; and maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff or one or more Doctors. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities. Hospital does not include a place, special ward, floor or other accommodation used for; custodial or educational care; rest; the aged; a nursing home; or an institution mainly rendering treatment or services for Mental or Nervous Disorders or substance abuse.

**Injury** means bodily Injury due to an Accident which; results solely, directly and independently of disease, bodily infirmity or any other causes; occurs after the Covered Person's effective date of coverage. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Mental or Nervous Disorder** means nervous, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person.

**Policy Year** means 8/15/09 to 8/15/10.

**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. A Pre-existing Condition does not include a Sickness or Injury for which a Covered Person was receiving benefits during a Benefit Period.

**Usual and Customary Charges** mean the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of: the actual amount charged by the provider; or the charge which would have been made by the provider of medical services for a comparable service or supply made by other providers in the same geographic area, as reasonably determined by Us for the same service or supply.

**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.

**Sound Natural Teeth** mean natural teeth, the major portion of the individual tooth which is present, regardless of filings and caps; and is not carious, abscessed, or defective.

**THOMAS MORE COLLEGE**

2009/2010 Student Accident and Sickness Insurance Plan

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Complete enrollment form, enclose form along with check or money order payable to Guarantee Trust Life Insurance Company, and forward to address on the back of this form. Enrollment postmark deadline is: **Annual Term - 9/30/09; Spring Term - 1/31/10.**

**Basic Coverage \$0 to \$15,000**  
 Student Only  
 Spouse  
 Each Child

**Annual Term 08/15/09 to 08/15/10**  
 \$546.00  
 \$1,187.00  
 \$970.00

**Spring Term 01/01/10 to 08/15/10**  
 \$374.00  
 \$905.00  
 \$746.00

**Catastrophic Coverage \$15,000 to \$500,000**  
**25 and Younger** \$280.00  
**25 and older** \$490.00  
 \$1,100.00  
 \$390.00

Student Only  
 Spouse  
 Each Child

Only those students who are new to the school or those who have purchased coverage the first semester are eligible to purchase second semester coverage. (Please Print)

Student's Last Name, First, M.I.

Date of Birth

Permanent Mailing Address - Street or P.O. Box Number

City

State

Zip

Student ID#

Student's Signature Date  
 Coverage becomes effective at 12:01 a.m. on the effective date of the applicable policy term for which premium is paid or on the date the enrollment form and correct premium are received, whichever date is later subject to enrollment deadline. Coverage terminates at 12:01 a.m. on August 15, 2010. (Please mark method of payment and list names of dependents on back of this form.)