

Student Accident and Health Insurance Program

Designed for the Students of



Policy No: 124-125-006-N

2009-2010

**STUDENT ACCIDENT & SICKNESS INSURANCE PLAN
THE NEED FOR PROTECTION**

\$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 Ins. Company.

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 Doctor and follow his/her advice. Notify Student Health Services or the Claims Administrator 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. Written proof of loss [itemized bill(s)] must be furnished with your claim within 90 days after the date of the Loss.
4. Questions should be referred to the Claims Administrator:

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

The Plan is underwritten by:

G.T.L.
Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025

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.

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

This is a non-renewable one year term policy. It is the insured's responsibility to maintain continuity of coverage.

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.

EXCLUSIONS AND LIMITATIONS

We 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 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. Cosmetic surgery other than: Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or reconstructive surgery because of a congenital disease or anomaly, except as provided for dependent newborns.
7. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
8. Temporomandibular Joint Dysfunction (TMJ).
9. Treatment of alcoholism, or any form of substance abuse, except as specifically stated.
10. Treatment of Mental or Nervous Disorders, except as specifically stated.
11. Expenses incurred as a result of dental treatment, except as specifically stated.
12. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury.
13. Treatment in any Veteran's Administration or federal hospital, except if there is a legal obligation to pay.
14. Services provided by the health service, health service employees or salaried Doctors of the policyholder.
15. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
16. Injury caused by or resulting from being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
17. Injury resulting from skydiving, recreational parachuting, hang gliding, glider flying, sail-planing, bungee jumping, parasailing or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
18. Injury sustained while participating in practice or play of inter-collegiate sports.

PRE-EXISTING CONDITIONS

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.

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

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AGAINST MEDICAL EXPENSES

Hospitalization, surgery and accompanying medical expenses are at an all time high.

Many students and their parents are not prepared to meet the added cost of unexpected accidents or sickness. Although many families have some form of health insurance, these plans often do not cover a college student after age 18. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school. The School is vitally concerned with the health and well-being of its students. Student Accident and Sickness Insurance Plan, offered by Guarantee Trust Life Insurance Company, is designed to provide low-cost coverage for unanticipated medical expenses.

Please read the provisions of this insurance plan carefully and retain this brochure for future reference.

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. 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.

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 policy eligibility requirements have not been met, the Company's only obligation is refund of premium. In order to continue coverage, eligibility requirements must be met each time a premium is paid.

EFFECTIVE/TERMINATION DATE

Coverage will be effective on the later of 8/15/09 or the date that the enrollment form is received at the Trinity Christian College business office. If waiver of coverage is not received by 10/2/09, you will automatically be enrolled in this program with an effective date of 8/15/09.

Open enrollment is only allowed during the open enrollment period which is 9/2/09 to 10/2/09. 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, if offered.

Coverage terminates on the earlier of 8/15/10, the last day of the period for which premium is paid, or the date a covered person enters full-time military service.

Newborn children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and required premium is paid.

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 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 who is not a family member.

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 under the Policy.

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.

BASIC MEDICAL EXPENSE BENEFIT BASIC AGGREGATE MAXIMUM AMOUNT, PER INJURY OR SICKNESS: \$1,000 DEDUCTIBLE, PER INJURY OR SICKNESS: \$100

When a Covered Person incurs expense due to a covered Injury or Sickness, the Company will pay the Covered Charges incurred during the Policy Year up to the Basic Aggregate Maximum Amount after the Deductible. Treatment of Injury must begin within 30 days of covered accident. Covered Charges are allocated as follows:

- Hospital room and board expense, 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 expenses.
- Doctor's fees for surgery, payable at 75% based upon the most current Usual & Customary payment system valued at the 90th percentile.
- Anesthetist's fees, up to 25% of the amount payable for the surgery, for an anesthetist who is not employed or retained by the hospital in which the operation is performed.
- Assistant surgeon's fees, up to 20% of the amount payable for the surgery.
- Doctor's visits while hospital confined, limited to one visit per day.
- Ambulance expense.
- Service of a registered or licensed practical nurse during hospital confinement.
- Dental expense for treatment of Injury to sound natural teeth.
- Outpatient expense, payable at 75%, up to a maximum benefit of \$1,000, for Doctor's services, anesthesia, operating room, emergency room, laboratory tests, x-rays, temporary surgical appliances, medicines, dressings, and other medically necessary expenses.

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 BENEFIT

Hospital and surgical expense only. Outpatient non-surgical expenses are not covered. Treatment of Injury must begin within 30 days of covered accident.

If Covered Charges incurred during the Policy Year for an Injury or Sickness exceed the Basic Aggregate Maximum Amount, the company will pay 75% of the Covered Charges up to a policy year Maximum Benefit of \$25,000, per Injury or Sickness.

Illinois mandates coverage for the following benefits: routine newborn care, including up to 48 hours hospital confinement following vaginal delivery and 96 hours for caesarean delivery. If shorter length of hospital stay, coverage includes a post-discharge physician 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; treatment of alcoholism while hospital confined; autism spectrum disorders; annual pap smear; prostate specific antigen tests; diabetes equipment, supplies and outpatient self-management training; colorectal cancer screening; and treatment of serious mental illness, medically necessary bone measurement and diagnosis and treatment of osteoporosis. All Illinois mandates are paid the same as any other sickness unless specifically stated otherwise. Please see the policy on file with the school for complete details.

EXTENSION OF BENEFITS

Covered Charges incurred in excess of \$100 are not paid after coverage terminates. However, if a Covered Person is unable to renew coverage due to loss of eligibility, the Company will pay the additional Covered Charges incurred within 90 days after termination of coverage (52 weeks for maternity). This extension of benefits shall only apply to a covered Injury or Sickness occurring while coverage is in force.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment Insurance covers the Covered Person 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 this 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 under this benefit.

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

REPATRIATION BENEFITS (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 \$10,000. Payment is subject to prior approval by the Company.

MEDICAL EVACUATION BENEFITS

If the Insured 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.

EXCESS COVERAGE

This Policy does not pay expenses in excess of \$100 which are covered by other valid and collectible insurance or plan. When a claim is made, other valid and collectible insurance pays its benefit first without regard to this Policy. This Policy then adjusts benefits so that the total benefits available will not exceed the allowable expenses. In the absence of other valid and collectible insurance, expenses incurred for a covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this Policy.

TRINITY CHRISTIAN 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. 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 Trinity Christian 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.