

**ACCIDENT AND SICKNESS
MEDICAL EXPENSE BENEFITS**

Benefits will be paid for reasonable and customary incurred Covered Charges which are medically necessary and performed or given under a Doctor's direction to treat an Insured's Injury or Sickness. Injury and Sickness must occur after the Covered Person's effective date of coverage under the Policy. First treatment for Injury must occur within 30 days of the accident. Covered Charges are limited to a maximum of \$25,000 for any one Injury or any one period of Sickness during the Policy term.

| COVERED CHARGES | Plan I | Plan II |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Aggregate Maximums, Per Injury or Sickness, Per Policy Year | \$25,000 | \$25,000 |
| 1. Hospital room, board and miscellaneous expense while Hospital confined, per day, not to exceed | \$500 | \$1,000 |
| 2. Treatment by a Doctor, exclusive of surgical procedures and post-operative care. The first visit will not be covered for Sickness. Limited to 1 visit per day, up to | \$40 | \$80 |
| 3. Outpatient Hospital miscellaneous expense for medical service other than medicines or drugs, and treatment of an emergency medical condition up to | \$200 | \$400 |
| 4. Professional ambulance expense for service to or from a Hospital for confinement, up to | \$100 | \$200 |
| 5. Dental expense for Injury to sound, natural teeth, up to a per tooth maximum of | \$200 | \$400 |
| 6. Consultant expense when such services are requested by the attending Doctor, up to | \$100 | \$200 |
| 7. Surgeon's expense, including post-operative care, up to | \$2,000 | \$4,000 |
| 8. Assistant surgeon's expense, limited to 25% of the surgeon's fee, up to | \$500 | \$1,000 |
| 9. Professional anesthetist expense, limited to 25% of the surgeon's fee, up to | \$500 | \$1,000 |
| 10. Diagnostic x-ray and laboratory expense, up to | \$200 | \$400 |
| 11. Outpatient prescription expense with \$10 co-pay (generic) or \$20 co-pay (brand name) up to | \$100 | \$200 |
| 12. Anesthesia and Hospital charges in connection with dental procedures if the Insured is under the age of nine years or the Insured has a serious mental or physical condition or has significant behavioral problems and the attending Doctor certifies that because of the condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures | Same as any other Sickness | Same as any other Sickness |
| 13. Mammograms at the following intervals: one or more mammograms a year, as recommended by a Doctor, for any female Insured who is at risk for breast cancer. The Insured is at risk if one or more of the following is true: The woman (1) has a personal history of breast cancer; has a personal history of biopsy-proven benign breast disease; has a mother, sister, or daughter who has or has had breast cancer; or has not given birth prior to the age of 30; (2) one baseline mammogram at age 35 through 39; (3) a mammogram every other year for ages 40 through 49, or more frequently if recommended by a Doctor; and annually age 50 or older | Same as any other Sickness | Same as any other Sickness |
| 14. Examinations and laboratory tests for the screening for the early detection of cervical cancer in accordance with the most recently published American Cancer Society guidelines | Same as any other Sickness | Same as any other Sickness |
| 15. Prostate specific antigen tests or equivalent tests for the presence of prostate cancer if recommended by a Doctor | Same as any other Sickness | Same as any other Sickness |
| 16. Equipment, supplies, medications and laboratory procedures to treat diabetes, including diabetes outpatient self-management training and educational services | Same as any other Sickness | Same as any other Sickness |

North Carolina mandates coverage for the following benefits: Diagnostic, therapeutic or surgical procedures involving any bone or joint of the jaw, face or head; anesthesia and Hospital charges in connection with dental procedures under certain circumstances; post-mastectomy Hospital stay; Hospital stay of 48 hours following a normal vaginal delivery and 96 hours following a cesarean section and post-delivery care in the event of earlier discharge; bone mass measurement for the diagnosis and evaluation of osteoporosis for qualified individuals; prescription contraceptives drugs or devices if prescription drug coverage is provided; colorectal cancer screening; emergency services expense; mammograms; examinations and laboratory tests for the screening for the early detection of cervical cancer; prostate specific antigen tests; diabetes equipment, supplies and outpatient self-management training; reconstructive breast surgery following mastectomy; hearing screening for dependent newborn children; health care services associated with participation in covered clinical trials; and surveillance tests for women at risk for ovarian cancer. All North Carolina 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.

LIMITATIONS

Expenses incurred while traveling in and as a result of an automobile accident or physiotherapy in any form will be limited to **\$500.00**.

EXCLUSIONS AND LIMITATIONS

The Policy won't pay benefits for:

- 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.
- 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.
- Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
- Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
- Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
- Cosmetic surgery other than reconstructive surgery.
- 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.
- Treatment of inguinal hernia during the first six months of coverage.
- Surgery and/or treatment for warts, moles and lesions unless Medically Necessary.
- Treatment of Mental or Nervous Disorders.
- Expenses incurred as a result of dental treatment, except as specifically stated.
- Claims arising out of participation by the Covered Person in interscholastic, intercollegiate, club or professional sporting events.
- Injury sustained during parachuting; travel in or upon any two- or three-wheeled vehicle.
- Services that are provided normally without charge by Policyholder's student health center, services covered or provided by the Policyholder, or services rendered by any person employed by the Policyholder, including team Doctor and trainers, or any other service performed at no cost.
- Eye examinations or prescriptions, eyeglasses or the fitting of eyeglasses.
- Preventive medicines, serums or vaccines.
- Congenital conditions, except for newborn dependent children or adopted infants.
- Normal health checkups.

COVERAGE

The Student Insurance Plan protects students at home, at school or while traveling, 24-hours-a-day. Protection is in effect during all interim vacation periods. Participation in all athletic activities other than intercollegiate sports is covered (intramural athletics are covered).

PLUS

\$500,000
Optional Catastrophic
Coverage Available

See application card for rates and enrollment.
Benefits are paid at 80% to \$500,000 for Students.
Benefits are paid at 50% to \$100,00 for dependents.
Subject to the \$25,000 deductible.
Benefits, provisions, and exclusions are not listed in this brochure.
This coverage is provided by Markel Insurance Company.

WARREN WILSON COLLEGE
Enrollment for Student Accident and Sickness Plan - Please Print

Student's Name _____ I.D. # _____ City _____ State _____ Zip _____
Address _____

School Phone # _____
Checkmark (✓) the plan you have selected. For FAMILY COVERAGE, complete application on reverse side.

| | Plan I | Plan II | Plus Cat.* | Plan I | Plan II | Plus Cat.* |
|---------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| STUDENT ONLY | <input type="checkbox"/> \$447.00 | <input type="checkbox"/> \$991.00 | <input type="checkbox"/> \$226.00 | <input type="checkbox"/> \$300.00 | <input type="checkbox"/> \$664.00 | <input type="checkbox"/> \$176.00 |
| SPOUSE | <input type="checkbox"/> \$1,829.00 | <input type="checkbox"/> \$3,993.00 | <input type="checkbox"/> \$663.00 | <input type="checkbox"/> \$1,226.00 | <input type="checkbox"/> \$2,676.00 | <input type="checkbox"/> \$508.00 |
| PER CHILD | <input type="checkbox"/> \$407.00 | <input type="checkbox"/> \$903.00 | <input type="checkbox"/> \$323.00 | <input type="checkbox"/> \$273.00 | <input type="checkbox"/> \$605.00 | <input type="checkbox"/> \$242.00 |

Please see brochure for students age 35 and over for premium differential.
*Catastrophic (Cat.) Coverage underwritten by Markel Insurance Company.

Signature: _____

I understand that insurance becomes effective only when
this application and full premium have been received by First Agency, Inc.

Guarantee Trust Life Insurance Company

Students who have enrolled for Student Accident and Sickness Insurance and paid the proper Premium are insured according to the provisions of a Master Policy on file at the College.

YOUR CANCELLED CHECK IS YOUR RECEIPT AND PROOF OF COVERAGE.

All claims and inquiries are to be directed to:

FIRST AGENCY, INC.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: (269) 381-6630
Fax: (269) 381-3055

Warren Wilson College

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

2009-2010

POLICY# 324-125-008-N

ELIGIBILITY

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more, and their eligible dependents are eligible to participate in this program. All International Students with an F1 Visa status are automatically enrolled in this program and the cost is added to the tuition payments.

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 a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Eligible dependents shall be the student's spouse and all dependent children under the age of 19 years and who reside with the Insured Student. Dependents can only enroll in this Plan at the time the student enrolls in the plan. Newborn children are covered for Injury or Sickness including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care 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 the required premium is paid.

For students who are age 35 or over, the rates are increased by the following percentages:

| | |
|--------------------|------|
| Students age 35-44 | 30% |
| Students age 45-54 | 70% |
| Students age 55-64 | 100% |

Insurance Administrator and Claims Office:

FIRST AGENCY, INC.

5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: (269) 381-6630
Fax: (269) 381-3055
Web: www.1stagency.com

Underwritten By:
Guarantee Trust Life Insurance Company

NOTE

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.

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.

NOTE

Keep this brochure as summary of the Insurance. No individual Policies will be issued. If any discrepancies exist between the brochure and the Policy, the Policy on file with the school governs the payment.

EFFECTIVE DATE & TERMINATION DATE

Coverage becomes effective on the later of the Policy effective date, 8/10/09 (1/11/10 for Spring term enrollees), or the date enrollment and premium are received by us. Enrollment is only allowed during the open enrollment period which is 8/10/09 to 9/10/09. 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; or
3. Within 31 days of ineligibility under another plan of creditable coverage and accepted and exhausted COBRA continuation of coverage, if offered.

Coverage terminates on the earliest of the Policy termination date, 8/10/10; the end of the period of coverage for which premium has been paid; or the date of entry into full-time active military service.

CLAIM PROCEDURE

In the event of an Injury or Sickness, the Insured Student should:

1. REPORT AT ONCE to the STUDENT HEALTH SERVICE, when on campus.
2. If you are off campus and unable to report to the Health Service, then secure treatments at the nearest Hospital or Doctor's office, pay the charges if you wish, and obtain a receipt. Report immediately to the Health Service and follow instructions for filing your claim.
3. Obtain a claim form from the Health Service, Dean of Student's office, or online at www.1stagency.com/claimforms.htm. Students are responsible for filing their own claims.

Notification of any claim must be provided to First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501 within twenty (20) days of Injury or the commencement of Sickness. Bills for which benefits are to be paid must be submitted within ninety (90) days from the date treatment was provided.

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 College by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501.

INTERNATIONAL STUDENTS

The following additional benefits are provided only to those International Students who have an F1 Student Visa and their dependents.

MEDICAL EVACUATION - If the Insured person, by reason of covered Injury or Sickness and following at least five 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 \$25,000 provided that such evacuation is certified as medically necessary by the attending Doctor and is subject to prior approval by the Company.

REPATRIATION - 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 \$25,000. Payment is subject to prior approval by the Company.

EMERGENCY REUNION - In the event of an emergency medical evacuation due to a covered Injury or Sickness, where the Doctor feels you require the assistance of a family member, you will be reimbursed for travel and lodging expenses for that relative up to \$5,000. Benefits payable include economy airfare, lodging and other travel related expenses. All emergency reunion expenses must be approved in advance by the Company.

ACCIDENTAL DEATH AND DISMEMBERMENT - Occurring within 180 days from the date of covered accident, pays up to an additional \$10,000 per the policy schedule.

PRE-EXISTING CONDITION LIMITATIONS

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. The Covered Person has been covered under prior creditable coverage for 12 consecutive months. Prior creditable coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her 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 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.

SUPPLEMENTARY ENROLLMENT FOR FAMILY COVERAGE

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

Dependent's Name

Date of Birth

Relationship to Insured

Policy# 324-125-008-N
Detach and retain if you enroll

2009 - 2010
STUDENT INSURANCE PLAN

INSURED STUDENT

WARREN WILSON COLLEGE

Underwritten by:
Guarantee Trust Life Insurance Company
Coverage is subject to verification by the Company (Address on reverse side)

Signature

Date Signed