

The following are essential provisions of a student accident and sickness insurance plan, which will be incorporated in a Policy which is on file at the College. This contract is underwritten by GUARANTEE TRUST LIFE INSURANCE COMPANY and is administered by First Agency, Inc. 5071 West H. Avenue, Kalamazoo Michigan 49009-8501.

ELIGIBILITY

All registered students attending York College of Pennsylvania, taking 6 credit hours or more, are eligible to participate in this program. Part-time students are not eligible for coverage under this program. Eligible students who do enroll in this plan may also enroll their eligible dependents.

Eligible dependents shall be the student's spouse and all dependent children under the age of 19 years 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 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.

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.

ENROLLMENT

Participation in this plan is voluntary. To enroll, eligible students should detach and complete the Insurance Enrollment form and I.D. Card portions of this brochure. Retain the brochure and I.D. Card, but mail the completed Insurance Enrollment Form with your check or money order made payable to First Agency directly to The Glatfelter Agency, in the envelope provided. Only the above office is authorized to accept your completed Insurance Enrollment form and premium.

Enrollment is only allowed during the open enrollment period which is 08/31/2009 to 09/30/2009. 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.**

COVERAGE

All eligible students and dependents who enroll in this plan will be insured for the coverage during the period for which premium has been paid, including interim vacations. Coverage begins at 12:01 a.m. on August 15, 2009 or the date of enrollment in the plan, whichever is later. The coverage ends at 12:01 a.m. on August 15, 2010.

Subject to the benefit limits and all other provisions described, this plan covers the expenses incurred for necessary, doctor-ordered treatment of Injury and Sickness as defined below.

"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. Treatment of Injury must begin within 30 days of covered accident.

"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.

"Reasonable and Customary Expense" means: (a) charges and fees for medical services or supplies that are the lesser of: (1) the usual charge by the provider for the service or supply given; or (2) the average charged for the service or supply in the area where the service or supply is received; and (b) treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

"Medically Necessary" means those services or supplies provided or prescribed by a hospital or doctor: (a) essential for the symptoms and diagnosis or treatment of the Sickness or Injury; (b) provided for the diagnosis, or the direct care and treatment of the Sickness or Injury, (c) in accordance with the standards of good medical practice; (d) not primarily for your convenience or that of your doctor; and (e) that are the most appropriate supply or level of service that can safely be provided.

EXCESS PROVISION

If you have other Insurance, this Policy may cover unpaid balances, deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which is payable for any expense incurred for Injury or Sickness which is paid or payable by other valid and collectible insurance or under an automobile insurance policy, unless prohibited by state laws. The first \$100 of covered medical expenses incurred will be paid regardless of other insurance.

BASIC ACCIDENT BENEFITS

For each Injury the policy will pay the Medically Necessary Reasonable and Customary Expense incurred up to \$2,000.00 during the Policy Year. This will be an unallocated amount which may be used as necessary to pay for treatment by a legally qualified doctor or surgeon, hospital confinement, the services of a registered graduate nurse not related to the insured by blood or marriage, X-ray service, use of operating room, anesthesia, laboratory

service, surgical dressings, medicines, plaster casts, physiotherapy or treatment by a physical therapist up to \$35.00 per treatment and a maximum of 12 treatments, and use of wheelchair or crutches or ambulance. Treatment of Injury to sound, natural teeth is included, but not to exceed \$400.00 for each Injury.

BASIC SICKNESS BENEFITS

For each Sickness, the policy will pay the Medically Necessary Reasonable and Customary Expense incurred up to \$2,000.00 during the Policy Year.

HOSPITAL ROOM AND BOARD:

Up to \$250.00 a day, semi-private room.

HOSPITAL MISCELLANEOUS EXPENSE:

Up to \$1,000.00 for X-ray examinations, laboratory tests, anesthesia, medications, operating room, dressings, etc.: (a) when confined as a hospital inpatient and entitled to hospital room and board benefits; or (b) when not confined as a hospital inpatient and incurring such miscellaneous expense at an outpatient surgical care unit in conjunction with specified surgical procedures.

SURGICAL OPERATION:

Performed by a licensed doctor in accordance with the 1974 California Relative Value Schedule, Fifth Edition, having a conversion factor of \$160.00 maximum \$1,000.00.

DOCTOR'S VISITS ON NON SURGICAL CASES:

Up to \$60.00 a day, one visit per day, for doctor's visits while the insured is confined to a hospital. Maximum \$600.00.

Up to \$50.00 a day, one visit per day, for doctor's visits while the insured is not confined to a hospital. Maximum \$250.00.

PRESCRIBED MEDICATION EXPENSE:

Up to \$100.00 for prescribed drugs or medications.

HOSPITAL OUTPATIENT EXPENSE:

Up to \$300.00 for miscellaneous hospital outpatient rendered expenses (other than treatment for which any benefits are available from the Hospital Miscellaneous Expense Benefit) such as X-ray examination, laboratory tests, anesthesia, use of operating room, medications, plaster casts or temporary surgical appliances.

CONSULTANT:

Up to \$75.00 for diagnosis and treatment for serious cases when requested by the College doctor.

OUTPATIENT TREATMENT OF MENTAL OR NERVOUS DISORDER EXPENSE benefit of \$50.00 per visit, maximum \$250.00.

AMBULANCE:

Up to \$200.00 for a community or hospital ambulance.

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

When benefits of \$2,000.00 have been paid under the Basic Plan the Company will pay 80% of the Reasonable and Customary Expense incurred which exceeds \$2,000.00 and which is incurred during the Policy Year for all benefits under both the Basic Plan and this Major Medical Expense Benefit, up to an aggregate benefit maximum of \$7,500.00, per Injury or Sickness.

Pennsylvania mandates coverage for the following benefits: Childhood immunization expense, exempt from any Deductible and dollar limit; mammograms at certain intervals; mastectomy expense; annual gynecological examination, including a pelvic examination and clinical breast examination; routine pap smears; cost of nutritional supplements (formulas) for the therapeutic treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria, exempt from any Deductible; treatment of diabetes to include equipment, supplies and outpatient self-management training and education, including medical nutrition therapy; maternity expense; and treatment of alcoholism to include inpatient detoxification, non-hospital residential and outpatient care. All Pennsylvania mandates are paid same as any other sickness unless specifically stated otherwise. Please see the complete Policy on file with the Policyholder for full details.

Additional Coverage Available

\$500,000

Optional Catastrophic Coverage Available

See application card for rates and enrollment.

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 for dependents.
Benefits, Provisions, and exclusions are not listed in this brochure.
This coverage is provided by Markel Insurance Company.

EXCLUSIONS AND LIMITATIONS

The policy does not cover:

- 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 Us; 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.

York College of Pennsylvania 2009-2010 Insurance Enrollment Form

To enroll in this plan, complete and return this form to: Holly King, The Glatfelter Agency, Box 2926, York, PA 17405

Student's Name _____ Date _____
(Please Print) Last Name First Name Middle Initial Zip code

Student's Social Security No. _____ D.O.B. _____ / _____ / _____
(If none, show Student I.D. No.) City State

Please indicate whether you are a: Freshman Sophomore Junior Senior Graduate Student Male Female; and USA Foreign National. How many academic credit hours are you carrying this academic term? _____
 I've read the details regarding this Student Insurance Plan. Although I understand I'm not required to purchase this plan, I am Eligible and do choose to enroll for the coverage I've indicated below. Please enclose a check, payable to **First Agency**.

Coverage Classification

<p>Basic/</p> <p>A. Student-only \$570.00 <input type="checkbox"/></p> <p>B. Student and spouse* \$1,750.00 <input type="checkbox"/></p> <p>C. Student, spouse and children* \$2,250.00 <input type="checkbox"/></p> <p>D. Student and children* \$1,050.00 <input type="checkbox"/></p> <p>*complete dependents information on back side of form.</p>	<p>Major Medical</p> <p>\$500,000 Optional Catastrophic Coverage - Markel Insurance Company</p> <p>Under 25 <input type="checkbox"/> \$280.00 - Student <input type="checkbox"/> \$490.00 - Student <input type="checkbox"/> \$760.00 - Spouse <input type="checkbox"/> \$1,100.00 - Spouse <input type="checkbox"/> \$990.00 - Each Child</p>
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Cut along this line - if you enroll in plan - Keep I.D. Card

INSURANCE IDENTIFICATION CARD

Policy # 374-125-002-N

This card is for identification purposes only and does not guarantee that coverage is still in force.

Name of Student _____

Street _____

City _____ State _____ Zip Code _____

The above student has enrolled for coverage Classification under a Certificate issued to York College of Pennsylvania

First Agency, Inc.

Second Semester/Summer coverage and rates are only available to those students who are new to York College in January - \$400.00

2009-2010

ACCIDENT AND SICKNESS INSURANCE PLAN

designed for



YORK COLLEGE OF PENNSYLVANIA YORK, PENNSYLVANIA

Students and Their Dependents

Underwritten by:
Guarantee Trust Life Insurance Co.
Glenview, IL

Policy #: 374-125-002-N

Servicing Agent
THE GLATFELTER AGENCY
P.O. Box 2926
York, Pennsylvania 17405
717-852-8000 or 800-632-1884

In the event it becomes necessary to check upon the status of your filed claim, you may call the Claims Office from 7:30 a.m. to 4:30 p.m. Eastern Time, Monday through Friday. The Telephone number is 269-381-6630.

Claims Administrator:

First Agency, Inc.
5071 West H. Avenue
Kalamazoo, MI 49009-8501
PH: 269-381-6630 or 800-243-6298
FAX: 269-381-3055
www.1stagency.com

The Plan is underwritten by:

G•T•L
Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025

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.

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.

This brochure is a brief description of the coverage provided under Policy 374-125-002-N, underwritten by Guarantee Trust Life Insurance Company. This is not an insurance contract. The Master Policy is on file for review at York College of Pennsylvania.

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.

INTERCOLLEGIATE SPORTS are not covered under this plan. However, all students participating in intercollegiate sports will have coverage under a separate policy paid for by the College. The sports policy will pay for injuries arising while practicing for, playing or traveling as a member of an intercollegiate sports team but will not cover any other injuries.

OTHER IMPORTANT INFORMATION

Coverage will remain in force during the period for which premium has been paid even though the student may leave school or obtain other coverage, except that in the event a student enters active military service, coverage will cease. Benefits are payable in addition to those received under a private policy, except as specifically provided.

FILING FOR BENEFITS

Benefits are not automatically payable. In the event of covered Injury or Sickness, please do the following:

- Obtain a claim form. Claim forms are available at the Health Service on your campus or from the Claims Office shown below.**
- Complete both sides of the claim form, describing the Injury or Sickness as clearly as possible.**
- Written proof of Loss (itemized bills) must be furnished with your claim within 90 days after the date of loss.**
- Mail the properly completed claim form, together with all itemized bills, to the claims administrator shown below:**
First Agency, Inc.
5071 West H. Avenue
Kalamazoo, MI 49009-8501
- Notice of injuries or sickness must be provided to the claims Office within 90 days after the accident or commencement of the sickness, or as soon thereafter as is reasonably possible. Written proof of loss must be furnished within 90 days after the date of such loss.**

Exclusions Continued

- Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
- 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.
- Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.
- 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.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.
- Routine physicals, preventive medicines, serums, vaccines or oral contraceptives unless prescribed by a Doctor for the treatment of Injury or Sickness.
- Treatment of alcoholism or any form of substance abuse, except as specifically stated.
- Treatment of mental or nervous disorders, except as specifically stated.
- Expenses incurred as a result of dental treatment, except as specifically stated.
- 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.
- Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Elective abortions.
- Claims arising out of participation by the Covered Person in interscholastic, intercollegiate or professional sporting events.
- Expenses due to skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing bungee jumping.
- Services or supplies normally provided without charge by the Policyholder or by any person employed or retained by the Policyholder or which are covered by the student fee.
- Under the Major Medical Expense Benefit, treatment of Injury resulting from any motor vehicle Accident to the extent covered by other valid and collectible insurance or third party act.
- Expenses for which mandatory automobile no-fault benefits are recovered or recoverable.
- Injury sustained while traveling in or upon a snowmobile, any two-or-three-wheeled motor vehicle, or any off-road motorized vehicle not licensed as a motor vehicle.

DEPENDENTS INFORMATION SECTION

Complete if enrolling Dependent(s)

Spouse's Name (Please Print)	Last	First	Middle Initial	Age
Child's Name	Last	First	Middle Initial	Age
Child's Name	Last	First	Middle Initial	Age
Child's Name	Last	First	Middle Initial	Age

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

A copy of the Policy is on file at the college. Claim forms may be picked up at the Health Service or may be obtained from the following Claims Office:

FIRST AGENCY, INC.
5071 West H. Avenue
Kalamazoo, MI 49009
Phone: 269-381-6630
FAX: 269-381-3055
www.1stagency.com