TRINITY CHRISTIAN COLLEGE

Accident and Sickness Insurance – Plan Summary

Underwritten by: Advent Syndicate 780 at Lloyd’s

Effective Date: 8/1/2017
Termination Date: 7/31/2018
Plan Number: LF003816

Eligibility
Non-United States Citizen traveling outside their Home Country and holds a current and valid passport, who are eligible with Trinity Christian College.

SCHEDULE OF BENEFITS
Medical Maximum Per Plan Term: $250,000
Deductible Per Plan Term: $100
Coinsurance: 100% of URC
Terms of Payment: Full Excess
Initial Treatment Period: 30 Days from the date of Injury

ACCIDENT and SICKNESS MEDICAL EXPENSE BENEFITS
We will pay Accident and Sickness Medical Expense Benefits for Eligible Expenses. These benefits are subject to the Deductibles, Coinsurance Factors, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident and Sickness Medical Expense Benefits are only payable:
1) for Usual, Reasonable and Customary Charges incurred after the Deductible has been met;
2) for those Medically Necessary Eligible Expenses incurred by or on behalf of the Plan Participant;
3) for Eligible Expenses received while the coverage is in force.

No benefits will be paid for any expenses incurred that are in excess of Usual, Reasonable and Customary Charges.

Eligible Medical Expenses listed below are paid on an aggregate basis in accordance with the total benefit amount shown in the Schedule. Once the maximum amount payable for Eligible Medical Expenses is met, no further benefits will be payable for the below expenses.

1) Eligible Medical Expenses include: Hospital Admission Expenses: Charges for each hospital admission.
2) Outpatient Pre-Surgical Testing benefit – charges for Pre-surgical testing. A scheduled surgical procedure must occur within 3 days of the testing.
3) Nursing Services – Outpatient Charges for nursing services by a Registered Nurse or Licensed Professional.
4) Skilled Nursing Facility
5) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6) Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
7) In-Patient Hospital Room & Board Benefit, Intensive Care/Cardiac Care Unit Benefit, Hospital Miscellaneous Expense Benefit, Surgeon (In or Outpatient) Benefits, Assistant Surgeon Benefit.
8) Pre-Admission Testing Benefit, Anesthesia Benefit, Surgery Miscellaneous Benefit, Diagnostic X-Ray and Laboratory Benefit
9) Ambulance Benefit
10) Physician Visit Benefit (Inpatient), Physician Visit Benefit (Outpatient), Consultant Physician Benefit, Radiation/Chemotherapy Benefit, Emergency Room Benefit, Maternity and Pre-Natal Care Expense Benefit ($5,000; 10 month waiting period), Mental & Nervous Conditions Expense Benefit (Inpatient $3,000; Outpatient $50 per visit; 10 visit maximum), Emergency Dental Expense Benefit Accident, Emergency Dental Expense Benefit Palliative ($100 per tooth; $500 maximum)
11) Physiotherapy Expense Benefit (Inpatient URC; Outpatient $50 per visit; 10 visit maximum), Durable Medical Equipment Expense Benefit
12) Emergency Medical Evacuation Medical Repatriation ($50,000), Return Of Remains ($25,000)
13) Out-Patient Prescription Drug Benefit, Emergency Reunion ($10,000)
**Full Excess Medical Expense:**

If an Injury or Sickness to the Plan Participant results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, We will pay the Eligible Expenses incurred, subject to any applicable Deductible Amount, and Coinsurance Percentage, that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Plan Participant must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury or Sickness:

1) While the person is a Plan Participant under the Plan Document.
2) During the Benefit Period stated on the SCHEDULE OF BENEFITS.

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under the Plan Document is shown on the SCHEDULE OF BENEFITS and is subject to the specific maximums shown on the SCHEDULE OF BENEFITS.

**Definitions**

**Accident** means an unforeseeable event which:

1) Causes Injury to one or more Plan Participants; and
2) Occurs while coverage is in effect for the Plan Participant.

**Covered Accident** means an Accident that occurs by a Plan Participant and results in a Loss for which benefits are payable.

**Covered Loss or Covered Losses** means an accidental death, dismemberment, Sickness or other Injury covered under the Plan Document and indicated on the Schedule of Benefits.

**Eligible Expenses** means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Plan Document is in force.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered on injury.

**Medically Necessary** means a treatment, drug, device, service, procedure or supply that is:

1) Required, necessary and appropriate for the diagnosis or treatment of an Sickness or Injury; and
2) Prescribed or ordered by a Physician or furnished by a Hospital; and
3) Performed in the least costly setting required by the condition; and
4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

**Physician** means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant’s Spouse, son, daughter, father, mother, brother or sister or other relative.

**Usual, Reasonable and Customary** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Plan Document to describe expense will be considered to mean the percentile of the payment system in effect at Plan Document issue as shown on the Schedule of Benefits.
EXCLUSIONS The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
2) War or any act of war, declared or undeclared;
3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
5) Voluntary, active participation in a riot or insurrection;
6) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
7) Organ transplants;
8) Treatment for an Injury or Sickness caused by, contributed to or resulting from the Plan Participant's voluntary use of alcohol, illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
9) Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
10) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Plan Document;
11) Treatment of acne;
12) Charges which are in excess of Usual, Reasonable and Customary charges;
13) Charges that are not Medically Necessary;
14) Charges provided at no cost to the Plan Participant;
15) Expenses incurred for treatment while in Your Home Country;
16) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
17) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
18) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Participation Organization; or an Immediate family member of the Plan Participant;
19) Duplicate services actually provided by both a certified nurse midwife and Physician;
20) Injuries paid under Workers’ Compensation, Employer’s liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participation Organization;
21) Benefits for enrolling solely for the purpose of obtaining Medical Treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
22) Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
23) Elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant;
24) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion;
25) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
26) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;
27) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident;
28) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
29) Weak, strained or flat feet, corns, calluses, or toenails;
30) Private-duty nursing services;
31) The cost of the Covered Person’s unused airline ticket for the transportation back to the Plan Participant’s Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
32) Expenses payable under any prior Plan Document which was in force for the person making the claim;
33) Travel in or upon:
   (a) A snowmobile;
   (b) A water jet ski;
   (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
   (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
34) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding;
35) Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports contest or competition;
36) Rest cures or custodial care;
37) Weight reduction programs or surgical treatment of obesity or treatment of venereal disease;
38) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
39) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
   a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
   b) While being used for any test or experimental purpose; or
   c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
   d) while traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participation Organization of any subsidiary or affiliate of the Participation Organization, or by the Plan Participant or any member of his household.
   e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
   f) An ultra light, hang-gliding, parachuting or bungi-cord jumping; Except as a fare paying passenger on a regularly scheduled commercial airline.
40) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
41) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction;
42) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of $7,500.

Please keep this Plan Summary as a general summary of the insurance as specified in the Plan Document issued to and on file at Trinity Christian College. The Plan Document contains a complete description of all of the terms and conditions including: the benefits, provisions, exclusions of the insurance plan as underwritten by Advent Syndicate 780 at Lloyd’s. The Plan Document will prevail in the event of any discrepancy between this Evidence of Coverage and the Plan Document.

Note: This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain U.S. residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover U.S. residents and citizens. This policy is not subject to guaranteed issuance or renewal.

Travel Assistance is an invaluable service that is provided and administered by AXA Assistance USA, Inc. This program offers you travel services, 24 hours a day, 365 days a year. If you become sick or injured, require travel or financial assistance when traveling, call 24 hours a day, 365 days a year (888) 647-3105 or collect +1 (630) 766-7731. You will promptly be connected to a multilingual assistance coordinator who will assist you.
AXA Travel Assistance 888-647-3105 in USA or collect 630-766-7731 outside the USA
You must contact the assistance provider in advance, to make arrangements or receive any benefits provided, for emergency evacuation, emergency reunion or repatriation. Failure to do so will result in a lesser benefit being paid for those services.

For claims form or questions call: 800-513-2981 Toll free in the USA or go to www.1stAgency.com to download a claim form

All claim forms must be completed, signed and mailed to:  
Global Claims Administrators  
3195 Linwood Rd, Suite 201  
Cincinnati OH 45208

Insurance Administrator  
Please contact First Agency with any questions.  
First Agency, Inc.  
5071 W. H Ave.  
Kalamazoo, MI 49009  
1-800-243-6298