

BLANKET ACCIDENT AND HEALTH PLAN

Designed for the students of:



**ROCHESTER
—COLLEGE—**

800 WEST AVON ROAD
ROCHESTER HILLS, MI 48307

***PLEASE NOTE:** Students with other medical insurance are also eligible for this insurance and should consider this opportunity to obtain this low cost coverage. It is an ideal supplement and will help protect against medical expense not fully covered by other insurance.*

2009-2010

Policy # 09200562

**Please keep this outline of
coverage for future reference.**

INTRODUCTION

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 Sicknesses. Although many families have some form of health insurance, these [plans often do not cover a college student after age 18 or when the student is out of the provider's area. Costly medical bills can impose a tremendous hardship, and even necessitate withdrawal from school.

Rochester College is concerned with the health and well-being of its students. Student Accident and Sickness Insurance 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

Students that are eligible for coverage are: Degree seeking traditional students that have a minimum of 9 credits hours and attend the Rochester College campus for these classes. These students are automatically enrolled in this Insurance plan, and the cost of \$466 will be included in the tuition bill unless proof of comparable coverage is furnished. Eligible students enrolled in the plan may also insure their dependents. Eligible dependents are the spouse and unmarried children under the age of 19 who are not self-supporting and reside with the Insured student. CEL and non-degree seeking students are not eligible.

REFUND PROVISION

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

TERM OF COVERAGE

The policy for the current year becomes effective on August 01, 2009 at 12:01 a.m. and expires on August 01, 2010 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the College, the insurance shall remain in effect until the end of the period for which premium has been paid. The plan protects the insured students of Rochester College at home, at school, or wherever they are 24 hours a day.

WAIVER/ENROLLMENT DEADLINE

If You have proof of comparable insurance and wish to waive coverage, the deadline to waive out this plan is September 4, 2009. The waiver form must be completely filled out and returned to the Student Health Center.

PLAN COST

Annual Cost (Student entering in the Fall)	Spring Cost (Students entering in the Spring)
Student \$466	\$312
Spouse \$1324	\$887
Child (ren) \$699	\$468

DEFINITIONS

Accident means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Hospital means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or on call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full wing.

Injury means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

Insured means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

Loss means medical Expense caused by Injury or Sickness and covered by the Policy.

Medically Necessary means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: a) consistent with the symptoms or diagnosis; b) appropriate and accepted according to good medical practice standards; c) not primarily for the convenience of the Insured person, Physician or other providers; and d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Pre-Existing Condition means any condition for which medical advice or treatment was received or recommended within the six months immediately preceding Your effective date of coverage. This exclusion applies for 12 months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. We shall credit the time You were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act health plan; state children's health programs (S-CHIP); and foreign national health plans.

Sickness means disease or illness which causes a Loss while the Insured is covered by the policy. Sickness includes normal pregnancy and complications of pregnancy.

Usual and Customary Expense means an Expense which: a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

We, Us or Our means Markel Insurance Company.

You, Your or Yours means the Insured.

EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to nine months after the expiration date.

This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

MANDATED BENEFITS

The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy; and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

Diabetes Care Expense: We will pay for all Medically Necessary Expenses incurred in connection with the treatment of diabetes as follows: a) blood glucose monitors and blood glucose monitors for the legally blind; b) test strips for glucose monitors, visual reading and urine testing strips, lancets and spring-powered lancet devices; c) syringes; d) insulin pumps and medical supplies for the use of an insulin pump; e) self management training; f) insulin; g) non-experimental medication for controlling blood sugar; and h) medications used in the treatment of foot ailments, infections and other medical conditions of the foot, ankle or nails associated with diabetes.

Mammogram Expense: We will pay the Expense for breast cancer screening mammography as follows: a) one screening mammography examination for women 35 through 40 years of age; and b) one screening mammogram examination every year for women 40 years of age and older.

Reconstructive Breast Surgery Expense: We will pay the Expense for reconstructive breast surgery after a mastectomy as follows: a) all stages of reconstruction of the breast on which the mastectomy has been performed; b) surgery and reconstruction on the other breast to produce a symmetrical appearance; and c) prostheses and physical complication of mastectomy, including lymphedemas.

SCHEDULE OF BENEFITS

SECTION I

BASIC ACCIDENT BENEFITS:

When Your Injury requires: (a) treatment by a Physician; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) x-ray service; (e) use of operating room, anesthesia including the administration thereof, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Physician, prescription medicines, drugs or any other therapeutic services or supplies; or (i) home health care Expenses, We will pay the Expense incurred up to an aggregate maximum benefit of \$1,500. This benefit includes coverage for treatment of Injury to natural teeth.

SECTION II, ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment Insurance covers You 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 insured under the policy. Also, the Loss must take place within 52 weeks after the Accident.

Maximum Benefit

\$2,000

The following table shows the amounts We will pay:

FOR LOSS OF:	AMOUNT:
Life.....	\$2,000
Both hands or both feet or sight of both eyes.....	\$2,000
One hand and one foot.....	\$2,000
One hand and sight of one eye	\$2,000
One foot and sight of one eye.....	\$2,000
One hand or one foot or sight of one eye	\$1,000

The most We will pay for all Losses to an Insured as the result of one Accident is \$2,000.

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.

SECTION III, BASIC SICKNESS BENEFITS

When You suffer a Loss from Sickness, We will pay the Expense incurred up to an aggregate maximum of \$1,500. Benefits are allocated as follows:

Hospital Room and Board Expense: When Your Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate of \$225 Per day

Hospital Miscellaneous Expense: We will pay the Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center up to a maximum of \$750. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Surgical Expense: When Your Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 75th percentile, subject to the maximum surgical benefit of \$500. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to a maximum benefit of \$125

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Sickness requires the services of a Physician, We will pay the Expense for such services. up to \$50 per day

Outpatient Physician Fees Expense: When Your Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense up to a maximum of \$50 per visit, up to a 10 visit maximum

Ambulance Expense: When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense, up to a maximum of \$75

Outpatient Diagnostic X-Ray and Laboratory Expense: When Your Sickness requires diagnostic x-ray including ultrasound, MRI and CAT Scan or laboratory services, under the Physician's direction, We will pay the Expense up to a maximum of \$100

Hospital Outpatient Expense: When Your Sickness requires the use of outpatient facilities of a Hospital for an emergency room, under the Physician's direction, We will pay the Expense up to a maximum of \$200

Outpatient Psychiatric Expense: If, while not confined to a Hospital, Your Sickness requires the services of a licensed psychiatrist or licensed psychologist, We will pay the Expense, up to a maximum benefit of \$50 per visit up to a \$250 maximum

Outpatient Prescribed Medicines Expense: When Your Sickness requires prescribed medicines, We will pay the Expense up to a maximum of \$30. This shall include coverage for an off-label use of a FDA approved drug and the reasonable cost of supplies Medically Necessary to administer the drug.

SECTION IV SUPPLEMENTAL EXPENSE BENEFIT

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We pay under the basic Accident or basic Sickness benefits, We will pay 80% of the Expense up to a maximum of \$13,500. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.

COORDINATION OF BENEFITS

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses.

Benefits payable by this policy may be limited if there is valid coverage not with Us that provides benefits for the same Loss on an Expense-incurred basis. If We are not given written notice on the application for this coverage that other valid coverage exists, or if other coverage is acquired after the

effective date of this coverage, the only liability under any Expense-incurred coverage of this policy shall be the amount of the covered claim that exceeds the benefits payable by the other coverage. Benefits paid or payable by a primary insurer shall be applied to satisfy and Deductibles, coinsurance, and copayments with this policy. Payments made by a primary insurer shall not be applied to reduce the policy maximum limits of this policy.

“Other” coverage includes any plan that provides coverage under an Expense-incurred, Hospital, medical, surgical, or sick care insurance policy or certificate, Hospital or medical service subscriber contract, medical practice or other prepayment plan, or other Expense-incurred plan or program. “Other coverage” does not include Medicaid, Hospital daily indemnity plans, specified disease only policies, or limited occurrence policies that provide only for intensive care or coronary care at a Hospital, first aid outpatient medical Expense resulting from Accidents, or specified Accidents such as travel Accidents. If there is more than one policy covering the same Loss and the other policy has a provision similar to this provision and liability of this insurer is not, determined pursuant to the foregoing provisions, each insurer shall pay an equal share of the covered Expenses for the claim. This policy is secondary to worker’s compensation coverages, automobile personal protection benefit plans that do not have a coordination of benefits provision, and Medicare as permitted by federal law.

Conformity with State Statutes

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

Any Expense not specifically listed in the preceding sections is not covered.

EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the Policyholder's health service, infirmary, Hospital, or employees;
- Routine eye exams and contacts; replacing eyeglasses or prescriptions, therefor; routine examinations and services related to hearing examinations or hearing aids; or treatment for hearing defects not related to an Injury or Sickness;
- Routine physical examinations; preventive care; elective surgery and elective treatment; services solely to improve appearance; for personal hygiene; services specifically for dietary control; custodial, sanitarial or rest care; or fertility testing;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children
- False labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication pregnancy;
- Treatment or supplies for the newborn infant except that required for treatment of a covered Accident or Sickness;
- Voluntary termination of pregnancy;
- Skydiving; recreational parachuting; hang gliding; glider flying; parasailing; sail planing; bungee jumping; or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Injury or Sickness resulting from any declared or undeclared;
- Injury due to participation in a riot; commission of or attempt to commit a felony;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces,

We will refund the unearned pro rata premium to the Insured;

- Injury or Sickness covered by any workers' compensation or occupational disease law;
- Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
- Injury resulting from the practice or play of club and intercollegiate sports; or
- Pre-Existing Conditions.

Claim Procedure

To file a claim under the Accident and Health Plan, the student should:

1. Complete a claim form, if applicable, and submit it to the Claims Administrator. Claim forms must be completed and signed for claims. A Claim form is not required for sickness claims, although in certain circumstances one may be requested by the Claims Administrator for completion. Claim forms are available from the Claims Administrator or online at Our website, www.MarkelAH.com.
2. Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in your submission, the student's school name, student name, policy number and student ID number even if the charges are for a spouse or dependent.
3. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
4. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator.

Markel Privacy Practices

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at:

Phone (800) 431-1270 or www.markelah.com.

The Plan is Underwritten by:

**MARKEL
INSURANCE
COMPANY**

**MARKEL INSURANCE COMPANY
GLEN ALLEN, VIRGINIA 23060**

The Plan is administered by:

NIAGARA NATIONAL INC.
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Telephone number 866-653-2542

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IMPORTANT

THIS OUTLINE OF COVERAGE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS.

A COPY OF THE MASTER POLICY IS ON FILE AT THE INSTITUTION.