

Blanket Accident and Health Plan

Designed for the Students of:



SPRING ARBOR
UNIVERSITY

106 East Main Street
Spring Arbor, MI 49283

2009–2010

Policy #09200631

*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. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school. Spring Arbor University 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

All full-time students with 12 credit hours or more enrolled at Spring Arbor University are automatically enrolled in this insurance plan, and the cost of \$408 will be included in the tuition bill unless proof of comparable coverage is furnished. Students enrolled in the basic plan may also enroll in the Optional Increased Supplemental Limit as well. Students who elect to enroll in this option must submit the enrollment form and premium to Niagara National, Inc. with a postmark date prior to the school's effective date of coverage, September 01, 2009.

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 September 01, 2009 at 12:01 a.m. and expires on September 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 institution, 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 Spring Arbor University at home, at school, or wherever they are 24 hours a day.

WAIVER/ENROLLMENT DEADLINE

Students have the opportunity to demonstrate adequate health coverage, or must purchase the school plan. Students must complete the Health Insurance Verification Form available online at mysau.arbor.edu. The deadline is September 1, 2009. You will not be permitted to waive coverage after this date. For students beginning their studies in the Spring semester, the deadline is January 3, 2010.

ANNUAL COST

Student.....\$408

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 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 the Hospital's full service 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 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 substantially similar 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. In the event 75% of the eligible students of the policyholder, reaching a minimum of 300 students are insured, then Sickness means illness or disease resulting in Loss 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 9 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.

DESCRIPTION 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 of \$1,000. This benefit includes coverage for treatment of Injury to natural teeth.

SECTION III BASIC SICKNESS BENEFITS

When You suffer a Loss from Sickness, We will pay the Expense incurred. 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 \$250, per day for a maximum of 4 days.

Hospital Miscellaneous Expense: We will pay 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 \$1,000. 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 80th 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 of \$200.

If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to a maximum of \$150.

In-Hospital Physician's Fee 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, to a maximum of 5 days.

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 \$75 per visit.

Ambulance Expense: When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense up to a maximum of \$100.

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

Outpatient Prescribed Medicines Expense: When your Sickness requires prescribed medicines, We will pay the Expense up to a maximum of \$50. 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.

SUPPLEMENTAL EXPENSE BENEFIT

If the covered medical Expense for Your Injury exceeds the aggregate maximum We owe under the basic Accident benefit, We will pay 80% of the Expense up to a maximum of \$25,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.

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 lancets 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.

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 other 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 any 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 Expenses resulting from Accidents, or specified 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:

- A. 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;
- B. Services normally provided without charge by the Policyholder’s health service, infirmary, Hospital, or employees;

- C. Routine eye exams and contacts; replacing eyeglasses or prescription, therefor; routine examinations and services related to hearing examinations or hearing aids; or treatment for hearing defects not related to an Injury or Sickness;
- D. 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;
- E. 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;
- F. 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 of pregnancy;
- G. Treatment or supplies for the newborn infant except that required for the treatment of a covered Accident or Sickness;
- H. Voluntary termination of pregnancy;
- I. 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;
- J. Injury or Sickness resulting from any declared or undeclared war;
- K. Injury due to participation in a riot or commission of or attempt to commit a felony;
- L. Suicide, attempted suicide or intentionally self-inflicted injury;
- M. 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;
- N. Injury or Sickness covered by any workers compensation or occupational disease law;
- O. Treatment provided in a government Hospital, unless the Insured is legally obligated to pay such charges;
- P. Injury resulting from the practice or play of interscholastic sports; or
- Q. Pre-Existing Conditions.

- R. Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- S. Physiotherapy

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. 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.

INCREASED SUPPLEMENTAL LIMIT ENROLLMENT FORM

2009 - 2010

School Name: **Spring Arbor University** _____ Student Name: _____

Student Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Premium enclosed: \$429. for students age 25 and under (annual) \$286. for students age 25 and under (spring, new students only)

\$649. for students over 25 (annual) \$433. for students over 25 (spring, new students only)

Make check or money order payable to:

I hereby certify that as the full-time student applicant named above, the information contained on this enrollment form is true. I understand that the effective date of this coverage under the Increased Supplemental Limit is the same as under my basic plan.

Niagara National, Inc.

Mail to:

**Niagara National, Inc.
5001 Genesee Street
Buffalo, NY 14225**

Student Signature: _____ Date: _____

IMPORTANT: Injury resulting from the practice or play of intercollegiate sports is excluded from this plan.

Market 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**.



**MARKEL
INSURANCE
COMPANY**

**The Plan is Underwritten by:
MARKEL INSURANCE COMPANY
GLEN ALLEN, VIRGINIA 23060**



The Plan is administered by:
NIAGARA NATIONAL INC.
INSURANCE GROUP

5001 Genesee Street, Buffalo, New York 14225

716.684.6000 800.444.5530 f 716.684.6285

niagaranational.com EMAIL: nninfo@niagaranational.com



Mail claims to:

Pioneer Administrative Services
A POMCO Company
A Markel Business Partner
PO Box 186
Syracuse, NY 13206

Telephone number 866-653-2542

Fax number 315-433-2542

Email: studentinfo@pomcogroup.com

IMPORTANT

THIS OUTLINE OF COVERAGE 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.

THE MASTER POLICY IS ON FILE AT THE DEAN OF STUDENTS OFFICE AT THE INSTITUTION.