EXCLUSIONS

No benefits will be paid for: a) losses caused by or resulting from:  
1. Intentional self-inflicted injuries, suicide or any attempt therapeutically or otherwise; 
2. declared war or any act thereof; 
3. the Covered Person’s commission of a felony; 
4. the Covered Person’s participation in, practice for, or use of any equipment or appliances used for: intercollegiate tackle football; intercollegiate sports; semi-professional sports; or professional sports (except as specified in the coverage description); 
5. work-related Injury or Sickness; 
6. the Covered Person’s use of drugs or alcohol, unless administered by a Doctor; 
7. mental or nervous disorders; 
8. alcoholism or substance abuse.

In addition to the above exclusions, no benefits will be paid for:  
1. Eye examinations for glasses; any kind of eyeglasses, or prescriptions for eyeglasses, except as required as a result of a covered Injury; 
2. hearing examinations or hearing aids, except as a result of a covered Injury; 
3. dental care or treatment other than covered services rendered in connection with the care of sound, natural teeth and gums required on account of Injury to the Covered Person resulting from an Accident that happens while covered under the policy, and rendered within 12 months of the Accident; 
4. care or treatment of allergies, including allergy testing; 
5. diagnosis and care or treatment of acne; 
6. care or treatment of Injury to the Covered Person resulting from a motor vehicle accident; 
7. reading or interpreting the results of any diagnostic laboratory, radiology or cardiovascular tests; 
8. care or treatment rendered in connection with cosmetic surgery, except covered services rendered in connection with cosmetic surgery the Covered Person needs or as a result of an Accident that happens while covered under the policy; 
9. care or treatment rendered in connection with surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices; 
10. care or treatment rendered to a Covered Person while outside the United States of America; 
11. for international students only, care or treatment rendered within the Covered Person’s home country or country of regular domicile; 
12. services provided by a member of the Covered Person’s immediate family; 
13. services provided by the Policyholder’s infirmary or its employees, or Doctors who work for the Policyholder or at any Student Health Center.

CLAIM PROCEDURE

In the event of an Accident or Sickness the Student should:  
1. on or off campus, secure treatment at the nearest hospital or care provider. Send claim form along with itemized hospital and medical bills to Commercial Travelers at the address below. Written notice of Injury or Sickness upon which claim may be based must be provided to Commercial Travelers within 30 days of the date of the commencement of the first loss for which benefits arising out of each Injury or Sickness may be claimed, or as soon thereafter as is reasonably possible.

Bills for which benefit is to be paid must be submitted within 90 days of the treatment. Claim forms and instructions on claim procedures are available at www.1stAgency.com.

DEFINITIONS

Accident means a sudden, unforeseeable event that causes Injury to a Covered Person.

Sickness means Sickness or disease of a Covered Person that: a) is treated by a Doctor while the person is covered under the policy; and b) results directly and independently of all other causes in loss covered by the policy.

LOCAL REPRESENTATIVE

For questions regarding coverage or premiums, please call: 
First Agency, Inc. 
5071 West H Ave., Kalamazoo, MI 49009 
Phone: (269) 381-6630 
Fax: (269) 381-3055 
www.1stAgency.com

CLAIMS ADMINISTRATOR

Send all claims to: Commercial Travelers 
College Claim Department 
70 Genesee Street 
Utica, NY 13502 
(800) 756-3702

Prairie State College

STUDENT FIXED INDEMNITY ACCIDENT AND SICKNESS PLAN 2015/2016

Policy No. 2015F1A02

Underwritten by NATIONAL GUARDIAN LIFE INSURANCE COMPANY Madison, WI

as policy form #NGBPHIP(S)-IL 6/12

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life.

This brochure is not a Contract but a description of the Student Insurance Plan, and it is suggested that you retain it for future reference.

The Master Policy is on file at the college.

Representations of this Plan must be approved by the Company.

The policy provides limited accident and sickness coverage. It is not a substitute for comprehensive health insurance coverage and does not qualify as minimum essential health coverage under the Affordable Care Act.

NGB-PRAIRIE-15
COVERAGE
This plan provides protection 24 hours per day during the term of the policy for each student insured. Students are covered on and off campus, at home, or while traveling between home and the College and during interim vacation periods.

Schedule of Benefits
The following provisions describe the benefits we will pay for Covered Services. We will pay benefits for a Covered Service only, even if the service could be included under more than one benefit description.

COVERED SERVICES | BENEFIT AMOUNT
--- | ---
Hospital Confinement Daily Income Benefit | Non-Covered Care unit daily benefit up to $100
Maximum benefit for non-covered care per Coverage Period | $100 per 30 days
Critical care unit daily benefit | $200 per Coverage Period
Maximum benefit for critical care per Coverage Period | $200 per 30 days
Hospital Admission Benefit | Hospital admission amount up to $500 per admission
Maximum benefit per Coverage Period | $500
Outpatient Facility Benefit | Outpatient facility amount up to $500 per visit
Maximum benefit per Coverage Period | $500

Surgery Benefit
For surgery performed as an Inpatient | Per hospital admission amount up to $500
For surgery performed as an Outpatient | Per visit amount for the treatment of an Injury up to $500

Administration of Anesthesia Benefit
For surgery performed as an Inpatient | Per visit amount up to $100
For surgery performed as an Outpatient | Per visit amount up to $50

Emergency Room Visits Benefit
Per visit amount for the treatment of a Sickness | $75 per visit
Per visit amount for the treatment of an Injury | $75 per visit

Diagnostic Laboratory Tests Benefit
For each laboratory test | Per test amount up to $50

Diagnostic Radiology Tests Benefit
Magnetic Resonance Imaging (MRI) per visit amount | Per visit amount up to $40
Established Patient per visit amount | Per visit amount up to $100
Emergency room visit amount | Per visit amount up to $50

Cardiovascular Tests Benefit
EKG or ECG per visit amount | Per visit amount up to $25
Echo Cardiogram per visit amount | Per visit amount up to $50
All Other Cardiovascular Tests per visit amount | Per visit amount up to $40

Doctors’ Visits Benefit
New Patient per visit amount | Per visit amount up to $75
Established Patient per visit amount | Per visit amount up to $75
Consultation per visit (1 visit per Coverage Period) | Per visit amount up to $75
Emergency Room Visit (1 visit per Coverage Period) | Per visit amount up to $50

Ambulance Transportation Benefit
Per trip amount (1 trip per Coverage Period) | Per trip amount up to $50

Therapeutic and Rehabilitative Care Visits Benefit
Physical, speech and occupational therapies per visit amount | Per visit amount up to $50
Visits per Coverage Period | Per visit amount up to $25
Acupuncture (2 visits per Coverage Period) | Per visit amount up to $25

Private-duty Nursing Care and Home Health Care Benefit
Per service amount | Per service amount up to $50
Maximum visits per Coverage Period | Maximum visits per Coverage Period up to 3

Wellness Care Visits Benefit
Annual Physical per visit amount | Per visit amount up to $75
Mammogram Screening per visit amount | Per visit amount up to $50
Cervical Cancer Screening per visit amount | Per visit amount up to $25

Durable Medical Equipment Benefit
Per purchase or rental amount | Per purchase or rental amount up to $50
(2 purchases or rentals per Coverage Period) | Per purchase or rental amount up to $50

Additional Accident Benefit
Maximum benefit per Coverage Period | Per visit amount up to $5,000
Maximum number of Accidents per Coverage Period | 3

Covered Services
Hospital admission daily income amount | Per hospital admission amount up to $100
Hospital admission amount | Per admission amount up to $500
Inpatient surgery and anesthesiologist amount | Per visit amount up to $200
Emergency room visit amount | Per visit amount up to $50
Ambulance trip amount | Per trip amount up to $50
Outpatient surgery and anesthesiologist amount | Per visit amount up to $200
Outpatient Doctor’s visit amount | Per visit amount up to $50
Outpatient diagnostic pathology and radiology test amount | Per test amount up to $50
Accidental Death & Dismemberment ($1,000,000 Aggregate Limit) | Per visit amount up to $50,000

EXTENSION OF BENEFITS
If coverage under the policy ends while the Covered Person is totally disabled due to Injury or Sickness, we will pay benefits for Covered Services and Covered Conditions under the policy as long as they meet the following requirements: a) the covered service must be rendered due to the same Injury or Sickness causing the Covered Person to be totally disabled on the date coverage ends; and b) the covered service must occur within 90 days after the date the Covered Person’s coverage under the policy ends; and c) coverage must not have ended as a result of the Covered Person’s voluntary termination of the coverage.

This extension of benefits terminates at the end of the 90-day period specified above.

Policy Term
Policy term is from August 15, 2015 to August 15, 2016. Students are covered for the period for which premium has been paid.

ENROLLMENT FORM
The enclosed enrollment form and the correct premium whichever last occurs, and will continue through the period of coverage for which premium has been paid. Coverage for dependent spouse and/or child(ren) is available. If you have any questions regarding enrollment in this Plan or if you do not meet the eligibility requirements of this Plan, please call (269) 381-6630.

Enrollment Deadline
8/15/15 to 1/1/16 $536 9/30/15
8/15/15 to 8/15/16 $201 9/30/15
1/1/15 to 8/15/16 $335 2/28/16
*Enrollment is allowed throughout the year for students entering Federal Aid Programs.

TERM OF COVERAGE
The Policy term is from August 15, 2015 to August 15, 2016.