

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 # NGRPHIP(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

- for international students only, care or treatment rendered within the Covered Person's home country or country of regular domicile;
- services provided by a member of the Covered Person's immediate family;
- 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: If 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

EXCLUSIONS

No benefits will be paid for loss caused by or resulting from:

- Intentionally self inflicted injuries, suicide or any attempt thereat while sane or insane;
- declared or undeclared war or any act thereof;
- the Covered Person's commission of a felony;
- the Covered Person's participation in, practice for, or orthopedic equipment and appliances used for: intercollegiate tackle football; intercollegiate sports; semi-professional sports; or professional sports (except as specified in the coverage description);
- work-related Injury or Sickness;
- the Covered Person's use of drugs or alcohol, unless administered by a Doctor;
- mental or nervous disorders;
- alcoholism or substance abuse.

In addition to the above exclusions, no benefits will be paid for:

- Eye examinations for glasses; any kind of eyeglasses, or prescriptions for any eyeglasses, except as required as a result of a covered Injury;
- hearing examinations or hearing aids, except as a result of a covered Injury;
- 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;
- care or treatment of allergies, including allergy testing;
- diagnosis and care or treatment of acne;
- care or treatment of Injury to the Covered Person resulting from a motor vehicle accident;
- reading or interpreting the results of any diagnostic laboratory, radiology or cardiovascular tests;
- 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. Cosmetic surgery for an accidental Injury must be performed within 90 days of the Accident causing the Injury and while such person's coverage is in force;
- care or treatment rendered in connection with surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices;
- care or treatment rendered to a Covered Person while outside the United States of America;

SUPPLEMENTARY ENROLLMENT FOR DEPENDENT COVERAGE

I wish to extend my own coverage to include my following dependents (spouse and unmarried children under age 26)

Dependent's Name

Date of Birth

Relationship to Insured

Signature

Date Signed

POLICY # 2015F1A02
Detach and retain if you enroll
2015-2016
STUDENT INSURANCE PLAN

INSURED STUDENT

College _____

Underwritten by:

National Guardian Life Insurance Company

Coverage is subject to verification by the Claims Administrator

Fixed Indemnity Accident and Sickness Plan

The following describes the Student Accident and Sickness Fixed Indemnity Insurance Plan. It is designed to give you protection against expense of an Accident or Sickness, 24-hours a day, both at college and when away from campus.

ELIGIBILITY AND COST

All full-time students carrying 12 credit hours or more, and part-time students carrying 6 or more credit hours, attending Prairie State College are eligible for this Plan. Coverage begins August 15, 2015 or the date following the postmark date on the envelope containing your premium and enrollment form whichever last occurs, and ends at 12:01 a.m. on August 15, 2016. Enrollment is on a voluntary basis. The enclosed enrollment form and the correct premium should be returned directly to First Agency, Inc. If paying with a Debit/Credit Card, you may enroll online at: www.1stAgency.com.

Coverage for students enrolling in this Plan at the beginning of the Spring/Summer, period will become effective on the date the "Period of Coverage" begins or the date following the postmark date on the envelope containing your enrollment form and 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.

Period of Coverage	Amount of Premium for Student Only	Postmarked* Enrollment Deadline
8/15/15 to 8/15/16	\$536	9/30/15
8/15/15 to 1/1/16	\$201	9/30/15
1/1/16 to 8/15/16	\$335	2/28/16

* Enrollment is allowed throughout the year for students entering Allied Health Programs.

TERM OF COVERAGE

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

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 occurring after the date coverage under the policy ends 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.

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 once, even if the service could be included under more than one benefit description.

COVERED SERVICES	BENEFIT AMOUNT
Hospital Confinement Daily Income Benefit	
Non-Critical care unit daily benefit.....	\$100
Maximum benefit for non-critical care unit per Coverage Period	90 days
Critical care unit daily benefit.....	\$200
Maximum benefit for critical care unit per Coverage Period	30 days
Hospital Admission Benefit	
Per Hospital admission amount	\$500
Maximum benefit per Coverage Period	1
Outpatient Facility Visits Benefit (PT/OT/Dialysis/Urgent Care/Chemo)	
Per visit amount	\$50
Visits per Coverage Period	5
Surgery Benefit	
For surgery performed as an Inpatient	\$500
For surgery performed as an Outpatient	\$250
Maximum benefit /number of surgeries per Coverage Period.....	1
Administration of Anesthesia Benefit	
For surgery performed as an Inpatient	\$100
For surgery performed as an Outpatient	\$50
Maximum benefit for anesthesia per Coverage Period.....	1
Emergency Room Visits Benefit	
Per visit amount for the treatment of a Sickness (1 visit per Coverage Period).....	\$50
Per visit amount for the treatment of an Injury (2 visits per Coverage Period).....	\$500
Diagnostic Laboratory Tests Benefit	
Per visit amount (2 visits per Coverage Period).....	\$40
Diagnostic Radiology Tests Benefit	
Magnetic Resonance Imaging (MRI) per visit amount (1 visit per Coverage Period).....	\$100
Computerized Tomography (CT) Scan per visit amount (1 visit per Coverage Period).....	\$50
All Other Radiology Tests per visit amount (2 visits per Coverage Period).....	\$40

Cardiovascular Tests Benefit

EKG or ECG per visit amount (1 visit per Coverage Period).....	\$25
Echo Cardiogram per visit amount (1 visit per Coverage Period).....	\$50
All Other Cardiovascular Tests per visit amount (1 visit per Coverage Period).....	\$40

Doctors' Visits Benefit

New Patient per visit amount (1 visit per Coverage Period).....	\$75
Established Patient per visit amount (6 visits per Coverage Period)	\$40
Consultation per visit (1 visit per Coverage Period)	\$75
Emergency Room Visit (1 visit per Coverage Period) ...	\$50

Ambulance Transportation Benefit

Per trip amount (1 trip per Coverage Period)	\$50
--	------

Therapeutic and Rehabilitative Care Visits Benefit

Physical, speech and occupational therapies per visit amount	\$50
Visits per Coverage Period.....	5
Acupuncture (2 visits per Coverage Period).....	\$25

Private-duty Nursing Care and Home Health Care Benefit

Per session/visit amount.....	\$50
Maximum visits per Coverage Period.....	3

Wellness Care Visits Benefit

Annual Physical per visit amount (1 visit per Coverage Period).....	\$75
Mammogram Screening per visit amount (1 visit per Coverage Period).....	\$50
Cervical Cancer Screening per visit amount (1 visit per Coverage Period).....	\$25

Durable Medical Equipment Benefit

Per purchase or rental amount (2 purchases or rentals per Coverage Period)	\$50
--	------

Additional Accident Benefit

Maximum benefit per Coverage Period.....	\$5,000
Maximum number of Accidents per Coverage Period	3
Covered services:	
Hospital confinement daily income amount.....	\$100
Hospital admission amount	\$500
Inpatient surgery and anesthesiologist amount.....	\$200
Emergency room visit amount.....	\$500
Ambulance trip amount.....	\$500
Outpatient surgery and anesthesiologist amount.....	\$200
Outpatient Doctor's visit amount	\$50
Outpatient diagnostic pathology and radiology test amount	\$50

Accidental Death & Dismemberment

(\$1,000,000 Aggregate Limit)	\$50,000
-------------------------------------	----------

National Guardian Life Insurance Company

Enrollment for Student Indemnity Accident and Sickness Plan

Please Print Student's Name _____ Student's I.D. _____

Date of Birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____ School Name _____ Prairie State College

Check (✓) the plan you have selected. For DEPENDENT COVERAGE, complete application on the reverse side.

Student Only	Annual 8/15/15 to 8/15/16	Fall Only 8/15/15 to 1/1/16	Spring/Summer 1/1/16 to 8/15/16
Student and One Dependent	<input type="checkbox"/> \$ 536	<input type="checkbox"/> \$ 201	<input type="checkbox"/> \$ 335
Student and Family	<input type="checkbox"/> \$1,047	<input type="checkbox"/> \$ 393	<input type="checkbox"/> \$ 654
	<input type="checkbox"/> \$1,680	<input type="checkbox"/> \$ 630	<input type="checkbox"/> \$1,050

Signature: _____
I understand that insurance becomes effective only when this application and full premium have been received by First Agency, Inc.
(269) 381-6630 - www.1stAgency.com

Students who have enrolled for Student Indemnity Accident and Sickness Insurance and paid the proper Premium are insured according to the provisions of a Master Policy on file at the College.
YOUR CANCELLED CHECK IS YOUR RECEIPT AND PROOF OF COVERAGE.

All claims should be directed to:
Commercial Travelers
College Claim Department
70 Genesee Street
Utica, NY 13502
(800) 756-3702