Eligibility

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more, and their dependents, attending Oakton Community College are eligible to participate in this program. The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage. Students who enroll in the plan may secure spouse or child coverage. Eligible dependents are the spouse residing with the Insured Student and unmarried children under nineteen years of age who are not self-supporting and reside with the Insured Student. Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and required premium is paid.

Effective Date

Your coverage becomes effective on the later of: the Policy effective date (8/15/09); or the date the application and proper premium is received by the Administrator.

Enrollment is only allowed during the open enrollment period which is 8/24/09 to 9/24/09.

Exceptions will be made for the following:

1. Adding a new spouse or Dependent child (within 31 days of marriage, birth or adoption).
2. Enrolling as a new or transfer student within 31 days of enrollment at the school.
3. Within 31 days of ineligibility under another plan of Creditable Coverage and accepted and exhausted COBRA continuation of coverage if offered.
4. Students entering Allied Health Programs.

Termination Date

A covered person's coverage will terminate on the earliest of the following dates: 1) the last day of the period through which the premium is paid; 2) the date of entry into full-time active military services; 3) the date the insured student's coverage terminates; or 4) the date the Policy terminates (8/15/10).

Enrollment

Please complete the enrollment application and mail with your check to First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009. You will receive an ID card after First Agency, Inc. receives your check and application.

Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is hospital confined on the Termination Date from a covered accident or sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such accident or sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Basic Medical Expense Benefits Per Policy Year

Up to $5,000 Maximum Benefit Paid as Specified Below (For Each Accident)
Up to $5,000 Maximum Benefit Paid as Specified Below (For Each Sickness)
Treatment of Injury must begin within 30 days of covered accident.

INPATIENT	Plan I	Plan II
Room and Board Expense, daily semi-private room rate; and general nursing care provided by the Hospital.	$200	$300
Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, physiotherapy and supplies while receiving room and board benefits.	80% to $1,000	80% to $1,500
Surgeon's Allowance	$1,000	$1,500
Anesthetist -25% of surgery allowance	$250 Maximum	$400 Maximum
Assistant Surgeon, 20% of surgery allowance	$200 Maximum	$300 Maximum
Doctor's Visits, starting with first visit	$25	$40
OUTPATIENT		
Surgeon's Allowance	$1,000	$1,500
Anesthetist, 25% of surgery allowance	$250 Maximum	$400 Maximum
Assistant Surgeon, 20% of surgery allowance	$200 Maximum	$300 Maximum
Doctor's Visits, Accidents (first visit)	$25	$40
Sickness (starting with second visit)	$25	$40
Medical Emergency Expenses, use of the emergency room and supplies.	$100	$150
Diagnostic X-ray and Laboratory Services	$100	$150
OTHER		
Ambulance Services	$50	$100
Dental Treatment, made necessary by Injury to Sound, Natural Teeth.	$300	$500

Excess Provision

Even if you have other insurance, the Policy may cover unpaid balances, deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for injury or sickness which is paid or payable by other valid and collectible insurance. However, this excess provision will not be applied to the first $100 of medical expenses incurred.

Illinois mandates coverage for the following benefits: 48 hours hospital confinement following vaginal delivery and 96 hours for caesarean delivery. If shorter length of hospital stay, coverage includes a post-discharge physician office visit or in-home nurse visit in the first 48 hours after discharge; Initial prosthetic device and reconstructive surgery incident to mastectomy; mammograms at certain intervals; treatment of alcoholism while hospital confined; autism spectrum disorders; annual pap smear; prostate specific antigen tests; diabetes equipment, supplies and outpatient self-management training; colorectal cancer screening; and treatment of serious mental illness; medically necessary bone mass measurement and diagnosis and treatment of osteoporosis. All Illinois mandates are paid the same as any other sickness unless specifically stated otherwise. Please see the policy on file with the policyholder for complete details.

Major Medical Benefit
$10,000 Maximum Benefit
(For Each Accident or Sickness)

Covered Charges paid under the Basic Medical Expense Benefit of this Policy shall not be paid under the Major Medical Expense Benefit of this Policy.

The Major Medical Benefit begins payment for an accident or sickness after the Basic Maximum Benefit of $5,000 of expense incurred.

The Company will pay 80% of additional Covered Medical Expenses incurred per injury or sickness up to the Major Medical Maximum Benefit of $15,000 during the term of the Policy.

Optional Catastrophic Benefit
$500,000 Additional Benefit
(For Each Accident or Sickness)
This coverage is provided by Markel Insurance Company

This optional benefit is subject to payment of an additional premium as specified on the enrollment card. Optional benefits may only be purchased at the time of initial enrollment in the Plan and may not be added later.

After medical bills incurred reach $15,000 under the Basic & Major Medical Benefits, the Company will pay 80% of additional Covered Medical Expenses incurred up to $500,000 during the term of the Policy.

Medical Evacuation

If the Insured person, by reason of covered Injury or Sickness and following at least 5 consecutive days of hospital confinement, requires evacuation to the Insured Student's home country, the Company will pay the expenses actually incurred for such evacuation up to a maximum of $10,000 provided that such evacuation is certified as medically necessary by the attending Doctor and subject to prior approval by the Company.

Repatriation

If the Insured person dies as the result of a covered Injury or Sickness, the Company will pay the expenses actually incurred for the preparation and transportation of the body to the Insured Student's home country, up to a maximum of $25,000. Payment is subject to prior approval by the Company.

Exclusions and Limitations

The Policy won't pay benefits for:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
4. Expenses incurred as a result of intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
6. Loss due to voluntarily using any drug, narcotic or controlled substance unless as prescribed by a doctor.
7. Temporomandibular Joint Dysfunction (TMJ).
8. Treatment of alcoholism, except as specifically provided.
9. Treatment of Mental or Nervous Disorders.
10. Expenses incurred as a result of dental treatment, except as specifically stated.
11. Injury sustained while participating in practice or play of intercollegiate sports, club or intramural sports.
12. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams except as specifically provided in the Policy.
13. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
14. Congenital conditions, except as specifically provided for newborn or adopted infants.
15. Air travel, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline; parachuting; or travel in or upon any two or three wheeled motor vehicle.
16. Outpatient Prescription Drugs.
17. Motor vehicle accidents to the extent covered by another valid and collectible insurance policy.
18. Physiotherapy, in any form under the Major Medical Benefit.

Pre-Existing Conditions Limitation

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

1. The Covered Person has been covered under the Policy for more than 12 months; or
2. The Individual seeking coverage under the Policy has an aggregate of 18 months of credible coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior creditable coverage; and whose most recent prior creditable coverage was under an employer group health plan; and who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her. We will credit the time the individual was covered under prior creditable coverage.

Pre-existing Condition is a sickness or injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

Claim Procedure

In the event of accident or sickness, the Insured Student should:

1. REPORT AT ONCE to the STUDENT HEALTH SERVICE, when on campus.
2. If you are off campus and unable to report to the Health Service, then secure treatments at the nearest Hospital or Doctor's office, pay the charges, if you wish, and obtain a receipt. Report immediately to the Health Service and follow instructions for filing your claim.
3. Obtain a claim form from Health Services or online at www.1stagency.com/claimforms.htm. Students are responsible for filing their own claims.

Notification of any claim must be provided to First Agency, Inc., 5071 West H Ave., Kalamazoo, MI 49009 within twenty (20) days of accident or the commencement of sickness. Bills for which benefits are to be paid must be submitted within ninety (90) days from the date treatment was provided.

REFUND PROVISION

No premium refunds are permitted except when the student enters full-time active military service in which case a pro-rata refund will be made upon request.

$500,000
Optional Catastrophic
Coverage Available
See application card for rates and enrollment.
Benefits are paid at 80% to $500,000 for Students.
Benefits are paid at 50% to $100,000 for dependents.
Subject to the $15,000 deductible.
Benefits, provisions, and exclusions are not listed in this brochure.
This coverage is provided by
Markel Insurance Company

Rate Surcharge

For students who are age 35 or over, the rates are increased by the following percentages:

Students ages 35-44	30%
Students ages 45-54	70%
Students ages 55-64	100%

Insurance Administrator & Claims Office:

FIRST AGENCY, INC.
5071 West H Avenue
Kalamazoo, MI 49009
Phone: (800) 243-6298
Fax: (269) 381-3055
www.1stagency.com

Notice of Privacy Practices For Protected Health Information: You have the right to adequate notice of the use and disclosure of protected health information that may be made by us, and of your rights and our legal duties with respect to protected health information. You have the right to request this notice in writing once every 3 years starting from the date of your initial enrollment at the school by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501

Underwritten by:

Guarantee Trust Life Insurance Company

NOTE

This is a non-renewable one year term policy. It is the Insured's responsibility to maintain continuity of coverage. No renewal notices will be sent to the Insured.

Keep this brochure as summary of the Insurance. No individual policies will be issued. If any discrepancies exists between the brochure and the policy, the policy on file with the school governs the payment.

2009-2010

Accident and Sickness Insurance Plan *for* Students

POLICY # 124-125-013-N