



Grace College
2010-2011 Summary of Benefits

Eligibility:

Enrollment in a health insurance plan is required for ALL registered residential students. To ensure compliance, each Grace College student is automatically enrolled in, and billed for, The Student Accident and Sickness Insurance Plan offered through the college.

Off campus and Part- time students are eligible to enroll on a voluntary basis. In order to be eligible, students must be enrolled in a minimum of 6 credit hours

Cost:

Annual	Spring
August 9, 2010- August 8, 2011	January 4, 2011- August 8, 2011
\$300.00	\$188.00

Plan Administrator:

For general information on benefits, enrollment/eligibility questions, ID Cards or service issues, please contact:

Gallagher Koster
500 Victory Rd
Quincy, MA 02171
617-769-6068 or 877-320-4347
www.GallagherKoster.com/Grace

Claims Company Information:

For information on a specific claim, or to check the status of a claim, please contact:

Klais & Company, Inc.
1867 West Market Street
Akron, OH 44313
877-349-9017
Email: klaisclaims@klais.com

Plan Design:

Plan Features	
ACCIDENT BENEFITS	
Aggregate Maximum (per cause)	\$4000
Benefit Period	52 weeks
Benefit Type	Unallocated at 100% of U&C
Deductible	\$0
SICKNESS BENEFITS	
Aggregate Maximum (per cause)	\$5000
Benefit Period	52 weeks
Benefit Type	Allocated at 100% of U&C up to the maximums indicated below

Grace College *Summary of Benefits*

Inpatient Sickness Benefits	
Hospital Room & Board Expense	Semi-private room rate for the first 3 days and then \$30 per day thereafter
Hospital Room & Board Maximum # of Days	N/A
Hospital Miscellaneous Expense	\$500 maximum
Surgical Expense (90 th MDR)	\$400 maximum
Anesthetist Expense	\$100 maximum
Assistant Surgeon Expense	N/A
Inpatient Physician Expense	\$25 per day maximum up to \$100
Inpatient Physician Maximum # of Days	N/A
Consultant Expense	\$100 maximum
Licensed Nurse Expense	\$10 per day maximum up to \$100
Inpatient Psychiatric and Substance Abuse Expense	Paid as any other sickness
Outpatient Sickness Benefits	
Hospital Miscellaneous Expense	\$500 maximum
Surgical Expense (90 th MDR)	\$400 maximum
Anesthetist Expense	\$100 maximum
Assistant Surgeon Expense	N/A
Outpatient Physician Expense	\$50 per visit maximum, 10 visit maximum
Hospital Outpatient Expense (misc. hospital outpatient and urgent care facility when the SHC is closed, does not include ER benefits)	\$200 maximum
Outpatient X-Ray and Laboratory Expense	\$150 maximum
Outpatient Prescription Drug Expense	80% of U&C after a \$10 deductible up to \$300 per cause
Consultant Expense	\$100 maximum
Outpatient Psychiatric and Substance Abuse Expense	Paid as any other sickness
Sickness Dental Expense	N/A
Additional Sickness Benefits	
Ambulance Expense	\$400 maximum
Voluntary Termination of Pregnancy	N/A
Intercollegiate Sports Coverage	N/A
Accidental Death & Dismemberment	\$5000
Emergency Medical Expense	\$300 maximum

Grace College *Exclusions & Limitations*

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 prescription therefore; 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 of pregnancy;
- Treatment or supplies for the newborn infant except that required for the 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 war;
- Injury due to participation in a riot; commission of or attempt to commit a felony;
- 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 intercollegiate sports; or
- Pre-Existing Conditions.

The information provided above is used as a general summary of benefits. For a detailed plan description, limitations, and exclusions, go to www.gallagherkoster.com/Grace. For additional questions regarding eligibility or benefits contact, Gallagher Koster customer service department at 617-769-6068 or 877-320-4347 Monday-Friday, 8:30 a.m.-6:00 p.m. EST or GraceStudent@gallagherkoster.com



Blanket Accident and Health Plan

designed for

Grace College 2010-2011

Winona Lake, Indiana

Policy Number: 10200678

Please keep this outline of coverage for future reference

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Introduction

This brochure is a brief description of the Student Accident and Sickness Insurance Plan made available to students through Grace College. If you currently have coverage, it is your responsibility to determine that it meets or exceeds the coverage available through Grace College's Student Accident and Sickness Insurance Plan.

Often a student covered by a Health Maintenance Organization (HMO) or a managed care policy at home, has limited or no benefits while at College, other parts of the U.S. or in a foreign country. When reviewing your current policy, check to ensure that it provides coverage to students who are over the age of 19, that it provides access to care in the Winona Lake, IN area and provides comprehensive coverage, extending beyond emergency care to include Physician and Hospital services.

Students who do not want to participate in the Student Accident and Sickness Insurance Plan must submit a waiver form confirming participation in a comparable health insurance policy that will be in effect until August 09, 2011. Recognizing that your current situation may change, each year you will be asked to provide proof of comparable coverage in order to waive participation in the Student Accident and Sickness Insurance Plan.

Eligibility

All full time residential undergraduate students are required to enroll in the plan except when a student has completed an Insurance Waiver Form. Off-campus and part-time students taking a minimum of 6 credit hours may also voluntarily enroll in this plan.

Online Enrollment/Waiver Process

To document proof of comparable coverage an online waiver form must be completed and submitted by the deadline.

1. Log onto: www.gallagherkoster.com/Grace
2. Click on 'Student Waive/Enroll Forms'
3. Create a user account or Log in (if a returning user)
4. Select the Blue "I want to Waive/Enroll" button. If waiving the insurance, have your current health insurance ID card ready as you will need this information in order to complete the waiver form.

Immediately upon submitting the Grace College Waiver Form, you will receive a confirmation number indicating that the form has been submitted. Print this confirmation number for your records. If you do not receive a confirmation number, you will need to correct any errors and resubmit the form. The online process is the only accepted process for enrolling or waiving coverage.

Grace College reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Grace College Student Accident and Sickness Plan, effective the date that the determination was made and there will be no pro-rata of premium.

International students can only waive the Grace College Accident and Sickness Plan if they are covered by an insurance plan of comparable coverage and is based in the United States.

To enroll, simply follow the steps above. After creating your User Account, click on "Enroll/Waive Forms" and then select the Grace College Enrollment Form.

In the event students waive the Student Medical Insurance Plan coverage and then lose current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum age limit available is attained), students have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after the 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Koster. If approved, the premium will not be prorated.

Waiver/Enrollment Deadline

The deadline for students to complete the Online Enrollment or Waiver Form for annual coverage is August 31, 2010 and January 11, 2011 for students newly enrolled for the Spring Semester. Students who waive The Grace College Student Accident and Sickness Plan in the fall waive coverage for the entire policy year. The Online Waiver process is the only accepted process for making your insurance selection. **Students who do not submit the Online Waiver Form by the deadline will remain enrolled in and billed for The Grace College Student Accident and Sickness Plan.**

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 annual policy for the current year becomes effective on 08/09/2010 at 12:01 a.m. and expires on 08/09/2011 at 12:01 a.m.. The spring policy becomes effective on 01/03/2011 at 12:01am and expires on 08/09/2011 at 12:01am. 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.

Plan Costs

Student Annual Rate	\$300*
Student Spring Rate	\$188*

*Includes an administrative fee

Student Health Services

Grace College provides services to students during the academic year to provide health care services to students on campus.

Health and Counseling Center

Location: Main floor of Indiana Hall

Phone: On Campus x6472 Off Campus 574-372-5100 Fall/Spring term

Hours of Operation: Monday - Friday, 8:00 a.m. - 4:30 p.m.

Services: a triage of medical services through a registered nurse, physician referrals, follow-up health care through a nurse, counseling one-on-one and group.

Preferred Provider Network

The Grace College Student Accident and Sickness Insurance Plan provides access to Hospitals and health care providers locally and nationally through the PHCS Preferred Provider Network. The advantage to using a Network Provider is that Network Providers have agreed to accept a predetermined fee or Preferred Allowance as payment for their services. Consequently, when Insured Students use Network Providers, Out-of-Pocket expenses will be less because any applicable co-payments or Deductibles will be based on a Preferred Allowance. The easiest and most efficient way to find a PHCS Preferred Provider is to contact PHCS toll-free at 1-800-922-4362 or visit www.phcs.com. Preferred provider participation is subject to change, so be sure to verify with the provider that they are participating in PHCS when calling for an appointment or at the time of your appointment.

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 space in 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 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 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. 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.

SECTION I

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.

The following table shows the amounts We will pay:

For the Loss of	Amount
Life	\$5,000
Both hands or both feet or sight of both eyes	\$5,000
One hand and one foot	\$5,000
One hand and sight of one eye	\$5,000
One foot and sight of one eye	\$5,000
One hand or one foot or sight of one eye	\$2,500

The most We will pay for all Losses to an Insured as the result of one Accident is \$5,000.

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 II

SCHEDULE OF BENEFITS

ACCIDENTAL INJURY BENEFITS

When an Insured student requires treatment due to an injury the plan will pay for (a) treatment by a physician; (b) hospital confinement; (c) services of a licensed practical nurse or RN; (d) x-ray service; (e) use of an operating room, anesthesia, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center of ambulatory medical center; (h) if ordered by a physician, prescription medicines, drugs or any other therapeutic services or supplies; or (i) home health care, incurred within fifty-two (52) weeks after the date of the accident up to a maximum of \$4,000. This includes treatment for injury to natural teeth.

SICKNESS MEDICAL BENEFITS

When an Insured suffers a loss from Sickness, the plan will pay the covered Expenses incurred within fifty-two (52) weeks of the first medical Expense up to a maximum of \$5,000. Benefits are subject to the following allocations:

INPATIENT BENEFITS

Hospital Room and Board

Up to the semi-private room rate for the first 3 days, and then \$30 per day thereafter

SECTION II SCHEDULE OF BENEFITS (Con't)

INPATIENT BENEFITS (Con't)	
Hospital Miscellaneous Expense: anesthesia; operating room; laboratory tests; x-rays; oxygen; drugs; medicines; dressings and other necessary non-room and board Expenses.	Up to \$500
In-Hospital Physician Expense: limited to one visit per day (non-surgical visit).	\$25 per day up to a maximum of \$100
Licensed Nurse Expense	Up to \$10 per day, to a maximum of \$100
SURGICAL BENEFITS (Inpatient and Outpatient)	
Surgical Expense: only one surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession unless Medically Necessary.	Up to a maximum of \$400 per operation
Anesthetist Expense Benefit	Up to a maximum of \$100
Assistant Surgeon Benefit	No Coverage
Consultant or Specialist Expense	Up to a maximum of \$100
OUTPATIENT BENEFITS	
Day Surgery Miscellaneous Expense (outpatient Hospital services for surgery)	Up to a maximum of \$500 per operation
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 \$50 per day not to exceed 10 visits per condition
Miscellaneous Outpatient Hospital Expense or Urgent Care Facility Expense when the Grace College SHC is closed	Up to a maximum of \$200
Diagnostic X-ray & Laboratory Expense: When Your Sickness requires diagnostic x-ray, including ultrasound, MRI and CAT Scan, or laboratory services, under the Physician's direction	Up to a maximum of \$150
Hospital Expense Benefit: When Your Sickness requires the use of outpatient facilities of a Hospital for an emergency room, under the Physician's direction	Up to a maximum of \$300
Outpatient Prescription Drug Expense(includes contraceptives)	80% up to a maximum of \$300 per sickness after a \$10 Deductible
MENTAL ILLNESS BENEFITS	
MENTAL AND NERVOUS EXPENSE BENEFITS	
Inpatient Mental Health Expenses	Paid as any other sickness
Outpatient Mental Health Benefits	Paid as any other sickness
ALCOHOL & DRUG ABUSE BENEFITS	
Inpatient Substance Abuse Expense	Paid as any other sickness
Outpatient Substance Abuse Expense	Paid as any other sickness
MANDATED BENEFITS	
Breast Reconstruction	Same as any other Sickness
Diabetes Treatment	Same as any other Sickness
Maternity Care	Same as any other Sickness
ADDITIONAL BENEFITS	
Ambulance Expense (ground transportation)	Up to a maximum of \$400
Voluntary Termination of Pregnancy	No coverage

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.

Mammography Expense: We will pay the Expense for mammography screening for breast cancer screening or diagnosis, or for any nonsymptomatic woman covered under the policy as follows: a) one baseline mammogram for any woman who is 35 through 39 years of age; and b) a mammogram every year for any woman who is 40 years of age and older.

Maternity Care Expense: We will pay for Medically Necessary Expenses incurred in connection with: a) inpatient hospitalization services for a covered mother and a newborn child for a minimum of 48 hours after an uncomplicated vaginal delivery; and b) a minimum of 96 hours after delivery by an uncomplicated cesarean section. Any decision to shorten the length of stay listed above shall be made by the attending Physician, obstetrician, pediatrician or certified nurse midwife after conferring with the mother. If the mother and newborn are discharged early, coverage shall be provided for up to two follow up visits, provided that the first visit is within 48 hours of discharge.

Prostate Cancer Expense: We will pay the Expense incurred in connection with prostate cancer screening as follows: a) at least one prostate specific antigen test annually for an Insured who is at least 50 years of age; and b) at least one prostate specific antigen test annually for an Insured who is less than 50 years of age and who is at risk for prostate cancer according to the most recent published guidelines of the American Cancer Society.

Reconstructive Breast Surgery Expense: We will pay the Expenses incurred in connection with reconstructive breast surgery incident to a mastectomy including: a) all stages of reconstruction of the breast on which the mastectomy has been performed; b) surgery and reconstruction of the other breast to produce symmetry; and c) prosthetic devices.

Diabetes Expense: We will pay for all Medically Necessary Expenses incurred in connection with the treatment of diabetes as follows: a) equipment; b) supplies; and c) self management training and education.

Newborn Coverage: We will pay the Expense for newborn children including, but not limited to, benefits for inpatient or outpatient Expenses arising from medical and dental treatment (including orthodontic and oral surgery treatment) involved in the management of birth defects known as cleft lip and cleft palate.

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.

When a claim is made, other valid and collectible insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; or (2) any plan or program created or administered by national or state government, or agencies thereof; or (3) individual insurance. We will not limit or exclude payment on a claim because the Insured person is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

A plan without a coordinating provision is always the primary plan.

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 prescription therefore; 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 of pregnancy;
 - Treatment or supplies for the newborn infant except that required for the 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 war;
 - Injury due to participation in a riot; commission of or attempt to commit a felony;
 - 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 intercollegiate sports; or
 - Pre-Existing Conditions.
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Claim Procedure

In the event of an Accident or Sickness, the Insured person should:

1. If at Grace College report immediately to the Student Health Service so that proper treatment can be prescribed or approved, or
 2. If away from Grace College or the Student Health Service is closed, report to the nearest doctor or Hospital and follow the prescribed treatment advice. The Insured student should return to the Student Health Service for any necessary follow up care.
 3. A claim form is not required to submit a claim. However, an itemized bill, HCFA 1500, or UB92 form should be used to submit Expenses. If a referral was required, this form should accompany this submission. The Insured student/person's name and identification number need to be included.
 4. Providers should submit claims within 90 days from the date of Accident or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. If a student is submitting the claim, a copy should be retained and claims should be mailed to the Claims Administrator, Co-ordinated Benefit Plans, at the address on the back cover.
 5. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator, Co-ordinated Benefit Plans.
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Gallagher Koster Complements

Exclusively from Gallagher Koster, enrolled students have access to the following menu of products at no additional cost. These plans are not underwritten by Markel Insurance Company. More information is available at www.gallagherkoster.com/Grace.

EyeMed Vision Care

The discount vision plan is available through EyeMed Vision Care. EyeMed's provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will receive a separate EyeMed ID card. There is no waiting period; you can take advantage of the savings immediately upon receipt of your EyeMed ID card. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, you can receive discounts from 5% to 15% off laser correction surgery at some of the nation's most highly qualified laser correction surgeons. **You can call 1-866-8EYEMED or go online to www.eyemedvisioncare.com and choose the Access network from the drop down network option.**

Basix Dental Savings

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services. It is important to understand the **Dental Savings Program is not dental insurance**. Basix contracts with dentists that agree to charge a negotiated fee to students covered under your Gallagher Koster plan. You must pay for the services received at the time of service to receive the negotiated rate.

Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed on our website, www.basixstudent.com.
- Tell the dental office that you are an insured student and have to the Basix program. Each dentist has an administrative person to assist you with any questions. You do not need a separate identification card for the Basix program, but you will need to show your student health insurance ID card to confirm your eligibility. If the office needs to check eligibility, call Gallagher Koster at 877-320-4347.
- Remember, you must pay for the services you receive at the time of service, so make sure you understand what forms of payment (check, credit card, etc.) the dentist accepts.

Full details of the program can be viewed at the website: www.basixstudent.com. Once at the home page, select the link for your school. You may also contact us via email from our website, or by telephone at (888) 274-9961.

CampusFit

College health is all about helping students develop healthy habits for a lifetime. To support your efforts, CampusFit "digitizes" knowledge from registered dietitians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

- The Energy Management section of the site allows a student to easily assess how much energy they are consuming, and expending on a daily basis. It also displays the results in the context of the Food Pyramid so students can see how to improve their food choices.
- The Fitness Works section has dozens of downloadable mp3 files and written exercise routines to help students get more active. Want to run your first 5K? We've got a nine week, step-by-step plan to get you there.
- The Wellness Support section has downloadable mp3 files for guided imagery relaxation, and dozens of recordings to reinforce fundamental diet and nutrition ideas - we've even got a 20 minute discussion on the "Freshman 15".

CampusFit is available at no cost to students. To access CampusFit, go to www.gallagherkoster.com/Grace.

Rite Aid Pharmacy Discount Card

Gallagher Koster is pleased to offer the **Gallagher Koster Prescription Savings Card** to students who do not have any other prescription drug coverage or have gaps in coverage. This program provides prescription discounts at over 5,100 Rite Aid Pharmacies located in 31 states, including the former Brooks Pharmacies and Eckerd Pharmacies. While the amount of the prescription discount varies by the actual medication and quantity dispensed, the savings often are between 20% and 30%, with the greatest savings being on generic medications. To find the nearest Rite Aid Pharmacy, please go to www.riteaidhealthsolutions.com and access **FIND A PHARMACY** at the top of the page. Please note that this is NOT an insurance program.

To take advantage of these immediate savings, a **Gallagher Koster Prescription Savings Card** can be printed off line at www.gallagherkoster.com/Grace. Click on "College and University Students" then select Grace College from the drop down menu. Once at the Grace College student page, selected the tab labeled "Plan Enhancements".

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**.

Questions? Need More Information?

For general information on benefits, enrollment/eligibility questions, ID cards or service issues, please contact:

Gallagher Koster

500 Victory Road
Quincy, MA 02171
617-769-6068 or toll free 1-877-320-4347
Email: GraceStudent@gallagherkoster.com
www.gallagherkoster.com/Grace

If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Call Gallagher Koster to verify eligibility.

For information on the discount vision plan or to locate participating providers, please contact:

EyeMed Vision

1-866-8EYEMED
www.enrollwiththeyemed.com

To locate participating dental providers, please contact:

Dental Savings Program

www.basixstudent.com

For information on a specific claim or to check the status of a claim, please contact:

Co-ordinated Benefit Plans, A Markel Business Partner

PO Box 24322
Tampa, FL 33632-4322
Phone: 1-877-794-6908
Fax: 1-727-499-7884
Email: claims@cbpinsurance.com
www.cbpinsurance.com

Underwritten by:



Glen Allen, VA

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. A copy of the master policy is on file at the institution.



Grace College

2010-2011

Student Accident and Sickness Insurance Plan Eligibility and Plan Highlight Sheet

Does Your Insurance Plan Have Your Best Interest In Mind?

Not all plans provide adequate coverage for students like out-of-state Medicaid plans, certain HMOs and managed care plans. At Grace College, it is required for all full time residential students enrolled at Grace College to have

some form of health insurance coverage. Grace College, in partnership with Gallagher Koster is pleased to offer a student health plan customized specifically with the needs of students in mind.

What do I need to know?

Enrollment in a health insurance plan is required for ALL full time residential undergraduate students. To ensure compliance, each Grace College student is automatically enrolled in and billed for the Student Accident and Sickness Insurance Plan.

If you currently have health insurance and find it comparable, you can waive enrollment. First, learn about what's included in Student Accident and Sickness Insurance Plan:

- Worldwide coverage while studying abroad or on vacation.
- Use the plan as a supplement to your primary insurance plan.
- Coordination with the College's Student Health Service.
- Access to discounts for dental, eyewear, and fitness services.

Need to know more?

Go to www.GallagherKoster.com/Grace

- Find out what questions you should ask your current health insurance plan to make sure it's adequate.
- Download a student insurance brochure to compare benefits.
- Submit an online enrollment or waiver form.
- Find answers to frequently asked questions.

	Annual
Coverage Period	8/09/2010-8/08/2011
Waiver / Enrollment Deadline	8/31/2010
Student Only	\$300

Did You Know? ⁽¹⁾

- Approximately 1 in 3 young adults lack adequate health insurance.
- 50% of uninsured 19-29 year olds with low income went without needed medical care during the past year.
- Most employer based health insurance plans only offer emergency care coverage when traveling or studying overseas.

These are just a few reasons you should consider your school-sponsored student plan.

See Reverse Side

1) The Commonwealth Fund. Health Insurance On Their Own: Young Adults Living Without Health Insurance. New York, NY: The Commonwealth Fund

Grace College
2010-2011
Student Accident and Sickness Insurance Plan
Eligibility and Plan Highlight Sheet

The Grace College Student Accident and Sickness Insurance Plan has got you covered!

The information provided below is used as a general summary of benefits. For a detailed plan description, limitations, and exclusions, go to www.gallagherkoster.com/Grace and click on 'Brochure and Plan Information'.	
Plan Maximum	\$4,000 maximum per Accident (Benefits are paid at 100% of usual & customary) \$5,000 maximum per Sickness (Benefits are paid at 100% of usual & customary subject to certain benefit maximums including those shown below)
Hospital Room and Board Expense	Up to the semi private room rate for the first 3 days, then \$30 per day thereafter
Inpatient Hospital Miscellaneous Expense	\$500 maximum
Surgery Expense	\$400 maximum per operation
Outpatient Physician's Office Visit	\$50 per day; 10 visits per condition per policy year
Outpatient Laboratory, X-ray, Diagnostic Testings	\$150 maximum
Ambulance Expense	\$400 maximum per trip
Inpatient Mental Health	Paid as any other Sickness
Outpatient Mental Health	Paid as any other Sickness
Outpatient Prescription Drug Expense	\$10 deductible per prescription 80% of charges up to a maximum of \$300

For additional questions regarding eligibility or benefits, contact Gallagher Koster customer service department at 617-769-6068 or toll free 877-320-4347 Monday-Friday, 8:30 a.m.-6:00 p.m. EST or GraceStudent@gallagherkoster.com. The Student Accident and Sickness Insurance Plan is Underwritten by Markel Insurance Company, administered by Co-ordinated Benefits Plan, LLC and serviced by:

Gallagher Koster
500 Victory Rd
Quincy, MA 02171





Frequently Asked Questions For Grace College Students 2010-2011 Student Accident and Sickness Insurance Plan

Who do I contact if I have questions or need help?

Questions about what's covered, how to access benefits, enrollment concerns, or replacement ID cards?

Gallagher Koster
500 Victory Road
Quincy, MA 02171
617-769-6068 or toll free 877-320-4347
Email: GraceStudent@gallagherkoster.com

Questions about a specific claim or claims payment for 2010-2011?

Co-ordinated Benefit Plans, LLC
26133 U.S. 19 North
Clearwater, FL 33763
Phone: (800) 753-1000
www.cbpinsure.com

Questions about a specific claim or claims payment for 2009-2010?

Pioneer Administrative Services
P.O. Box 186
Syracuse, NY 13206
1- 866-653-2542
Email: studentinfo@pomcogroup.com

How can I find a Preferred Provider?

PHCS
www.PHCS.com
1-800-922-4362

How do I learn more about the Gallagher Koster Complements Programs?

EyeMed Discount Vision Plan
www.enrollwiththeyemed.com
1-866-839-3633

Basix Dental Savings and CampusFit
www.basixstudent.com
1-888-274-9961

Enrollment/Eligibility

Who is eligible?

- All full time residential undergraduate students enrolled at Grace College will be automatically enrolled in and billed for the Student Accident and Sickness Insurance Plan. Off Campus and Part Time student can enroll on a voluntary basis with a minimum of 6 credit hours.

How do I enroll?

Students who decide they would like to actively enroll in the plan, may do by completing the following steps:

- 1) Visit www.gallagherkoster.com/Grace
- 2) Click on 'Student Waive/Enroll Forms'
- 3) Create a user account or Log in (if a returning user)
- 4) Select the Blue "I want to Waive/Enroll" button. Immediately upon submitting your online form you will receive a confirmation number. Please save this number and print a copy of your confirmation for your records.
 - It is recommended that all full-time residential students submit an online insurance selection form, whether enrolling or waiving
 - All full time residential undergraduate students who do not submit an online waiver by the deadline will be automatically enrolled in the student insurance plan.

Is there anything I need to know before waiving coverage?

Before waiving you should review your current policy to be sure that it provides comparable coverage:

- Will your current plan cover medical care beyond emergency services (i.e. Doctor's office visits; diagnostic testing, labs & x-rays; and prescription drugs) in the Winona Lake, IN area?
- Does your plan have a high deductible that must first be met before your plan will pay for services received?
- Does your health plan have doctors and hospitals in the Winona Lake, IN area?
- If you are able to receive care, will you have to pay upfront and then seek reimbursement?

How do I waive?

If you determine your coverage to be comparable, go to www.gallagherkoster.com/Grace

1. Click on 'Student Waive/Enroll Forms'
 2. Create a user account or Log in (if a returning user)
 3. Select the Blue "I want to Waive/Enroll" button. When waiving the insurance, have your current health insurance ID card ready as you will need this information in order to complete the waiver form. Immediately upon submitting your online form you will receive a confirmation number. Please save this number and print a copy of your confirmation for your records.
- It is recommended that all full time residential undergraduate students submit an online insurance selection form, whether enrolling or waiving.

Can students with comparable coverage still enroll in the student insurance plan?

Yes. Many parents and students enjoy the peace of mind of having the additional coverage. Some of the benefits of being enrolled in a student plan include:

- Access to Gallagher Koster Complements, dental and vision savings programs, and CampusFit for a healthy lifestyle initiative.
- Students who may hit the maximum age on their parents' plan will remain fully insured in the student insurance. There are no limitations based on age.

Insurance Plan Benefits

How much does the plan cost?

	Annual 8/09/2010 - 8/08/2011	Spring 1/03/2011 - 8/08/2011
Student Only	\$300	\$188

What is covered under the Student Accident and Sickness Insurance Plan?

- The plan offers benefits that include hospital room and board, inpatient and outpatient surgical procedures, labs and x-rays, inpatient and outpatient mental health services, physician office visits, ambulance, emergency care and prescription drugs.
- The maximum benefit allowed for each accident is \$4,000 and each sickness is \$5,000.
- Please refer to the plan brochure available at www.gallagherkoster.com/Grace and click on "Brochure and Plan Information" for complete details about coverage, limitations, and exclusions.

How do I get my prescriptions filled?

- Prescription drugs are covered at 80% up to \$300 after a \$10 deductible. Students will need to pay upfront for a prescription and send in the receipts and a Prescription Drug Reimbursement form. These forms can be sent to you by calling Gallagher Koster at 617-769-6068 or toll free 877-320-4347.

Gallagher Koster is pleased to offer the Gallagher Koster Prescription Savings Card for students who do not have any other prescription drug coverage or have gaps in coverage. This program provides prescription discounts at over 5,100 Rite Aid Pharmacies located in 31 states, including the former Brooks Pharmacies and Eckerd Pharmacies. While the amount of the prescription discount varies by the actual medication and quantity dispensed, the savings often are between 20% and 30%, with the greatest savings being on generic medications. To find the nearest Rite Aid Pharmacy, please go to www.riteaidhealthsolutions.com and access "FIND A PHARMACY" at the top of the page. **Please note that this is NOT an insurance program.**

To take advantage of these immediate savings, a Gallagher Koster Prescription Savings Card can be printed off line at www.gallagherkoster.com/Grace, and selecting the tab labeled "Plan Enhancements".

What if I have a pre-existing condition, am I covered?

- Yes, but only if you were continuously insured through another health insurance plan for the 12 months immediately prior to the effective date of the Student Accident and Sickness Insurance Plan without a lapse in coverage of more than 63 days.
- If you were not continuously insured or had a lapse in coverage of more than 63 days, you will not be covered for any pre-existing condition. A pre-existing condition is one for which you sought medical advice, were diagnosed, received care or treatment or were recommended care or treatment during the 6 months prior to the effective date of this plan.
- Once you have been enrolled in this plan for 12 months, your pre-existing condition will be covered as any other condition.

Am I required to get a referral from my school's Health Services before I seek treatment elsewhere?

No, a referral is not required with the Student Accident and Sickness Insurance Plan, but there are many benefits to first seeking care or advice from the Student Health Center. Students should be aware that on campus Health Services are available to them, <http://www.grace.edu/studentlife/healthandsafety/healthcenter.php>.

Do I get an ID Card?

Yes, ID Cards are made available online 24-48 hours upon enrollment in the plan. ID Cards are also mailed to the school for distribution with the address the school has on file for you or the address that you enter while actively enrolling and can be printed per the request of the school or student.

How do I print an ID card online?

- 1.) www.gallagherkoster.com/Grace
- 2.) Log-in using your existing account information (first time visitors will need to create an account).
- 3.) Select "Authorize Account" located to the left of your screen under Account Information and entered your Student ID number along with your date of birth.
- 4.) Once your account has been authorized, select 'Account Home' and click on 'Generate ID Card'.

Does this plan cover me when I am off campus, traveling or studying abroad?

Yes, The Student Accident and Sickness Insurance Plan covers you during semester breaks, summer vacation and even if you're traveling or studying abroad. You'll be covered for the period for which you paid premium.

In addition to being covered for medical treatment and services, you will also be covered for Repatriation of Remains, Emergency Medical Expense Benefit and Travel Assistance Services through On Call International, the 24-hour worldwide assistance service.

- When studying or traveling abroad, keep your student health insurance plan identification card with you and take a copy of the brochure for reference.
- When outside of the United States, you will likely be asked to pay for your medical care first and then will need to seek reimbursement. Covered Expenses will be reimbursed on a Non-Network basis.

- When you submit claims for reimbursement, you will need to have the itemized bill(s) translated into English and include a letter informing the claims administrator that you are seeking reimbursement for charges previously paid.
- Please insure that your name, ID number, address (to receive your reimbursement check), and the University's name are on the bill.

Does this plan have a deductible? What is a deductible?

No, the 2010-2011 Student Accident and Sickness Insurance Plan does not have a deductible.

Finding a provider

Can I go to any doctor or hospital?

Yes. You can go to any provider; however, you can save money by seeing providers that participate in the MultiPlan Network because providers participating in this network have agreed to accept a predetermined negotiated amount, or Preferred Allowance as payment for their services.

Go to www.gallagherkoster.com/Grace and click on "Find a Doctor" to locate participating providers.

Claims Processing

If I receive a bill for services I received or need to be reimbursed from 2010-2011, what should I do?

Physicians should bill the claims administrator. The billing information is on the back of your health insurance ID card. However if do you receive a bill or you paid for a service and need to be reimbursed, you should send your bill (and proof of payment if seeking reimbursement) to the claims administrator at the following address. You do not need an additional claims form. Make sure your name, health insurance ID number, and school name are on the bill. Make a copy for your records and send it to the claims administrator.

Co-ordinated Benefit Plans, LLC
26133 U.S. 19 North
Clearwater, FL 33763
(800) 753-1000
www.cbpinsure.com

If I receive a bill for services I received or need to be reimbursed from 2009-2010, what should I do?

Physicians should bill the claims administrator. The billing information is on the back of your health insurance ID card. However if do you receive a bill or you paid for a service and need to be reimbursed, you should send your bill (and proof of payment if seeking reimbursement) to the claims administrator at the following address. You do not need an additional claims form. Make sure your name, health insurance ID number, and school name are on the bill. Make a copy for your records and send it to the claims administrator.

Pioneer Administrative Services
PO Box 186
Syracuse, NY 13206

How Can I check the status of my own claims?

Please call Co-ordinated Benefit Plans at (800) 753-1000 and speak to a representative about your claims processing.

Is any other information needed in order to pay a claim?

If the treatment you received was a result of an accident, you will receive a letter from the claims administrator asking for information about the accident, i.e. was it the result of a car accident, from playing sports, etc. Your claim cannot be processed without this information, so please respond to the letter promptly. You may also receive a letter asking you if you are covered by any other health insurance plan. It is important to respond promptly to this as well.

How will my claims be paid if I have health insurance in addition to the Student Accident and Sickness Insurance Plan?

The Student Accident and Sickness Insurance Plan has a coordination of benefits provision. This means your plan with Gallagher Koster will coordinate the payment of claims with your other insurance company. You will need to provide the claims company with information about your other health insurance company.

Please refer to your brochure for details.

Plan Enhancements

What enhancements are available under this plan?

Gallagher Koster Complements

Exclusively from Gallagher Koster, enrolled students have access to the following menu of products at no additional cost. More information is available by visiting www.gallagherkoster.com/Grace and clicking on “Plan Enhancements”.

EyeMed Discount Vision Plan

Students are automatically enrolled in the EyeMed plan that includes discounts on prescription eyeglasses, contact lenses or even non-prescription sunglasses. Some of the nation’s most highly qualified laser vision correction surgeons will even offer savings.

- EyeMed has over 45,000 providers, including LensCrafters, Pearle Vision, Sears Optical, JC Penney Optical and Target Optical.
- Discounts range between 15% to 45% off retail pricing.
- Contact EyeMed at: <http://www.enrollwitheyemed.com>
- This is not an Insurance Plan.

Basix Dental Savings

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services. It is important to understand the *Dental Savings Program is not dental insurance*. Basix contracts with dentists that agree to charge a negotiated fee to students covered under your Gallagher Koster plan. You must pay for the services received at the time of service to receive the negotiated rate.

- Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. Contracted dentists and their fee schedules are listed on our website.

CampusFit

College health is all about helping students develop healthy habits for a lifetime. To support your efforts, CampusFit “digitizes” knowledge from registered dietitians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

Will I be covered under the plan after I graduate?

Yes. You will be covered under the student health insurance plan until the end of the policy year.

Can I continue coverage after the policy terminates?

No, there is no option to continue coverage after this policy terminates.

Are there any other additional products available?

The following products are available to you, whether or not you participate in the Student Health Insurance Plan. To learn more about each product and their associated cost, please go to www.gallagherkoster.com/Grace, and click on “Additional Products”.

STUDENT PERSONAL PROPERTY PROTECTOR PLUS ®

Student Personal Property Protector PLUS ® is an insurance plan that offers coverage for all types of property including, but not limited to, computer hardware, software, books, clothes, and electronics. This comprehensive policy covers damage caused by fire, theft, water, flood, earthquake, riot, accidental damage, and vandalism. University property in the care, custody or control of the student is also covered under this policy.

Plan highlights include:

Replacement Cost Coverage

Low deductibles - \$0, \$50 or \$100

Attractive pricing - \$2,000 of coverage for just \$50 per year

Worldwide protection
Full twelve month policy period
Thirty day money back guarantee if not satisfied
Identity Theft Coverage

STUDY ABROAD

Students, Faculty and Staff of a United States College or University who participate in a study abroad program may purchase the Study Abroad Accident and Sickness Insurance Program. Please visit www.gallagherkoster.com for complete Plan details and enrollment information.

This document is only a summary of the benefits available. Please refer to the Summary Plan Description for a description of the benefits available and exclusions and limitations of the plan.