

Dear Student:

The administration is making available to the students and their dependents, a plan of Blanket Accident and Health Insurance underwritten by Markel Insurance Company. The coverage is designed to provide benefits for medical expenses arising from an accident or illness, including those which occur off campus during interim vacations. Participating in this plan is voluntary; however, we encourage you to review your personal situation to determine if you need coverage. Any questions about the policy should be directed to: First Agency, Inc. 5071 West H Avenue Kalamazoo, MI 49009-8501. Phone (269) 381-6630.

ELIGIBILITY

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more, are eligible to participate in this program. The Eligible Person must attend classes at the Policyholder's school for at least 31 days of the period for which coverage is purchased. Students withdrawing after such 31 days will remain covered under the Policy and no refund will be allowed. Students may secure family coverage. Dependent coverage can only be purchased in conjunction with the student 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. Eligibility requirements must be met each time a premium is paid to continue coverage. 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 the required premium is paid.

REFUND PROVISION

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

TERM OF COVERAGE

The policy for the current year becomes effective on 8/15/10 at 12:01 a.m. and expires on 8/15/11 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

Enrollment is only allowed during the open enrollment period which is 08/23/10 to 09/23/10.

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;
- 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;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- 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; or
- Injury resulting from the practice or play of intercollegiate sports;
- Pre-Existing Conditions;
- Treatment, service 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; or are received from any family member;
- Organ, tissue and cell transplants;
- Braces and Appliances (in or out patient); or

Underwritten by:



Glen Allen, VA 23060

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009
(269) 381-6630

Mail claims to:

MCA Administrators, Inc
PO Box 6540
Harrisburg, PA 17112
(800) 427-9308

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the institution.

Blanket Accident and Health Plan

Designed for the Students of:

Aquinas College

1607 Robinson Road
Grand Rapids, MI 49506

2010-2011

Policy Number: 10200689

Please keep this outline of coverage for future reference



ENROLLMENT FOR STUDENT ACCIDENT AND SICKNESS PLAN

ANNUAL PREMIUM RATES 08/15/10 to 8/15/11		INSTALLMENT RATES
Student Only Under Age 35	\$706.00	\$242.00
Dependents (Each)	\$1,044.00	\$355.00
Student Only Age 35 and over	\$893.00	\$305.00
Dependents (Each)	\$1625.00	\$548.00

Additional \$500,000 Catastrophic Coverage - Student (Annual) \$210.00

**the three installment method of payment is only available to those students enrolling prior to 10/01/10. For students making 3 installments, the second installment will be billed and due on 12/15/10; the third installment will be billed and due on 4/15/11. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice.*

The catastrophic coverage is provided by: Markel Insurance Company, please call for rates if you are age 25 or older for \$500,000 max. Plan Only!

Male Female Age: _____

School's Name: _____

Student's Name: _____

Date of Birth: _____

Billing Address

Street: _____

City: _____

State: _____ Zip Code: _____

Dependent Information (Complete if purchasing dependent coverage)

Spouse's Name: _____ Age: _____

Child's Name: _____

I understand that insurance becomes effective only when this application and full premium have been received by First Agency, Inc.

Signature _____

Send Completed Enrollment Form and Check Payable to:

First Agency, Inc.
5071 West H Avenue, Kalamazoo, MI 49009
Phone: 269-381-6630

\$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 to \$50,000 deductible.
Benefits, provisions, and exclusions are not listed in this brochure.
This coverage is provided by
MARKEL INSURANCE COMPANY

- Outpatient prescription drugs.

CLAIM PROCEDURE

In the event of Injury or Sickness the student should:

1. Consult a Physician and follow his/her advice. Notify the Plan Administrator within 30 days after the date of the covered accident or commencement of the covered illness, or as soon thereafter as is reasonably possible. Please note that students may go to any doctor desired.
2. Obtain a claim form from Health Services.
3. Written proof of loss (itemized bills) must be furnished with your claim within 90 days after the date of the Loss.
4. Questions should be referred to the claims administrator:

MCA Administrator, Inc.
PO Box 6540
Harrisburg, PA 17112
(800) 427-9308

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.

AQUINAS COLLEGE BLANKET ACCIDENT AND HEALTH INSURANCE PLAN

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If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to 25% of the Surgical Benefit.

If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to 25% of the Surgical Benefit.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Sickness requires the services of a Physician, We will pay the Expense for such services, up to \$30 per day, to a maximum of 30 days.

Outpatient Physician Fees Expense: When Your Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense up to a maximum of \$30 per visit, to a maximum of 5 visits.

Ambulance Expense: When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense up to a maximum of \$200.

Outpatient Expense: When Your Sickness requires the use of outpatient facilities emergency or operating room, use of diagnostic x-ray, including ultrasound, MRI and CAT Scan, laboratory services under the Physician's direction, We will pay the Expense up to a maximum of \$400.

Maternity Expense: Paid as any other sickness.

Alcohol/Drug Abuse Benefit Expense: \$3,919 per Policy year.

SECTION III

SUPPLEMENTAL EXPENSE BENEFIT

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We owe under the basic Accident or basic Sickness benefits, We will pay 80% of the Expense up to a combined maximum of \$50,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.

SECTION IV

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 Loss Of	Amount
Life	\$1,000
Both hands or both feet or sight of both eyes	\$1,000
One hand and one foot.	\$1,000
One hand and sight of one eye	\$1,000
One foot and sight of one eye.	\$1,000
One hand or one foot or sight of one eye.	\$500

The most We will pay for all Losses to an Insured as the result of one Accident is \$1,000.

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.

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.

Outpatient Substance Abuse Expense: If, while not confined to a Hospital, Your Sickness requires substance abuse treatment, coverage shall be provided under the same terms and conditions as for any other Sickness.

Inpatient Substance Abuse Expense: If, while confined to a Hospital, Your Sickness requires substance abuse treatment, coverage shall be provided under the same terms and conditions as for any other Sickness.

Diabetes Care Expense: We will pay for all Medically Necessary Expenses incurred in connection with the treatment of diabetes as follows: a) blood glucose monitors and blood glucose monitors for the legally blind; b) test strips for glucose monitors, visual reading and urine testing strips, lancets and spring-powered lancet devices; c) syringes; d) insulin pumps and medical supplies for the use of an insulin pump; e) self management training; f) insulin; g) non-experimental medication for controlling blood sugar; and h) medications used in the treatment of foot ailments, infections and other medical conditions of the foot, ankle or nails associated with diabetes.

Mammogram Expense: We will pay the Expense for breast cancer screening mammography as follows: a) one screening mammography examination for women 35 through 40 years of age; and b) one screening mammogram examination every year for women 40 years of age and older.

Reconstructive Breast Surgery Expense: We will pay the Expense for reconstructive breast surgery after a mastectomy as follows: a) all stages of reconstruction of the breast on which the mastectomy has been performed; b) surgery and reconstruction on the other breast to produce a symmetrical appearance; and c) prostheses and physical complication of mastectomy, including lymphedemas.

TRAVEL BENEFITS

after the effective date of this coverage, the only liability under any Expense-incurred coverage of this policy shall be the amount of the covered claim that exceeds the benefits payable by the other coverage. Benefits paid or payable by a primary insurer shall be applied to satisfy any Deductibles, coinsurance, and copayments with this policy. Payments made by a primary insurer shall not be applied to reduce the policy maximum limits of this policy.

"Other coverage" includes any plan that provides coverage under an Expense-incurred, Hospital, medical, surgical, or sick care insurance policy or certificate, Hospital or medical service subscriber contract, medical practice or other prepayment plan, or other Expense-incurred plan or program. "Other coverage" does not include Medicaid, Hospital daily indemnity plans, specified disease only policies, or limited occurrence policies that provide only for intensive care or coronary care at a Hospital, first aid outpatient medical Expenses resulting from Accidents, or specified Accidents such as travel Accidents. If there is more than one policy covering the same Loss and the other policy has a provision similar to this provision and liability of this insurer is not determined pursuant to the foregoing provisions, each insurer shall pay an equal share of the covered Expenses for the claim. This policy is secondary to worker's compensation coverages, automobile personal protection benefit plans that do not have a coordination of benefits provision, and Medicare as permitted by federal law.

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

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.

ANNUAL PREMIUM RATES 08/15/10 to 8/15/11	INSTALLMENT RATES
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Student Only Under Age 35	\$706.00	\$242.00
Dependents (Each)	\$1,044.00	\$355.00
Student Only Age 35 and over	\$893.00	\$305.00
Dependents (Each)	\$1625.00	\$548.00

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.

EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on

included in the cost of the Covered Travel.

We or Our representative must authorize all Expenses in advance for any travel benefit to be payable.

DEFINITIONS

The following definitions apply to the aforementioned Travel Benefits:

Covered Travel means any travel 100 miles or more from home.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Usual and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured person. Expenses for Transportation must be: (1) recommended by the attending Physician; and (2) required by the standard regulations of the conveyance transporting the Insured person.

Emergency Evacuation means: (1) the Insured person's medical condition warrants immediate Transportation from the place where the Insured person is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (2) after being treated at a local Hospital, the Insured person's medical condition warrants Transportation to the United States or Canada (where he or she resides) to obtain further medical treatment or to recover; or (3) both (1) and (2) above.

Transportation means any land, sea or air conveyance required to transport the Insured person during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulance, land ambulance and private motor vehicles.

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.

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. If the total covered Expenses are less than \$100, this provision will be waived.

Benefits payable by this policy may be limited if there is other valid coverage not with Us that provides benefits for the same Loss on an Expense-incurred basis. If We are not given written notice on the application for this coverage that other valid coverage exists, or if other coverage is acquired

All Services or benefits provided in this policy and outlined below must be pre-approved by Us or Our representative.

EMERGENCY EVACUATION BENEFIT

We will pay for Covered Emergency Evacuation Expenses incurred if the Insured person suffers an Injury or Sickness that requires Emergency Evacuation while on Covered Travel. Benefits payable are subject to a Maximum Amount per Insured person of \$10,000 for all Emergency Evacuations due to all Injuries from the same Accident or all Sicknesses from the same or related causes.

The Physician must order the Emergency Evacuation and must certify that the severity of the Insured person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

Medically Necessary Transportation

If the Insured person is hospitalized for more than 5 consecutive days following a Covered Emergency Evacuation, We will pay, subject to any limitations stated herein, for Expenses to return the Insured person from the medical facility to which he or she was treated to the Insured person's return destination, less refunds from the Insured person's unused transportation tickets. Airfare costs will be economy or first class if the Insured person's original tickets are first class.

REPATRIATION OF REMAINS BENEFIT

If the Insured Person suffers a covered loss of life while on Covered Travel, We will pay, subject to the limitations stated below, for Covered Expenses reasonably incurred to return the Insured person's body to their home country, but not exceeding a Maximum Per Insured person benefit amount of \$7,500.

Covered Expenses. Covered Expenses include, but are not limited to, Expenses incurred in accordance with the applicable international requirements for:

- (1) embalming;
- (2) cremation;
- (3) the most economical coffins or receptacles adequate for transportation of the remains; and
- (4) transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

Benefits will not be provided for any Expense provided by another party at no cost to the Insured person or already

the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to nine months after the expiration date.

This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

DESCRIPTION OF BENEFITS

SECTION I

BASIC ACCIDENT BENEFITS

When Your Injury requires: (a) treatment by a Physician; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) x-ray service; (e) use of an operating room, anesthesia, including the administration thereof, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Physician, prescription medicines, drugs or any other therapeutic services or supplies; or (i) home health care Expenses, We will pay the Expense incurred up to an aggregate maximum of \$5,000. Physical Therapy expense is limited to \$25 per visit. This benefit includes coverage for treatment of Injury to natural teeth to a maximum of \$500.

SECTION II

BASIC SICKNESS BENEFITS

When You suffer a Loss from Sickness, We will pay the Expense incurred up to an aggregate maximum of \$5,000 per Sickness. Benefits are allocated as follows:

Hospital Room and Board Expense: When Your Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate, not to exceed \$350 per day.

Hospital Miscellaneous Expense: We will pay the Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center up to a maximum of \$1,500. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Surgical Expense: When Your Sickness requires surgery, We will pay 80% of the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 80th percentile subject to the maximum surgical benefit of \$1,000. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.