
Blanket Accident and Health Plan

Designed for the Students of:



503 South Broad Street
Clinton, SC 29325

2009-2010

Policy Number: 09200590

Please keep this outline of coverage for
future reference

**PRESBYTERIAN COLLEGE
BLANKET ACCIDENT
AND HEALTH
INSURANCE PLAN**

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INTRODUCTION

Dear Students, Parents or Guardians:

We are pleased to make available to our students an Injury and Sickness Insurance Plan. This policy is mandatory for all full-time students unless it is certified that other coverage is in effect. Please take a few minutes to review the following information and take the appropriate action.

Important Enrollment Requirements: *All full time students (12 hours or more) are required to take this Insurance plan unless you complete the waiver card showing evidence of comparable coverage. The waiver card or enrollment form must be returned by the dates indicated.*

If your personal insurance is an HMO, *We encourage you to seriously consider taking the school sponsored plan. Many HMO's will only pay for treatment outside their Network area when it is an emergency and will not pay for treatment from doctors outside of their area without prior permission, sometimes not even then. We suggest you check with your HMO to see how they handle out of area claims.*

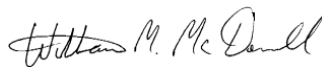
Optional Dependent Coverage: *Insured students may also cover their dependents. If dependent coverage is desired, fill out the enrollment card and return it with a check for the correct premium amount to our Agent, Collegiate Risk Management. All blanks on the enrollment form must be filled in and the form signed or coverage will be delayed. Please make your decision early because the effective date for dependent coverage will be the later of August 18, 2009, or when our agent receives the enrollment form. Optional dependent coverage-except for newborn's can only be purchased at the time the basic student coverage is purchased.*

Review this brochure and compare. *Please read the brochure carefully and compare coverage and cost with your present plan and others. Also, make sure you are still eligible for any coverage you are keeping.*

Ask questions. *If you have any questions, please call Collegiate Risk Management toll free at 1-866-931-9560. They will be glad to help you with any questions you may have.*

We wish you a healthy and challenging academic year.

Sincerely,



William M. McDonald, Ed. D.

Vice President for Student Life

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 August 18, 2009 at 12:01 a.m. and expires on August 18, 2010 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.

ANNUAL PREMIUM RATES

Students - Age 22 and under.....	\$493
Students - Age 23 and over.....	\$721
Spouse.....	\$1,820
Dependent.....	\$1,035

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 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 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.

HEALTH CENTER RELEASE REQUIRED (Student Only)

This is a supplemental plan. The student must use the resources of the Health Center first where treatment will be administered, or referral issued. Expenses incurred for medical treatment rendered outside of the Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the Health Center must accompany the claim when submitted. A Health Center referral for outside care is not necessary only under the following conditions.

1. Medical emergency;
2. When the Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 20 miles from campus;
5. Medical care obtained when a student is no longer able to use the Health Center due to a change in student status; and
6. Maternity.

Dependents are not eligible to use the Health Center; and therefore are exempt from the above limitations and requirements.

DESCRIPTION OF BENEFITS

SECTION I

BASIC ACCIDENT & SICKNESS EXPENSE BENEFITS

When You suffer a Loss from Injury or Sickness, We will pay the Expense incurred up to an aggregate maximum of \$1,000. Benefits are allocated as follows:

Hospital Room and Board Expense: When Your Injury or Sickness requires Hospital confinement, We will pay the

Hospital room and board Expense up to the semi-private rate. We will also cover the Expense for the intensive care room and board rate.

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. 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 Injury or Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 75th percentile. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

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 Expense.

If the surgery requires the services of an assistant surgeon, We will pay the Expense.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Injury or Sickness requires the services of a Physician, We will pay the Expense for such services.

Outpatient Physician Fees Expense: When Your Injury or Sickness requires the services of a Physician, consultant or specialist while not confined to a Hospital, We will pay the Expense. Physiotherapy, including manipulation and massage, is limited to 10 visits.

Ambulance Expense: When Your Injury or Sickness requires the use of an ambulance or air ambulance, We will pay the Expense.

Outpatient Diagnostic X-ray and Laboratory Expense: When Your Injury or Sickness requires diagnostic x-ray, including ultrasound, MRI and CAT Scan, or laboratory services, under the Physician's direction, We will pay the Expense.

Licensed Nurse Expense: If, while confined in a Hospital, Your Injury or Sickness requires the services of an R.N. or licensed practical nurse, We will pay the Expense.

Hospital Outpatient Expense: When Your Injury or Sickness requires the use of outpatient facilities of a Hospital or an emergency room, under the Physician's direction, We will pay the Expense.

Outpatient Prescribed Medicines Expense: When Your Injury or Sickness requires prescribed medicines, We will pay the Expense. This shall include coverage of a drug for a particular indication that has not been approved by the United States Food and Drug Administration, if the

prescription drug has been recognized as safe and effective for treatment of that specific type of cancer in one or more of the standard medical reference compendia or medical literature.

Durable Medical Equipment: We will pay the Expense for the rental charge for durable medical equipment, or the purchase of the equipment, whichever is less, when medically necessary.

SECTION II

SUPPLEMENTAL EXPENSE BENEFIT

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We pay under the basic Accident or basic Sickness benefits, and a Deductible of \$100, We will pay 80% of the Expense up to a maximum of \$4,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge. Covered Expenses will also include the intensive care room and board rate.

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.

Mammogram Expense: We will pay the Expense for mammography screening for breast cancer as follows: a) a baseline mammogram for an Insured who is at least 35 but less than 40 years of age; b) one mammogram every two years for an Insured who is at least 40 but less than 50 years of age; c) once a year for a female who is at least 50 years of age; or d) in accordance with the most recent published guidelines of the American Cancer Society.

Maternity Care Expense: We will pay the Expense for maternity benefits for coverage with respect to a mother covered under the plan and her newborn as follows: a) for a minimum of 48 hours of inpatient length of stay following a normal vaginal delivery; and b) a minimum of 96 hours of inpatient length of stay following a cesarean section.

Reconstructive Breast Surgery Expense: We will pay the Expense for prosthetic devices and reconstruction of the breast on which surgery for breast cancer has been performed and surgery and reconstruction of the non-diseased breast, if determined Medically Necessary by the Insured's attending Physician.

Pap Smear Expense: We will pay the Expense for a pap smear for the purpose of detecting cancer when performed upon the recommendation of a medical doctor, which examination may be made once a year or more often if

recommended by a medical doctor.

Prostate Cancer Examinations Expense: We will pay the Expense for prostate cancer examinations, screenings and laboratory work for diagnostic purposes in accordance with the most recent published guidelines of the American Cancer Society.

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;
- 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;
- Loss resulting from the Insured being drunk or under the influence of any narcotic unless taken on the advice of a Physician;
- 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;
- Pre-Existing Conditions; or
- Expenses incurred as a result of mental or nervous conditions.

CLAIM PROCEDURE

To file a claim under the Accident and Health Plan, the student should:

1. Complete a claim form, if applicable, and submit it to the Claims Administrator. Claim forms must be completed and signed for accident claims. A claim form is not required for sickness claims, although in certain circumstances one may be requested by the Claims Administrator for completion. Claim forms are available from the Claims Administrator or online at Our website www.MarkelAH.com.
2. Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in your submission, the student's school name, student name, policy number and student ID number even if the charges are for a spouse or dependent.
3. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
4. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator.

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.

Underwritten by:



Glen Allen, VA 23060



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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.