

Welcome to the Anderson University Accident and Sickness Insurance Program

Protecting the health of college and university Students and their Dependents is an important concern. The Anderson University Accident and Sickness Student Insurance Program of Pittsburgh, Pa. is underwritten by National Union Fire Insurance Company and is designed to help pay the high costs of hospital, surgical, and other medical expenses. All Covered Students and their Eligible Dependents are guaranteed acceptance into this insurance program.

This is only a brief description of the coverage available under policy series S30494NUFIC-IN. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy will govern in all cases. The Policy will be located in Office of Human Resources, Decker Hall, Room 10.

ELIGIBILITY

All students who are attending Anderson University and taking at least 6 credit hours for Fall, Spring and Summer Semesters are eligible to enroll in this insurance plan by completing the enrollment form. All International Students who are attending Anderson University must enroll in this student insurance program or provide proof of comparable coverage to the International Student Services Office. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage, and Maksin Management should be notified at that time. Except in the case of withdrawal due to Sickness or Injury, any student withdrawing from school during the first 31 days of the period for which he or she is enrolled will not be covered under the Policy and a full refund of premium will be made, less any claims paid. Students who withdraw after such 31 days will remain covered under the Policy and no refund will be made. The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been and continue to be met. If the Company discovers that the Policy eligibility requirements have not been or are not being met, the Company's only obligation is refund of premium, less any claims paid. Eligibility requirements must be met each time a premium is paid to continue coverage. Covered Students may also secure family coverage. Eligible Dependents are the spouse (residing with the Covered Student) and unmarried children under 23 years of age who are not self-supporting and reside with the Covered Student or, 23 or more and primarily supported by the Covered Student and incapable of self-sustaining employment by reason of mental or physical handicap. Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and required premium is paid.

EFFECTIVE AND TERMINATION DATES

Coverage effective dates for Covered Students and their Dependents will be the effective date of the Policy, the day after the date enrollment and correct premium are received or, the date the Covered Student meets the eligibility requirements, whichever is later, and will continue during the period for which premium is paid. Coverage for Covered Students and their Dependents terminates on the termination date of the Policy; the end of the period for which the last premium contribution was made; the end of the term for which premium is paid when the Dependent is no longer a Dependent, as defined; or date the Covered Student enters the armed services of any country. If the Covered Person enters the armed services of any country, coverage will automatically terminate and a pro-rata refund of premium will be made (send the Company proof of service). This does not include Reserve or National Guard duty for training unless it extends beyond 31 days.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under the policy is "creditable coverage" under Federal Law. When a Covered Person's coverage terminates, he or she can request a Certificate of Creditable Coverage which is evidence of coverage under this plan. A Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after his or her coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions a person has before he or she enrolls this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact: Maksin Management, PO Box 2647, Camden, NJ 08101-2647 or Toll-Free at 1-877-775-5430.

Non-Duplication of Coverage - The Policy: If the benefits are payable under more than one provision in the Policy, then benefits will be provided only under the provision providing the greater benefit.

Benefits are payable only for those Eligible Expenses incurred while the Policy is in effect for the Covered Person. Expenses incurred after the termination of insurance are not covered except as shown under Extension of Benefits.

EXTENSION OF BENEFITS

If a Covered Person is hospital confined on the date his or her insurance ends, the term Eligible Expenses includes charges incurred after the date such insurance ends. Eligible Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 31 days after the date such insurance ends or until discharged from the hospital, whichever ever is earlier, subject to any maximum amounts stated in the Policy.

PREMIUM RATES

Below are the costs for the insurance program. These costs include premium and all administrative charges.

Annual

Students Only Under Age 26.....	\$576.00
Spouse.....	\$1440.00
Each Child.....	\$864.00
Student Age 26 and Over.....	\$1152.00
Spouse.....	\$2880.00
Each Child.....	\$864.00

Coverage is available on an annual basis and at the beginning of Fall, Spring/Summer and Summer Semester. Coverage must be purchased within 31 days of the effective date of the coverage term elected. Premiums are not prorated, and the total premium must be paid for the semester a Covered Person enrolls in, even though the semester may already be in progress. Those Covered Students enrolling in the Fall Semester will receive a billing notice thirty days prior to the termination date of coverage. Please refer to the enrollment form for specific dates of the Fall, Spring/Summer and Summer Semesters.

Enrollment is only allowed during an Open Enrollment Period. Open Enrollment will be the first 31 days following the date the Policyholder's term of coverage begins. The only exceptions are the following qualifying events with the appropriate documentation: (1) adding a new spouse or dependent child within 31 days of marriage, birth or adoption; or (2) within 31 days of date of enrollment as a new or transfer student; or (3) within 31 days of ineligibility under another creditable plan.

EXCLUSIONS

The Plan won't provide Benefits for:

1. Treatment, services or supplies which: are not Medically Necessary; are not prescribed by a doctor as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any Immediate Family Member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
3. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
4. Cosmetic surgery other than: reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part; or congenital disease or anomaly as provided for Dependent newborns.
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
6. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's doctor.

SCHEDULE OF BENEFITS

When a Covered Person's covered Injury or Sickness requires treatment, the Policy will provide the following benefits after a \$50 deductible per Injury or Sickness while the Covered Person's coverage is in force . In addition to the deductible, there is a \$50 co-pay per emergency room visit.

BASIC INJURY BENEFITS	\$5,000 maximum/each Injury, subject to following limits:
DENTAL TREATMENT - Repair and/or replacement of sound and natural teeth	Up to \$500
MOTOR VEHICLE INJURY	Same as any Injury up to \$1,000
PHYSIOTHERAPY	R&C up to \$25 a visit, one visit/day.
ALL OTHER ELIGIBLE MEDICAL EXPENSES	R& C
BASIC SICKNESS BENEFITS	\$5,000 maximum/each Sickness, subject to the following limits:
HOSPITAL, ROOM AND BOARD: Average daily semiprivate room rate	Up to \$350/day
HOSPITAL MISCELLANEOUS INPATIENT for x-ray examination and laboratory tests (including professional fees), anesthesia, operating room, medications (excluding take-home drugs), dressings, registered nurse, etc	R&C up to \$1,500
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS - in lieu of INPATIENT	Up to \$1,500
DOCTOR'S NONSURGICAL VISITS (Inpatient)	Up to \$30/visit, 1 visit/day, up to 30 visits
DOCTOR'S NONSURGICAL VISITS (Outpatient) (Includes injections when administered in a Doctor's office)	Up to \$30/visit, 1 visit/day, starting 2nd visit, limit: 5 visits
PHYSIOTHERAPY	R&C up to \$25 per day/one visit per day
SURGICAL TREATMENT: (in or out of hospital) services performed by a licensed doctor.....	80% of R&C incurred to a maximum of \$1,000
ANESTHESIA	25% of Surgical Allowance
ASSISTANT SURGEON	25% of Surgical Allowance
OUTPATIENT TREATMENT when the Covered Person is not hospital confined as a resident bed patient and incurs expense for emergency room, infusion therapy, and/or diagnostic x-rays/lab test by doctor or hospital (benefits are not payable for emergency room expenses which are not due to an Emergency).....	Up to \$400
PRESCRIPTION DRUGS	\$10 generic co-pay. \$25 brand name co-pay, up to a \$200 maximum per Sickness
However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum	
DRUG & ALCOHOL EXPENSE BENEFIT (Intermediate Care & Outpatient Care)	Same as any other Sickness up to \$3,919 per Policy Year
DRUG & ALCOHOL EXPENSE BENEFIT (Inpatient)	Same as any other Sickness up to \$3,919 per Policy Year
AMBULANCE SERVICES	Up to \$200
MATERNITY BENEFITS	Same as any Sickness
MENTAL AND NERVOUS DISORDERS: are payable on the same basis as Sickness, except:	
TREATMENT BY A PSYCHOTHERAPIST OR PSYCHOLOGIST (Inpatient)	Up to \$30/visit, 1 visit/day, up to 10 visits
MAJOR MEDICAL BENEFITS	\$45,000 maximum/each Injury and each Sickness
After the Company has paid \$5,000 under the Basic Injury Benefit or Basic Sickness Benefit , the Company will then pay 80% of the Covered Charges incurred during the Policy Year up to a Maximum Benefit of \$50,000. This maximum includes benefits paid under the Basic Injury or Basic Sickness and Major Medical Benefits combined. Benefits are subject to the termination of coverage under the Policy. No Benefits are payable for mental or nervous disorders, prescription drugs for sickness, substance abuse, motor vehicle injuries or dental treatment under the Major Medical Benefits.	
MEDICAL EVACUATION AND REPATRIATION	
Medical Evacuation: following hospital confinement for 5 or more days, for medical evacuation to the Covered Student's home country.	
	Up to \$10,000 when pre-approved
Repatriation: for preparation and return of a deceased Covered Student to his or her home country	
	Up to \$7,500 when pre-approved
ACCIDENTAL DEATH AND DISMEMBERMENT Occurring within 180 days from date of accident, pays in addition to the Maximum Benefit one of the following (the largest applicable amount):	
Accidental Death	\$1,000
One Member	\$1,000
Two Members	\$2,000
Member means hand, foot, or eye. "Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means the total, irrevocable loss of the entire sight in that eye. "Severance" means the complete separation and dismemberment of the part from the body.	

EXCLUSIONS (cont.)

7. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
8. Surgery and/or treatment for: acne; allergy testing; bio-feedback-type services; circumcision; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical corrections thereof, except for purulent sinusitis; family planning; fertility tests; impotence, organic or otherwise; learning disabilities; non-malignant warts, moles and lesions; sleep disorders, including testing thereof; tubal ligation; vasectomy; and weight loss treatment.
9. Temporomandibular Joint Dysfunction (TMJ).
10. Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
11. Treatment of Mental or Nervous Disorders, except as specifically provided.
12. Dental treatment or dental X-rays, except as otherwise provided and only when Injury to Sound Natural Teeth.
13. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of Injury.
14. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
15. Expenses incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices.
16. Treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception.
17. Elective abortions
18. Injury resulting from participating in the practice or play of interscholastic or intercollegiate sports, including travel to and from the activity and practice.
19. Services that are provided normally without charge by the Policyholder's student health center; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
20. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams, except as specifically stated.
21. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
22. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
23. Suicide or attempted suicide (including drug overdose); or intentionally self-inflicted injury.
24. Routine newborn infant care, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
25. Hospital emergency room expenses which are not due to an Emergency Medical Condition.
26. Orthopedic Braces or Appliances.
27. Home Health Care.
28. for hormone treatment or hormone therapy not related to treatment of Sickness.

PRE-EXISTING CONDITIONS

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

1. The Covered Person seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. The Company will credit the time the Covered Person was under prior Creditable Coverage; and
2. Whose most recent prior Creditable Coverage was under an employer group health plan; and
3. Who is not eligible for coverage under any group health plan, Medicare or Medicaid; and
4. Who does not have other health insurance; and
5. Who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

STATE MANDATED BENEFITS

Indiana mandates coverage for the following benefits to be paid as any other Sickness: Treatment of a pervasive developmental disorder; diabetes supplies equipment, and self-management training; routine nursery care expense; 48 hours hospital confinement following vaginal delivery and 96 hours for caesarian delivery. If shorter length of hospital stay, coverage includes one at-home post-delivery care visit within 48 hours of discharge. At the mother's discretion, the visit can be at the provider's facility. Mammography; reconstructive breast surgery; prostate cancer screening; early childhood intervention services; cleft lip and cleft palate.

DEFINITIONS

Accident: means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

Eligible Expense means a charge for any treatment, service or supply which is performed or given under the direction of a doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

Emergency Medical Condition means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following: (a) the Covered Person's life could be in serious jeopardy; (b) bodily functions would be seriously impaired; or (c) a body organ or part would be seriously damaged; or (d) serious disfigurement; or (e) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

Hospital: means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Health Care Organizations. Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; (d) or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders or substance abuse. The term "Hospital" includes (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Injury means bodily injury due to an Accident which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

Medical Necessity/Medically Necessary means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided. A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is experimental/investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment. The fact that any particular doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Pre-existing Condition: A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

Reasonable and Customary means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing. Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date.

Sickness: Illness, disease, and complications of pregnancy which begin after the effective date of a Covered Person's coverage. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

COORDINATION OF BENEFITS

If a Covered Person incurs Eligible Expenses for any of the services on the Schedule of Benefits, the Company will pay the first \$100 of applicable benefits, subject to the deductible amount and benefit percentages (if any). After the Policy has paid the first \$100 of Eligible Expenses, the policy will coordinate benefits with any valid collectible insurance or plan as described in the policy.

CONTINUOUS COVERAGE

Continuously insured means a Covered Person has been continuously insured under the Policy and prior Creditable Coverage. A Covered Person who has remained continuously insured will be covered for conditions which were payable while continuously insured during such a break except for expenses payable under prior policies in the absence of the Policy. Previously Covered Dependents and Students must re-enroll for coverage within 63 days of the end of the prior coverage in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous insurance occurs, the definition of Pre-Existing Condition will apply in determining coverage of any condition which existed during such a break.

HEALTH SERVICES

Health Services of the University nurses and Doctors are available for the treatment of "ordinary" Sickness and Injury, diagnosis and referral, and medical counseling and advice. Some medication and supplies are also available. Whenever possible, Students should visit Health Services during regular hours for treatment of an Sickness or Injury. Health Services are available only to students who have a Health Record form on file in the clinic. Health Services is open Monday through Friday from 9:00 a.m. to 4:30 p.m. Students are encouraged to call extension 4222 for an appointment.

Visit the Maksin Group website to review the Student Health Insurance brochure designed for Anderson University. Covered Students can check the status of:

**Receipt of Payment
Verification of Insurance
Submit your Claim Form On-Line
View Explanation of Benefits
Status of your Submitted Claim
Enroll On-Line
www.maksin.com/anderson.aspx**

CLAIM PROCEDURE

In the event of Injury or Sickness, the Covered Student should:

1. If at school, report immediately to the Student Health Service, so that proper treatment can be prescribed or approved, or
2. If away from school, consult a doctor and follow his/her instructions.
3. Obtain a claim form, complete fully and mail to:
**Maksin Management
PO Box 2647
Camden, NJ 08101-2647**
4. If filing a prescription claim, please note the following:
 - a. New Prescription: please submit the prescription label along with the completed frontside of the claim form for proper reimbursement.
 - b. Refill of a previously Covered Prescription: please submit the additional prescription label for proper reimbursement. A claim form is not needed for a refill of a covered prescription.

Claim forms and instructions or claim procedures are available at the Student Health Service. Written notice of claim must be given within 30 days after the occurrence or commencement of any loss covered by the Policy. Attach all available bills at that time. If they are not available send them at a later date, properly identifying them with the name of the Covered Student and college. Bills for which benefit are to be paid must be submitted within 90 days of the date of treatment.

Plan Administered By:
**Maksin Management
PO Box 2647
Camden, NJ 08101-2647
1-877-775-5430
www.maksin.com/anderson.aspx**

Please direct all questions regarding enrollment, coverage, claims or benefits under the Policy to Maksin Management at 1-877-775-5430.

At the Maksin Group, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information please go to our website at www.maksin.com.

SUBROGATION

If the Company has paid benefits to a Covered Person for Injuries received in a covered accident, and in their opinion a third party may be liable, the Company will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of proceeds in any form from or on behalf of the third party including but not limited to recovery from any person, corporation, entity, no-fault coverage, uninsured coverage, other insurance policies or fund which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer his or her rights to the Company. The Company will exercise such rights on his or her behalf. The Covered Person further agrees to furnish the Company with all relevant information and documents

NON-RENEWABLE ONE YEAR TERM INSURANCE


The Policy is a nonrenewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new policy year.



STUDENT HEALTH INSURANCE

Anderson University

2009-2010



Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, New York ("the Company")
Administrator Policy Number: AMH9029730
Underwriter Reference Number: CAS9710230