

THE COMPANY

This insurance plan is underwritten by The Reliance Standard Life Insurance Company, Philadelphia, Pennsylvania. Claims are administered by Lawrence E. Smith & Associates, Inc., P. O. Box 411216, St. Louis, Missouri 63141. Phone: 1-800-325-1350

CLAIM PROCEDURE

To obtain medical and/or prescription claim filing information:

- a. If at College, contact the Knox College Student Development Office, Room 103, Old Main.
- b. If away from College, secure treatment, pay the bill, and obtain a receipt. Procure instructions for claim procedure from the Knox College Student Development Office or the Plan Administrator at 1-800-325-1350.

Proof of loss must be given within 90 days after the date of accident or onset of sickness. Therefore, itemized billings for which benefits are to be paid must be submitted within 90 days of treatment. A completed claim form should accompany the bills. Notification must be provided to the Plan Administrator, Lawrence E. Smith & Associates, Inc., P. O. Box 411216, St. Louis, Missouri 63141. Provisions and terms outlined in this brochure are available through Policy Form LRS-8986, et al, underwritten by Reliance Standard Life Insurance Company.

EXCLUSIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- Services given normally without charge by the Health Service of the school, or by any person employed or retained by the school or services covered or given by the student health fee.
- Routine physical examination and routine testing; preventive testing or treatment; screening exams or testing in the absence of injury or sickness.
- Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems not caused by accidental injury or sickness covered by the Plan. "Visual defects" means any physical defect of the eye which does or can impair normal vision.
- 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.
- Dental treatment
- War or any act of war, declared or undeclared; or while in the Armed Forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
- Participation in a riot or civil disorder; commission of or attempt to commit a felony.
- Suicide or attempted suicide while sane (including drug overdose); or intentionally self-inflicted injury.
- Injury for expense in excess of \$1,000 sustained while:

a) participating in any intercollegiate sport, contest or competition; b) traveling to or from such sport, contest or competition as a participant; or c) while participating in any practice or conditioning program for such sport, contest or competition.

- Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
- Treatment in a government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
- The use of illegal drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured Person's physician.
- Injury caused by, contributed to or resulting from the Insured's use of alcohol.
- Elective surgery and elective treatment, including surgery and/or treatment for acne; acupuncture; allergy, including allergy testing; biofeedback-type services; birth control; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an injury for which benefits are otherwise payable under this Policy; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; fertility tests; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom, including hernia of any kind; premarital examinations; preventative medicine or vaccines or diet supplements; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; temporomandibular joint dysfunction; tubal ligation; vasectomy; and weight reduction.
- Routine newborn baby care, well-baby nursery and related Physician charges.
- Pre-existing conditions, until the first of the following to occur: a) the person has been insured under the Plan for a period of at least 24 consecutive months; or b) a continuous period of 12 months has elapsed, while the person is insured under the Plan, during which no medical treatment, including the taking of any medicine prescribed by a Physician, advice or consultation was rendered and no expense was incurred on account of such pre-existing condition or on account of any complications therefrom.
- Congenital conditions, except as specifically provided for newborn infants.
- Medical expense in excess of \$1 as a result of any injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid collectible coverage.
- Injury or sickness for which benefits are paid or payable under any Workmen's Compensation or Occupational Disease Law or Act, or similar legislation.

- Organ transplants; plastic or cosmetic surgery (unless related to the treatment of a Covered Accident); reimplantation, transplantation or experimental surgery.
 - Assistant Surgeon fees.
 - Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile or two or three-wheeled motor vehicle.
 - Covered injury or sickness for which treatment by a licensed physician was not received within 30 days of the date of such injury or sickness.
 - Hospital confinement for purposes of custodial care.
- No benefits will be paid under the Major Medical Expense for loss or expense caused by, contributed to, or resulting from:
- Room & board expenses which exceed the semi-private room rate.
 - Dental treatment.
 - Treatment for drug or alcohol rehabilitation or addiction.
 - Injuries sustained during the organized practice or competition in intercollegiate, club, semi-professional or professional sport, contest or competition.
 - Treatment expense incurred beyond 52 weeks from the original date of accident or original onset date of the sickness.

REPATRIATION BENEFIT

All students are covered under the repatriation benefit, providing reimbursement of charges incurred in the event of the death of a student or insured dependent: up to \$5,000 (\$7,500 for J1Visa students) for the return of the body to the person's place of residence in his/her home country, including, but not limited to, the cost of embalming, coffin and transportation expense, subject to the approval of the College Administration. This benefit does not include the expense of anyone accompanying the body.

EMERGENCY MEDICAL EVACUATION BENEFIT

If, as a result of a covered injury or a sickness, a covered student participating in a Knox College program is hospitalized for five consecutive days or more upon the recommendation and prior approval of the attending physician, this Policy will pay the expenses up to \$5,000 (\$10,000 for J1 Visa students) for the evacuation of the student to his or her home country or to another medical facility, if medically necessary. Benefits will be payable up to the maximum amount of \$5,000 (\$10,000 for J1 Visa students) or until the date this insurance terminates. If the student is hospitalized when this policy terminates, benefits will be payable up to 13 weeks from the date of termination.

AN ACCIDENT AND SICKNESS INSURANCE PLAN

*Designed especially
for the students of*



KNOX
COLLEGE

2011-2012

This brochure is a brief description of the Accident and Sickness Medical Expense Benefits for students at Knox College. Complete details of the coverage are stated in the Policy on file with the College. Retain this brochure for your information. If any discrepancy exists between the brochure and the Policy, the Policy language will govern and control the payment of benefits.

Full-time students enrolled at Knox College or in a Knox College program are eligible for participation in this plan. Coverage is in effect while at and away from college, 24 hours a day. Protection is provided during all interim vacation periods.

Benefits become effective at 12:01 a.m. on August 15, 2011, and continue for 12 consecutive months.

All full-time students attending the College are required to participate in this program unless proof of comparable coverage is furnished. A fee of \$210 for the Plan A insurance will be assessed when students register for their first term of the academic year. Students who provide certification of equivalent insurance by returning the Student Insurance Application/Waiver Card to the Insurance Office by September 26, 2011, may have the assessment removed from their fees. Students enrolling in Plan B will need to indicate this on the Student Insurance Application/Waiver Card and also return it to the Insurance Office by September 26, 2011. Questions about student health insurance should be directed to the Student Health Insurance Coordinator at 309-341-7863.

Initial treatment must be provided within 30 days of original date of accident or commencement of sickness. Eligible benefits will be provided for a 52-week period beginning on the date of accident or the date the sickness originated.

The maximum benefit for injuries sustained during the practice or play of intercollegiate sports is limited to \$1,000.

These plans are intended to supplement and complement services available to all full-time students through the Knox College Health Service, and other insurance coverage available to students. This insurance contains no deductible. This plan will pay eligible medical benefits that are not collectible from any other source of coverage; subject to the scheduled policy limits.

Any student withdrawing from school during the first 31 days of classes for which coverage is purchased shall not be covered under the Plan and a full refund of the premium will be made.

Students attending the first 31 days of school for which coverage is purchased shall remain covered under the Plan for the full period for which the premium has been paid and no refund will be available.

DEPENDENT COVERAGE

All insured students may secure family coverage for their dependents. For further information, please contact the Insurance Office.

MAJOR MEDICAL BENEFITS PLANS A & B ACCIDENT AND SICKNESS

If the total of covered charges under the Basic Benefits exceeds \$2,500, the plan will pay 80% of eligible expenses in excess of \$2,500 up to a maximum additional amount of \$10,000 as the result of any one accident or sickness incurred within 52 weeks from the date of the accident or commencement of the sickness. This benefit does not cover dental expense, expense incurred as the result of the practice or play of intercollegiate athletics, or treatment for drug or alcohol rehabilitation or addiction.

DEFINITIONS

ILLNESS, SICKNESS, OR DISEASE means a condition for which symptoms first originate and for which medical treatment is rendered by a licensed Physician while this Plan is in force as to the Insured and prior to the termination date.

INJURY means bodily injury or injuries resulting directly and independently of all other causes from an accident sustained while the Plan is in force as to the Insured and which results in loss covered by the Plan.

PRE-EXISTING CONDITION means:

- 1) An injury that occurs before the date that the insured is covered under this Plan;
- 2) A mental health condition which has manifested, is diagnosed or treated within the 12 months before the effective date of coverage for the Insured;
- 3) Any other sickness which has been cared for or which prescribed medicine has been taken within the 12-month period before the effective date of coverage for the Insured;
- 4) Any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior condition.

USUAL AND CUSTOMARY CHARGES means a reasonable charge which is:

- 1) Usual and customary when compared with the charges made for similar services and supplies; and
- 2) Made to persons having similar medical conditions in the locality of the school. No payment will be made under this Plan for any expenses incurred which in the judgment of the Company are in excess of usual and customary charges.

BASIC ACCIDENT AND SICKNESS PLAN OPTIONS — 2011–2012 (CHOOSE EITHER PLAN A OR PLAN B)

When the insured requires medical treatment for accident or sickness first diagnosed and commencing after the effective date of the Plan, the expenses incurred within a 52-week period from the first treatment will be paid up to a maximum of \$2,500 as stated below:

COVERAGE AREAS	PLAN A—Basic benefits	PLAN B—For students desiring increased benefits
Hospital Room and Board	\$150 per day.	\$500 per day.
Miscellaneous Hospital Expense	Up to \$1,000 for x-ray examination, laboratory tests, anesthesia, use of operating room, medications or temporary surgical appliances, when rendered by a hospital to a student confined as a bed patient for a minimum of 18 hours or outpatient surgicenter.	Up to \$2,500 for x-ray examination, laboratory tests, anesthesia, use of operating room, medications or temporary surgical appliances, when rendered by a hospital to a student confined as a bed patient for a minimum of 18 hours or outpatient surgicenter.
Surgical Expense Benefit	Payment for surgical procedures is made according to a graduated schedule of fees to a maximum payment of \$1,500.	Payment for surgical procedures is made according to a graduated schedule of fees to a maximum payment of \$3,000.
Anesthesia Expense Benefit	Anesthesia expenses payable to a maximum of 20% of the payment for surgery.	Same as Plan A.
Hospital Confined Physician's Fee	Up to \$40 per visit (limit: 1 visit per day) beginning with the first visit on non-surgical cases when the student is confined as a hospital bed patient. Maximum: \$600.	Same as Plan A.
Consultant Fees	Up to \$50 for consultant services when required by the attending hospital physician for assistance in diagnosis or treatment of the student's condition.	Up to \$100 for consultant services when required by the attending hospital physician for assistance in diagnosis or treatment of the student's condition.
Prescription Drug Benefit	Up to \$50 per year with a \$10 co-pay for each prescription.	Same as Plan A.
Non-Hospital Confined Physician's Fees	Up to \$40 per visit (limit: 1 visit per day) beginning with the second visit on non-surgical cases when the student is not confined as a hospital bed patient. Maximum: \$240. For purposes of this benefit, a visit to the Knox College Health Service will be considered as the first visit. During the summer months when the Knox College Health Service is closed, the initial physician visit will be paid up to \$40.	Same as Plan A.
Emergency Room Benefit	Up to \$150 for use of a hospital emergency room payable at 100% of the expense incurred only when cooperating physicians are not available or when necessary if the student is out of Galesburg.	Up to \$250 for use of a hospital emergency room payable at 100% of the expense incurred only when cooperating physicians are not available or when necessary if the student is out of Galesburg.
Out-Patient X-Ray & Laboratory Benefit	Up to \$285 as the result of any one accident or sickness when ordered by a physician.	Up to \$500 as the result of any one accident or sickness when ordered by a physician.
Private Nurses	Up to \$25 per 24-hour day for services of a private, graduate nurse during a period of hospital confinement. Maximum: \$250.	Same as Plan A.
Ambulance Expense	Up to \$150 per accident or illness for the use of a hospital or community ambulance.	Same as Plan A.
Annual Cost	\$210.00	\$326.00