

MEDICAL EVACUATION

If the Insured person, by reason of covered Injury or Sickness and following at least 5 consecutive days of Hospital confinement, requires evacuation to the Insured Student's home country, the Company will pay the expenses actually incurred for such evacuation up to a maximum of \$7,500 provided that such evacuation is certified as Medically Necessary by the attending Doctor and subject to prior approval by the Company. This benefit is payable in addition to any other benefit of this Policy.

REPATRIATION

(Preparation and Transportation of Remains)

If the Insured person dies as the result of a covered Injury or Sickness, the Company will pay the expense actually incurred for the preparation and transportation of the body to the Insured Student's home country, up to a maximum of \$7,500. Payment is subject to prior approval by the Company. This benefit is payable in addition to any other benefit of this Policy.

Conformity with State Statutes

Any Provision of this plan 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.

EXCLUSIONS

The Policy does not cover or 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 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.
3. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
4. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
5. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Worker's Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
6. Cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part.
7. Any service or supply not specifically listed as a Covered Charge.
8. Expenses incurred as a result of dental treatment, except as specifically stated.
9. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury.
10. Treatment of infertility, including diagnosis, diagnostic tests,

medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception.

11. Elective abortions.
12. Services that are provided normally without charge by Policyholder's student health center, services provided by the Policyholder, or services rendered by any person employed by the Policyholder, including team Doctor and trainers, or any other service performed at no cost.
13. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
14. Skydiving or parachuting except for those activities sponsored by the Policyholder; hang gliding; glider flying; sail-planing; bungee jumping; parasailing or flight in any kind of aircraft, except while riding as a passenger on a regularly-scheduled flight of a commercial airline.
15. Claims arising out of participation by the Covered Person in inter-scholastic, intercollegiate, club or professional sporting events.

PRE-EXISTING CONDITIONS LIMITATION

There is no coverage for Pre-existing Conditions unless the Covered Person has had 12 months of Continuous Coverage. The Covered Person must provide Us proof of prior Creditable Coverage.

This limitation will not apply if, during the period immediately preceding the Covered Person's Effective Date of coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for 12 consecutive months. Prior Creditable Coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

CLAIM PROCEDURE

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

1. If at the College, students are encouraged to report immediately to Student Health Services so that proper treatment can be prescribed.
2. If Student Health Services is closed or if You are away from the College, consult with a Doctor and follow his or her advice. Notify Student Health Services or the Program Administrator within 30 days after a Loss occurs.
3. Complete a claim form, which is available at Student Health Services or at our website, www.1stagency.com/claimforms.htm.
4. The claim form must be completed and signed. Attach all itemized medical and Hospital bills. Itemized bills must be furnished with the claim form within 90 days from the date of Loss.
5. Questions should be referred to the Claims Administrator or Student Health Services.
6. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
7. Claim filing procedures and access to Our claim form are available online at our website also: www.1stagency.com/claimforms.htm.

Notice of Privacy Practices For Protected Health Information: You have the right to adequate notice of the use and disclosure of protected health information that may be made by Us, and of Your rights and Our legal duties with respect to protected health information. You have the right to request this notice in writing once every 3 years starting from the date of Your initial enrollment at the College by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501.

This Plan is underwritten by:

Guarantee Trust Life Insurance Company
Glenview, Illinois

Mail Claims to the Claims Administrator:



First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Ph.: (269) 381-6630
Fax: (269) 381-3055
Web: www.1stagency.com

IMPORTANT

Keep this brochure as a summary of the Insurance. No individual policies will be sent to the Insured. If any discrepancies exist between the brochure and the policy, the policy on file with the College governs the payment.

Blanket Accident and Health Insurance Plan

Designed for the Students of:

CATAWBA COLLEGE

2300 W. Innes Street
Salisbury, NC 28144

2007-2008

Policy No: 324-125-006-L

**Please keep this brochure
for future reference.**

INTRODUCTION

One of the milestone events anyone can face at a moment's notice is an unexpected Accident or Sickness. Studies show that college students make up the largest single group of uninsured persons in the nation.

To ensure that Catawba College students have basic insurance coverage, beginning in August 2007, all full-time day students will be automatically enrolled in a combination Accident and Sickness Insurance Plan. The Premium for this coverage will be added to the tuition billing unless proof of comparable coverage is furnished to the business office by July 31 (or January 1 for Spring semester enrollees).

I am convinced the health care measures taken now will enhance the safety and daily lives of our students both short and long term.

Sincerely,

Charles F. Williams
Vice President of Finance

ELIGIBILITY

All full-time day students are automatically included in this Insurance unless the proper waiver form is completed and returned by the due date. Part-time students (taking 6 credit hours or more) may also enroll in this Insurance plan by contacting the Office of Student Accounts (see rate below).

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that Policy eligibility requirements have not been met, the Company's only obligation is refund of premium. In order to continue coverage, eligibility requirements must be met each time a premium is paid.

REFUND PROVISION

No premium refunds are permitted except when the student enters full-time active military service in which case a pro-rata refund will be made upon written request.

TERMS OF COVERAGE

The Policy for the current year becomes effective at 12:01 am on August 1, 2007 (January 6, 2008 for Spring semester enrollees) and expires at 12:01 am on August 1, 2008. Coverage remains in effect during holiday and vacation periods. Should an Insured student 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 DEADLINE FOR PART-TIME AND LIFELONG LEARNING STUDENTS

Enrollment is only allowed during the open enrollment period which is 8/1/07 to 8/31/07 (1/6/08 to 2/6/08 for Spring semester).

Exceptions will be made for the following:

1. Enrolling as a new or transfer student within 31 days of enrollment at the school.
2. Within 31 days of ineligibility under another plan of Creditable Coverage and accepted and exhausted COBRA continuation of coverage if offered.

Only those students who did not register for classes during the Fall semester are eligible for coverage during the Spring semester.

PREMIUM RATES FOR ALL STUDENTS

Student Annual Rate \$425
Spring Semester Rate \$298

This is a non-renewable one year term policy. It is the Insured's responsibility to maintain continuity of coverage. No renewal notices will be sent to the Insured.

DEFINITIONS

Accident means a sudden, unforeseeable, external event which results in an Injury.

Covered Charge means the Reasonable and Customary Charge incurred for a 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 Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Covered Person means an eligible student.

Doctor means duly licensed doctor, optometrist, podiatrist, dentist, chiropractor, psychologist, pharmacist, or doctor's assistant, a duly certified clinical social worker, substance abuse professional or fee-based practicing pastoral counselor, and an advanced practice registered nurse practicing within the scope of his or her license and is not a family member.

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 a single Injury.

Medically Necessary means covered services or supplies that are provided for the diagnosis, treatment, cure or relief of a health condition, illness, Injury or disease; and, except as allowed for Covered Clinical Trials, not for Experimental/Investigational or cosmetic purposes; necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, Sickness, Injury, disease, or its symptoms; within generally accepted standards of medical care in the community; and not solely for the convenience of the Insured, the Insured's family, or the provider.

Pre-existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 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.

Usual and Customary Charge means a Covered Charge which (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Covered Person'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 Covered Charge is incurred.

Sickness means illness, disease, and Complications of Pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

You, Your or Yours means the Covered Person.

We, Us or Our means Guarantee Trust Life Insurance Company.

EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under this Policy ceases on the expiration date. However, if on the expiration date, You are under a Doctor's care for a condition covered by this Policy, benefits will be extended for the condition for up to nine (9) months after the expiration date. This Extension of Benefits only applies if You are not eligible to continue coverage under the new or renewal Policy issued to the Policyholder. The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

DESCRIPTION OF BENEFITS

Students must first report to Student Health Services for medical attention and medical referrals. In the event the Health Services Center is closed, students may go to Rowan Regional Medical Center or a local urgent care clinic. Prescriptions may be filled at West Innes Street Drug, located in the Ketner Center or at the Medicine Shoppe, located on West Innes Street.

SECTION I

BASIC ACCIDENT BENEFITS

We will pay the Covered Charges incurred during the Policy year up to a maximum of \$5,000 per Injury. Treatment of Injury must begin within 30 days of covered accident.

Covered Charges include (a) treatment by a Doctor; (b) semi-private Hospital confinement; (c) services of a licensed practical nurse or RN; (d) x-ray service; (e) use of an operating room, anesthesia, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Doctor, prescription medicines, drugs, or any other therapeutic services or supplies; (i) home health care; or (j) treatment of Injury to natural teeth.

SECTION II

BASIC SICKNESS BENEFITS

We will pay the Covered Charges incurred during the Policy year for treatment of Sickness up to a maximum of \$5,000 per Sickness. Covered Charges are allocated as follows:

- Hospital room and board expense, up to the semi-private room rate, not to exceed \$200 per day.
- Hospital miscellaneous expense during Hospital confinement or as an outpatient for day surgery for anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings and other necessary non-room and board expenses, up to a maximum of \$1,500.
- Doctor's fee for surgery based on the most current Usual and Customary payment system of surgical fees valued at the 90th percentile, up to \$2,000. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.
- Doctor's visit expense while Hospital confined, up to \$40 per visit, one visit per day, limited to 12 visits.
- Consultant expense when requested by the attending Doctor, up to \$75, limited to one visit.

SECTION III

SUPPLEMENTAL EXPENSE BENEFIT

If the Covered Charges for Your Injury or Sickness exceed the aggregate maximum We owe under the Basic Accident or Basic Sickness Benefits, We will pay 80% of the Covered Charges up to a supplemental maximum of \$10,000 per Injury or Sickness. Covered Charges for daily Hospital room and board will not be more than the usual semi-private room charge.

North Carolina mandates coverage for the following benefits:

diagnostic, therapeutic or surgical procedures involving any bone or joint of the jaw, face or head; anesthesia and Hospital charges in connection with dental procedures under certain circumstances; post-mastectomy Hospital stay; Hospital stay of 48 hours following a normal vaginal delivery and 96 hours following a cesarean section and post-delivery care in the event of earlier discharge; bone mass measurement for the diagnosis and evaluation of osteoporosis for qualified individuals; prescription contraceptive drugs or devices if prescription drug coverage is provided; colorectal cancer screening; emergency services expense; mammograms; examinations and laboratory tests for the screening for the early detection of cervical cancer; prostate specific antigen tests; diabetes equipment, supplies and outpatient self-management training; reconstructive breast surgery following mastectomy; health care services associated with participation in covered clinical trials; surveillance tests for women at risk for ovarian cancer; and the necessary care and treatment of chemical dependency. All North Carolina mandates are paid the same as any other Sickness. Please see the Policy on file with the Policyholder for complete details.