Student Fixed Indemnity
Accident and Sickness Plan

Alabama Agricultural and
Mechanical University
Normal, Alabama

2014-2015

Policy Number: 2014I5A54
Group Number: S211109

Underwritten by
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
Madison, WI

as policy form # NGRPHP(S)-AL 6/12

National Guardian Life Insurance Company is not affiliated with
Guardian Life Insurance Company of America aka The Guardian or
Guardian Life.

The policy provides limited accident and sickness coverage. It is
not a substitute for comprehensive health insurance coverage and
does not qualify as minimum essential health coverage under the
Affordable Care Act.

This brochure is not a Contract but a description of the Student
Insurance Plan, and it is suggested that you retain it for future
reference. The Master Policy is on file at the college.
Fixed Indemnity Accident and Sickness Plan

TERM OF COVERAGE
Policy term is from August 1, 2014 to August 1, 2015. Students are covered for the period for which premium has been paid.

EXTENSION OF BENEFITS
If coverage under the policy ends while the Covered Person is totally disabled due to Injury or Sickness, we will pay benefits for covered services occurring after the date coverage under the policy ends as long as they meet the following requirements: a) the covered service must be rendered due to the same Injury or Sickness causing the Covered Person to be totally disabled on the date coverage ends; and b) the covered service must occur within 90 days after the date the Covered Person’s coverage under the policy ends; and c) coverage must not have ended as a result of the Covered Person’s voluntary termination of the coverage.

This extension of benefits terminates at the end of the 90-day period specified above.

COVERAGE
ALL ELIGIBLE ENROLLED STUDENTS are covered by the Fixed Indemnity Accident and Sickness Plan.

This Plan provides protection 24 hours per day during the term of the policy. Eligible students are covered on and off campus, at home, or while traveling between home and the University and during interim vacation periods.

This insurance supplements the services of the University Health Center and pays in addition to other insurance the student may carry.

Schedule of Benefits
The following provisions describe the benefits we will pay for Covered Services. We will pay benefits for a Covered Service only once, even if the service could be included under more than one benefit description.

<table>
<thead>
<tr>
<th>Eligible Classes</th>
<th>Full-time Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Period</td>
<td>Policy Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COVERED SERVICES</th>
<th>BENEFIT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Confinement Daily Income Benefit</td>
<td>Daily benefit $300</td>
</tr>
<tr>
<td>Maximum benefit per Coverage Period</td>
<td>30 days</td>
</tr>
<tr>
<td>Hospital Discharge Benefit</td>
<td>Hospital discharge amount per day of Inpatient confinement $2,000</td>
</tr>
<tr>
<td>Maximum number of Hospital discharges per Coverage Period</td>
<td>2</td>
</tr>
<tr>
<td>Surgery Benefit</td>
<td>For surgery performed as an Inpatient $500</td>
</tr>
<tr>
<td>For surgery performed as an Outpatient</td>
<td>$500</td>
</tr>
<tr>
<td>Operating Room Benefit (1 per Coverage Period)</td>
<td>$250</td>
</tr>
<tr>
<td>Administration of Anesthesia Benefit</td>
<td>For surgery performed as an Inpatient (3 visits per Coverage Period) $250</td>
</tr>
<tr>
<td>For surgery performed as an Outpatient (3 visits per Coverage Period)</td>
<td>$250</td>
</tr>
<tr>
<td>Emergency Room Visits Benefit</td>
<td>Per visit amount for the treatment of a Sickness (1 visit per Coverage Period) $400</td>
</tr>
<tr>
<td>Per visit amount for the treatment of an Injury (1 visit per Coverage Period)</td>
<td>$400</td>
</tr>
<tr>
<td>Diagnostic Laboratory Tests Benefit</td>
<td>Per visit amount (5 visits per Coverage Period) $40</td>
</tr>
<tr>
<td>Diagnostic Radiology Tests Benefit</td>
<td>All Other Radiology Tests per visit amount (3 visits per Coverage Period) $100</td>
</tr>
<tr>
<td>Doctors’ Visits Benefit</td>
<td>New Patient per visit amount (1 visit per Coverage Period) $100</td>
</tr>
<tr>
<td>Established Patient per visit amount (5 visits per Coverage Period)</td>
<td>$100</td>
</tr>
<tr>
<td>Prescription Drug Benefit</td>
<td>Generic drug maximum amount per prescription $5</td>
</tr>
<tr>
<td>Generic drug maximum per Coverage Period</td>
<td>4</td>
</tr>
<tr>
<td>Drug maximum amount per prescription</td>
<td>$25</td>
</tr>
<tr>
<td>Drug maximum per Coverage Period</td>
<td>5</td>
</tr>
<tr>
<td>Ambulance Transportation Benefit</td>
<td>Per trip amount (1 trip per Coverage Period) $300</td>
</tr>
<tr>
<td>Accident Death</td>
<td>Principal Sum $5,000</td>
</tr>
</tbody>
</table>
DESCRIPTION OF BENEFITS

Hospital Confinement Daily Income Benefit
We will pay the applicable Daily Benefit shown on the Schedule of Benefits when a Covered Person is confined as an inpatient in a Hospital if: a) the Hospital confinement is Medically Necessary; and b) the Covered Person is under a Doctor's care; and c) the Hospital confinement begins while the Covered Person is covered under the policy.

Payment of the applicable Daily Benefit will start on the first day of Hospital confinement and will continue for a period not to exceed the maximum benefit, as shown on the Schedule of Benefits, for each period of Hospital confinement. If Hospital confinement for the same Injury or Sickness is not continuous, benefits are subject to the Recurrent Period definition.

Hospital Discharge Benefit
We will pay the applicable benefit shown on the Schedule of Benefits when a Covered Person is discharged from a Hospital if: a) the Covered Person was Hospital confined as an Inpatient for at least one day immediately before being discharged; and b) a Hospital Confinement Daily Income Benefit is paid for the same Hospital confinement; and c) the Covered Person is alive when discharged from the Hospital; and d) the Covered Person is under a Doctor's care.

Benefits for Hospital discharges will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

Surgery Benefit
We will pay the applicable benefit shown on the Schedule of Benefits when surgery is performed on a Covered Person if the surgery is: a) Medically Necessary; and b) performed by a Doctor; and c) performed while such person is covered under the policy.

Benefits for surgeries performed while the Covered Person is an Inpatient differ from those for surgeries performed while the Covered Person is an Outpatient, as shown on the Schedule of Benefits.

Benefits for any one surgery will not exceed the applicable per surgery benefit limit, as shown on the Schedule of Benefits. Benefits for all surgeries are subject to any applicable maximum benefit shown on the Schedule of Benefits.

Administration of Anesthesia Benefit
We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person is administered anesthesia, if the administration of anesthesia is: a) Medically Necessary; and b) performed by a Doctor; and c) performed while such person is covered under the policy; and d) billed directly by the provider and not as a service of a Hospital; and e) performed in conjunction with a surgery covered under the policy.

Benefits for anesthesia administered while the Covered Person is an Inpatient differ from those for anesthesia administered while the Covered Person is an Outpatient, as shown on the Schedule of Benefits. We will not pay benefits for more than one session of anesthesia per day for each Covered Person. Benefits for the administration of anesthesia will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

Doctors' Visits Benefit
We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person visits a Doctor if the visit is: a) Medically Necessary; or b) for a medical consultation made by a Doctor whose advice or opinion is being requested by another Doctor; and c) made while the Covered Person is not an Inpatient in a Hospital; and d) made while such person is covered under the policy.

We will not pay benefits for more than one Doctor visit per day for each Covered Person. Benefits for Doctors' visits will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Emergency Room Visits Benefit
We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person visits a Doctor in an emergency room if: a) the visit is Medically Necessary; and b) the visit occurs while such person is covered under the policy; and c) the Covered Person is not admitted to the Hospital as an Inpatient from the emergency room.

We will not pay benefits for more than one visit to the emergency room per day for each Covered Person. Benefits for visits to the emergency room will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Additional Definitions - Wherever used in this benefit: "Emergency room" means a pre-designated and fixed medical/surgical care area within a Hospital that: a) treats patients on other than an Inpatient basis; and b) is utilized exclusively for the diagnosis and treatment of such patients’ acute and/or critical conditions; and c) has emergency life-saving equipment and supplies that are immediately accessible; and d) is staffed with medical personnel specially trained for duty in such an area; and e) is not primarily a clinic, Doctor's office or free-standing surgical facility.

Diagnostic Laboratory Tests Benefit
We will pay the applicable benefit amount shown on the Schedule of Benefits when diagnostic laboratory tests are performed on a Covered Person if the test is: a) Medically Necessary; and b) performed while the Covered Person is not an Inpatient in a Hospital; and c) performed while such person is covered under the policy.

Benefits for diagnostic laboratory tests will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Diagnostic Radiology Tests Benefit
We will pay the applicable benefit amount shown on the Schedule of Benefits when diagnostic radiology tests are performed on a Covered Person if the test is: a) Medically Necessary; and b) performed while the Covered Person is not an Inpatient in a Hospital; and c) performed while such person is covered under the policy.

Benefits for diagnostic radiology tests will be paid up to the maximum benefit, as shown on the Schedule of Benefits.
Ambulance Transportation Benefit
We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person travels to a Hospital in an ambulance if: a) the trip is Medically Necessary; b) emergency care is required for the Covered Person’s Injury or Sickness; and c) the trip occurs while such person is covered under the Policy.

Prescription Drug Benefit
We will pay the applicable benefit shown on the Schedule of Benefits when a Covered Person has a prescription filled or refilled by a pharmacist. The prescription must be for a drug that is: a) prescribed by a Doctor; b) legally obtainable from only a pharmacist; c) Medically Necessary for the Covered Person’s Injury or Sickness; d) prescribed while the Covered Person is not an Inpatient in a Hospital; and e) dispensed while such person is covered under the Policy.

Benefits will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

Accidental Death Benefit
If, within 180 days of an Accident covered under the policy in accordance with the COVERAGE DESCRIPTION to which this benefit applies, bodily Injury results in any of the following losses, we will pay the benefit amount shown opposite such loss in the Table of Benefits. If the Covered Person sustains more than one such loss as the result of any one Accident, we will pay only the one largest amount to which the Covered Person is entitled.

<table>
<thead>
<tr>
<th>Table of Benefits</th>
<th>Covered Loss Benefit Amount</th>
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<tbody>
<tr>
<td>Loss of Life</td>
<td>$5,000</td>
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</tbody>
</table>

EXCEPTIONS AND REDUCTIONS
No benefits will be paid for loss caused by or resulting from:
1. intentionally self-inflicted injuries, suicide or any attempt thereof while sane or insane;
2. declared or undeclared war or any act thereof;
3. the Covered Person’s commission of a felony;
4. the Covered Person operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so;
5. the Covered Person’s participation in or practice for; Intercollegiate tackle football, Intercollegiate sports, semi-professional sports, or professional sports;
6. work-related Injury or Sickness;
7. the Covered Person’s use of drugs or alcohol, unless administered by a Doctor; and
8. alcoholism or substance abuse.

In addition to the above exclusions, no benefits will be paid for:
1. eye examinations for glasses, any kind of eye glasses, or prescriptions for any eyeglasses;
2. normal health checkups;
3. hearing examinations or hearing aids;
4. dental care or treatment other than covered services rendered in connection with the care of sound, natural teeth and gums required on account of Injury to the Covered Person resulting from an Accident that happens while covered under the policy, and rendered within 1 month of the Accident;
5. care or treatment of allergies, including allergy testing;
6. diagnosis and care or treatment of acne;
7. care or treatment of Injury to the Covered Person resulting from a motor vehicle Accident;
8. care or treatment rendered in connection with cosmetic surgery, except covered services rendered in connection with cosmetic surgery the Covered Person needs for breast reconstruction following a mastectomy or as a result of an Accident that happens while covered under the policy. Cosmetic surgery for an accidental Injury must be performed within 90 days of the Accident causing the Injury and while such person's coverage is in force;
9. care or treatment rendered to a Covered Person while outside the United States of America;
10. services provided by a member of the Covered Person’s immediate family; and
11. services provided by the infirmary or its employees, or Doctors who work for the Student Health Center.

CLAIM PROCEDURE
In the event of Injury or Sickness, the students should:
1. Report at once to the Student Health Center, or when not in school, to the nearest hospital or doctor and present your student ID number.
2. Bills sent directly by physicians and hospitals will be processed by Consolidated Health Plans. However, after review, Consolidated Health Plans may contact the student and ask him/her to complete a claim form or a questionnaire to get further information about the claim. Reimbursement for prescriptions must be accompanied by a claim form. Claim forms are available at: www.chpstudent.com.
3. File claims within thirty (30) days of Injury or first treatment for Sickness. Consolidated Health Plans must receive bills within ninety (90) days of service to be considered for payment.

DEFINITIONS
Accident means a sudden, unforeseeable event that causes Injury to a Covered Person.

Sickness means Sickness or disease of a Covered Person that: a) is treated by a Doctor while the person is covered under the policy; and b) results directly and independently of all other causes in loss covered by the policy.
LOCAL REPRESENTATIVE:
Sam Starr
Parker Waller Ins., LLC
401 Cedar Street • P.O. Box 249
Greenville, Alabama 36037-0584
Phone (334) 382-4604
Toll Free: (877) 272-4532
E-mail: studentplans@gmail.com

ADMINISTERED BY:
Consolidated Health Plans
2077 Roosevelt Avenue
Springfield, MA 01104 (800) 633-7867

Representations of this plan must be approved by the Company.

The following services are not part of the Indemnity Plan underwritten by National Guardian Life Insurance Company. These value-added options are provided by Consolidated Health Plans in partnership with Davis Vision and FrontierMEDEX.

VISION DISCOUNT PROGRAM
A Vision Discount Program is available to students enrolled in the Alabama Agricultural and Mechanical University Health Insurance Plan. Students will be responsible for paying for services up front but will receive a discount off retail prices. For more information please go to: www.chpstudent.com.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE
FrontierMEDEX ACCESS services is a comprehensive program providing You with 24/7 emergency medical and travel assistance services including emergency security or political evacuation, repatriation services and other travel assistance services when you are outside Your home country or 100 or more miles away from your permanent residence. FrontierMEDEX is your key to travel security. For general inquiries regarding the travel assistance services coverage, please call Consolidated Health Plans at 1-800-633-7867. If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center. FrontierMEDEX will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

For Questions about:

- claims status
- eligibility
- enrollment
- benefits

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<thead>
<tr>
<th>Alabama A&amp;M University Health Center</th>
<th>Consolidated Health Plans</th>
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<tbody>
<tr>
<td></td>
<td>(413) 733-4540</td>
</tr>
<tr>
<td></td>
<td>or toll-free at (800) 633-7867</td>
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<tr>
<td></td>
<td><a href="http://www.chpstudent.com">www.chpstudent.com</a></td>
</tr>
<tr>
<td>(256) 372-5601</td>
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