



June 2011

Dear Student:

Enclosed is a brochure describing the student health insurance plan for the 2011-2012 school year. This plan was selected based on the comments and recommendations of a number of students concerned about the rising cost of health insurance coverage. We believe that this plan, underwritten by the United States Fire Insurance Company, provides a very good level of coverage for the smallest premium obtainable.

OnCall International

Insured students with health-related questions or concerns may call a 24-hour telephone number and have their questions answered by a trained, registered nurse at (800) 407-7307. OnCall will also be providing our travel assistance program to students enrolled in the plan, which includes medical evacuation and repatriation.

Accidental Death & Dismemberment Benefit

This benefit is paid in addition to other benefits under the plan. Benefit levels are listed in the brochure.

AG Administrators is the plan administrator. Questions regarding the Student Accident and Sickness Plan may be referred to AG Administrators, Inc. at (800)634-8628.

Claim forms can be obtained at the Friends University Health and Wellness website <http://www.friends.edu/student-insurance>, outside the Health and Wellness Office or the website [www.agadministrators.com](http://www.agadministrators.com).

Online enrollment available at [www.friends.edu](http://www.friends.edu).

If you do not have insurance coverage from another source, such as a parent or spouse's health care plan through an employer, the policy made available through this plan can provide significant protection against the high cost of illness or injury. I therefore recommend that you give serious consideration to participating in this student health insurance plan.

Thank you

AG Administrators, Inc.  
P.O. Box 979  
Valley Forge, PA 19482

This Policy provides benefits for the Usual, Reasonable and Customary charges (URC), when your covered Injury or Sickness requires treatment by a Physician. This Policy provides benefits for the PPO allowable charges when your covered Injury or Sickness requires treatment in a Hospital. If you receive treatment for a non-PPO hospital, the benefit coinsurance and scheduled limits listed below are reduced 10%. Coverage must be in force and benefits payable will not exceed the scheduled limits listed below. Benefits will not be provided for services which are not listed in the Medical Benefit Schedule. PPO Network: First Health. Provider directory can be found at [www.firsthealth.com](http://www.firsthealth.com)

**PART A: BASIC INJURY OR SICKNESS BENEFITS** ----- **\$50,000 Maximum/Each Injury or Sickness after a \$50 deductible and is subject to the following limits:**

HOSPITAL ROOM AND BOARD	-----	\$400 per day
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, radiology, pathology)	-----	80% up to \$4,000
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient)	-----	80% up to \$4,000
SURGICAL TREATMENT (in or out of hospital – services performed by a licensed physician. Does not include Assistant Surgeon)	-----	80% up to \$3,000
ANESTHETIST	-----	35% of Surgical Treatment
CONSULTANT PHYSICIAN (when requested by the attending physician)	-----	\$150
PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid day of surgery)	-----	\$75/visit, 1 visit/day up to 30 visits
PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid day of surgery, includes physical therapy, injections)	-----	\$75/visit, 1 visit/day, up to 5 visits
OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES AND HOSPITAL EMERGENCY ROOM	-----	Aggregate Limit to \$1,000; \$100 copay/visit for Emergency Room
CHEMOTHERAPY	-----	Paid under Hospital Miscellaneous Inpatient
RADIATION THERAPY	-----	Paid under Hospital Miscellaneous Inpatient
MENTAL AND NERVOUS DISORDERS/SUBSTANCE ABUSE TREATMENT	-----	Inpatient – Same as any Sickness, up to 30 days per policy year ----- Outpatient – 100% of 1st \$100, 80% of next \$100, 50% of next \$1,640/year
AMBULANCE SERVICES (ground service only)	-----	\$500
MATERNITY BENEFITS (conception must occur while coverage is in force)	-----	Same as any Sickness
DENTAL TREATMENT (Injury only – repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries)	-----	\$500
MOTOR VEHICLE INJURY	-----	Same as any Injury
OUTPATIENT PRESCRIPTION DRUGS (30 day supply/prescription; patient must pay and then submit a claim for payment)	-----	\$10 copay/prescription, up to \$250 maximum

For specific costs and further details of coverage, including exclusions, reductions or limitations, please contact AG Administrators.

**PART B: ACCIDENTAL DEATH AND DISMEMBERMENT**

Occurring within 180 days from date of accident, pays in addition one of the following:

Accidental Death	-----	\$10,000
Single Dismemberment	-----	\$5,000
Double Dismemberment	-----	\$10,000

REFUND: A prorated premium refund will be made for the following situation only, if the Plan Administrator receives written notice, including the date of occurrence that: You have entered into full-time active-duty military service or any country; or you are a non-immigrant Foreign National and have permanently left the North American continent. Refunds may be subject to a \$25 administrative fee.

ON CALL INTERNATIONAL: Insured students with health-related questions or concerns may call a 24-hour telephone number and have their questions answered by a trained, registered nurse at (800) 407-7307. OnCall will also be providing our travel assistance program to students enrolled in the plan, which includes medical evacuation and repatriation.

**PREMIUM SCHEDULE**

Premiums are not prorated beyond this schedule.

Class	Annual 8/1/11 - 7/31/12	Fall 8/1/11 - 1/2/12	Spring 1/3/12 - 7/31/12
Students	\$740	\$340	\$470
Each Dependent	\$2,220	\$1,020	\$1,410

**UNITED STATES FIRE INSURANCE COMPANY**

## STUDENTS MEDICAL EXPENSE INSURANCE PROGRAM

The following is a brief description of the Accident Medical Expense and Sickness Medical Expense benefits for students of Friends University. The program is underwritten by US Fire Insurance Company. The plan is administered by AG Administrators, Inc., PO Box 979, Valley Forge PA 19482. 800-634-8628.

### COVERAGE

All full time students taking 5 or more credit hours, graduate students pursuing a graduate degree and international students are eligible to enroll in this insurance plan. Students must be physically attending classes on campus to enroll in this plan. On-line students, distance learning students taking home study, correspondence or television courses are not eligible to enroll in this plan. Students must remain enrolled in classes for 31 days subsequent to their coverage effective date. Dependents must enroll in the plan when the student first enrolls and must enroll in the same coverage period as the student. Eligible dependents are the spouse residing with the insured student and unmarried children under the age of 23 years who are not self-supportive and are residing with the insured student.

### NEWBORN CHILDREN

A newborn child or a child placed with the Insured for adoption shall be covered automatically for 31 days and for the same benefits as are provided the Insured. Coverage applies to any injury sustained or sickness commencing during the 31 day period from the date of birth including medically diagnosed congenital defects, birth abnormalities, prematurity, routine nursery care and immunizations.

### EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the later of the Policy Effective Date, 8/1/2011; the first day of the coverage period for which the full premium has been received by AG Administrators, Inc. Full term coverage expires 1/2/2012 and all other coverage expires 7/31/2012.

### CONTINUOUS COVERAGE

If a covered person is continuously covered under this policy offered through Friends University they will be covered for any sickness diagnosed or eligible injury sustained while so covered. If a covered person is enrolled for coverage offered through Friends University within 30 days of the end of any preceding company's policy you will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs.

### PREFERRED PROVIDER ORGANIZATION: FIRSTHEALTH NETWORK

This plan utilizes the FirstHealth network. If treatment is received from non PPO hospital, the benefit coinsurance and scheduled limits are reduced by 10%. A directory listing the participating hospitals are available at [www.firsthealth.com](http://www.firsthealth.com).

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## KANSAS

### BENEFITS FOR OSTEOPOROSIS

Benefits will be paid the same as any other Sickness for Insureds with a condition or medical history for which bone mass measurement is medically necessary. Benefits include services for the diagnosis, treatment and management of osteoporosis when provided by a Doctor. Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.

### BENEFITS FOR CYTOLOGIC SCREENING AND MAMMOGRAPHY

Benefits will be paid the same as any other Sickness for mammograms, cytologic screening, or (pap) smears when performed at the direction of a Doctor. Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.

### BENEFITS FOR BREAST RECONSTRUCTION FOLLOWING A MASTECTOMY

Benefits will be paid the same as any other Sickness for Insureds who elect breast reconstruction in connection with a mastectomy. Benefits include: reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications in all stages of mastectomy, including lymphedemas. Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.

### BENEFITS FOR GENERAL ANESTHESIA AND MEDICAL CARE FACILITY FOR DENTAL CARE

Benefits will be paid the same as any other Sickness for the administration of general anesthesia and medical care facility charges for dental care provided to the following Insureds:

A Dependent child five years of age and under; or  
A Covered Person who is severely disabled; or  
A Covered Person that has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.  
Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.

### BENEFITS FOR CHILDHOOD IMMUNIZATIONS

Benefits will be paid the same as any other Sickness for immunizations for children from birth to 72 months of age. Immunizations shall consist of at least five doses of vaccine against diphtheria, pertussis, tetanus; at least four doses of vaccine against polio and Haemophilus B (Hib); and three doses of vaccine against Hepatitis B; two doses of vaccine against measles, mumps and rubella; one dose of vaccine against varicella and such other vaccines and dosages as may be prescribed by the secretary of health and environment. Benefits shall not be subject to any Deductible, copayment or coinsurance requirements.

## EXCLUSIONS AND LIMITATIONS

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

- Injury of the primary insured covered under any student accident insurance policy underwritten by us.
- Any Sickness, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, unless continuous coverage is applied.
- Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution
- Services covered or provided by the student health fee.
- Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury or sickness. This exclusion does not apply to medically necessary mammograms and pap smears
- Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
- Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
- Dental treatment, except as specifically provided for in the Schedule.
- War or any act of war, declared or undeclared, or while in the armed forces of any country.
- Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
- Intentionally self-inflicted injury, suicide or any attempt thereat.
- Injury of any covered person sustained while:
  - a. Participating in any school, professional or organized sports contest or competition, unless specifically listed in the Schedule;
  - b. Traveling to or from such sport, contest or competition as a participant; or
  - c. During participation in any practice or conditioning program for such sport, contest or competition .
- Skydiving; parachuting or bungi-cord jumping, 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 military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:
  - a. The services are rendered on a medical emergency basis; and
  - b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
- Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
- Any treatment for mental and nervous disorders, unless provided by Rider attached to the policy.
- Psychotherapy, except as specifically provided for in the Schedule.
- Elective surgery and elective treatment, except as required to correct an injury for which benefits are otherwise payable under the policy.
- Prescription drugs dispensed or purchased unless during a hospital stay, or if specifically covered under the policy when dispensed at the student health center.
- Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
- Physiotherapy, except as specifically provided for in the Schedule.
- Braces and appliances, except as specifically provided for in the Schedule.
- Replacement braces and appliances.
- Assistant surgeon services, except as specifically provided for in the Schedule.
- Expense incurred within your home country or country of regular domicile.
- Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
- Accidental bodily injuries arising out of a motor vehicle accident to the extent these benefits are payable under any medical expense payment provision (by whatever terminology used – including such benefits mandated by law) of any automobile policy;
- Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
  - (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
  - (ii) The covered person is within a 25-mile radius of the site of the release either:
    - At the time of the release; or
    - Within 24 hours of the start of the release.
- Travel in or upon:
  - a. A snowmobile;
  - b. Any two-or three-wheeled motor vehicle; or
  - c. Any off-road motorized vehicle not requiring licensing as a motor vehicle.
- Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license, except while in a Driver's Education Program.
- Preventive medicines, serums, vaccines.
- Blood or blood plasma, except for charges by a hospital for the processing or administration of blood;
- Rest cures or custodial care.
- Personal services such as television and telephone or transportation .
- A hernia of any kind.

**Please print out this page and  
mail in with your check or money order**

AG ADMINISTRATORS, INC. · 2011-2012 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM  
Please mail completed enrollment form and check or money order to: P.O. Box 979 · Valley Forge, PA 19482

Student's Name \_\_\_\_\_ Social Security # 

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(Please Print) (Last) (First) (MI)

Address \_\_\_\_\_ Phone# \_\_\_\_\_

(Street) (City) (State) (Zip)

Undergraduate     Graduate     International    Birth date \_\_\_\_\_ email: \_\_\_\_\_

(MM/DD/YY)

Enclosed is my check or money order, payable to AG Administrators, Inc., in the amount of \$ \_\_\_\_\_  
Mail to: AG Administrators, Inc. P.O. Box 979, Valley Forge, PA 19482

AUTHORIZATION TO RELEASE INFORMATION:  
I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient to A-G Administrators and its designees.

Student Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Phone #)

AH27261-KS

**PREMIUM SCHEDULE**

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Plan administered by AG Administrators, Inc.  
P.O. Box 979 · Valley Forge, PA 19482

Toll Free: 800-634-8628 • Phone: 610-933-0800 • Fax: 610-933-4122 • Email: info@agadm.com • www.agadministrators.com