

**WELCOME TO THE SEMINARY
NATIONAL HEALTH INSURANCE PROGRAM**

Protecting the health of Seminary students and their dependents is an important concern of your Seminary and the ELCA.

That's why your Seminary joined with other ELCA Seminaries, the Board of Pensions of the ELCA, and the ELCA Division or Ministry and founded the Seminary Student National Insurance Program. This program was also approved by a national student vote with extensive involvement by student representatives throughout the selection process. The program is designed to help pay the high costs of hospital, surgical, and other medical expenses.

Please keep this brochure as a general summary of the insurance. This summary is designed as an easy to read reference for information on the benefits and services available to students and their families. It is issued in Lieu of a Certificate of Insurance. Every Seminary has a copy of the Actual Master Policy on file for your review. This is only a brief description of the coverage available under 9108359-9099-5-ACAS. The Policy may contain 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 shall govern.

The non-refundable Community Health Access fee of \$250.00 will be charged to those students who can provide a waiver. For the fee, the Company will provide a Catastrophic Accident and Sickness Coverage with a \$100,000 deductible, 80% of Usual and Reasonable Expenses to an Aggregate Lifetime Maximum of \$500,000. The Policy will be underwritten by National Union Fire Company of Pittsburgh, PA.

ELIGIBILITY

All students who are in attendance more than half-time in any degree program, as determined by the individual Seminary, and all interns, are required to participate in this insurance plan. However, waiver of coverage is permissible for a student when he/she has primary coverage under a sponsored plan by a denomination (ELCA or other) that provides coverage for Seminarians or professional employees of the denomination or its agencies. Waiver is also available for students covered under other group coverage. Individual policies do not qualify for proof of waiver. Students on approved leave and graduates waiting to be called to their first church are eligible to continue coverage in this insurance plan.

Covered students may also purchase dependent coverage. Eligible dependents are the spouse and unmarried children under nineteen years of age who are not self-supporting. Dependent eligibility expires concurrently with that of the Covered Student.

DEFINITIONS

INJURY means bodily injury due to an accident which (a) results solely, directly and independently of disease, bodily infirmity, or any other causes; (b) occurs after Covered Persons' effective date of coverage; and (c) occurs while coverage is in force.

DOCTOR means (a) legally qualified physician by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "doctor" does not include a Covered Person's Immediate Family Member.

SICKNESS means illness or disease which first manifests itself, is contracted or commences, and for which a physician identified diagnosis is recorded, during the period the Insured's coverage is in force.

DEDUCTIBLE means the dollar amount, shown in the Medical Expense Benefits Schedule, which will be deducted from the allowable benefits (not the amount billed). The Deductible amount is the responsibility of the Insured and will apply as specified in the Medical Expense Benefits Schedule.

PRE-EXISTING CONDITION means any Injury, Sickness or condition for Which medical advice, diagnosis, care or treatment was recommended or received within 6 months ending on the date of the Covered Person's enrollment.

CONGENITAL CONDITIONS ARE NOT COVERED (SEPARATE AND INDEPENDENT OF PRE-EXISTING); DEFINE AS: Any malady does not have to have manifested itself (be evident) to be considered congenital.

PPO PROVIDER (Preferred Provider Organization): Any provider of medical service with whom a contractual agreement exists establishing fee payment, for the service provided, and acceptance of the Insured's obligation to pay as related to a specific identified service for a covered injury or covered sickness under the Policy.

COMPANY'S RIGHT OF RECOVERY

In the event a Covered Person requires medical treatment due to another person's negligence (such as an automobile accident) or malicious, the Company has the right to seek recovery from the contributing party of any benefits paid on behalf of the Covered Person.

EFFECTIVE DATE

Coverage for an individual who makes a premium payment (except for whom the Continuous Coverage provision described herein applies) shall become effective on the latter of:

- 1) 12:00 Noon, Standard Time on September 1, 2007; or
- 2) the day following the date of postmark when premium is received by the Policyholder, Company Agent, or Administrator.

Coverage will always become effective at 12:00 Noon, Standard Time on the date determined by this provision. The effective date of coverage of Dependents will not precede that of the Covered Student.

TERMINATION DATE

Coverage under the Policy with respect to the Covered Student shall terminate on the earlier of:

- 1) the last day of the period for which premium has been paid; or
- 2) 12:00 Noon, Standard Time on September 1, 2008.

Coverage under the Policy with respect to any Dependent shall terminate on the earliest of:

- 1) the last day of the period for which premium has been paid; or
- 2) 12:00 Noon, Standard Time on September 1, 2008; or
- 3) the Time and Date the Covered Student's insurance terminates.

Refund of premium will be made only in the event the Covered Person enters military service. Otherwise, coverage will continue for the period for which premium was paid.

CONTINUOUS COVERAGE

Coverage for an Insured individual will be considered as continuous during consecutive periods of insurance (Fall and Spring, Spring and Summer, etc.) when premium payment is received by the Policyholder, Company Agent, or Administrator prior to the payment deadline as referenced on the enrollment form regardless of any breaks in calendar days between consecutive period of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

ELIGIBLE EXPENSES

After payment of the first \$100.00 of covered expenses, this plan is limited to the proportional share of eligible benefits in consideration of any other insurance coverage which would provide benefits for the same medical treatment or service.

PRE-EXISTING CONDITION WAIVER

Eligible Expenses incurred as a result of treatment for a pre-existing condition will be covered under the policy provided the Covered Person has been continuously insured under the policy and/or prior ELCA Seminarian's policy for a period of (12) months, or can provide a certificate of credible coverage for approval.

**OPTIONAL CATASTROPHIC MEDICAL BENEFITS
APPLICABLE FOR COVERED STUDENT ONLY
(ADDITIONAL PREMIUM REQUIRED)**

When benefits of at least \$100,000.00 have been paid under the Basic Plan and Major Medical Supplement, the Company will pay 100% of the usual and reasonable Eligible expenses, subject to all provisions of the Policy, while this insurance is in force, up to a Maximum Lifetime Payment of \$200,000.00 per injury or sickness for all benefits under the Basic Plan, Major Medical Supplement and these Optional Catastrophic Medical Benefits. Hospital room and board benefits are limited to the semi-private rate.

**BENEFITS ARE LIMITED TO USUAL AND
REASONABLE CHARGES, DEFINED AS:**

The charge which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; and (c) prevailing charge Made for a Covered service in the geographic area by this of similar professional standing. "Geographic Area" means the three-digit zip code in which the service, treatment, procedure, drugs, or supplies are provided or a greater area, if necessary, to obtain a representative cross section of charge for a like treatment, service, procedure, device or drug or supply.

STATE MANDATED COVERAGE

Coverage includes benefits mandated by laws of the state under which the Policy issued to this institution has been approved. A copy of the Policy defining state mandated benefits is on file at this institution.

CLAIM PROCEDURE

Claim forms are available from the Plan Manager's website at www.specrisk.com or from your Seminary's business office.

In the event of Injury or Sickness, the student should complete a claim form, attach all itemized bills and mail or fax to:

Diversified Group Administrators, Inc. (DGA)
P.O. Box 6540
Harrisburg, PA 17112
1-800-427-9308
Fax 1-717-652-8328

Assistance with questions relating to filing of a claim may be obtained by calling:

Specialty Risk Group International, Inc.
1-877-581-2672

**THE COMPANY MUST BE NOTIFIED
WITHIN 90 DAYS FROM DATE OF INJURY
OR FIRST TREATMENT FOR SICKNESS**

DISCLOSURE NOTICE

Warning, Limited Benefits will be paid when non-participating Providers are used. The Covered Person should be aware that when he or she elects to utilize the services of a non-participating provider for a covered services in non-emergency situations, benefits payable to such non-participating provider are not based on the amount billed. The basis of the Covered Person's benefit payment will be determined according to the policy's Schedule of Benefits, Reasonable, and Customary charge (which is determined By comparing charges for similar services adjusted to the geographical area where the services are performed), or other method defined by the policy. **THE COVERED PERSON CAN EXPECT TO PAY MORE THAT THE CO-INSURANCE DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION.** Non-participating providers may bill the Covered Person for any amount Up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payments for services with no additional billing to the Covered Person other than co-insurance and deductible amounts. The Covered Person may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll free telephone number on the Covered Person's identification card.

PLAN MANAGER:

RITA LINDE at
Specialty Risk Group International, Inc.
2233 North Hamline Avenue, Suite 550
St. Paul, MN 55113
651-697-9290 • 877-581-2672

E-mail: rlinde@new.rr.com • Website: www.specrisk.com

ADMINISTERED BY:

American Management Advisors
P.O. Box 366, 600 N. Woodbourne Road
Langhorne, PA 19047

UNDERWRITTEN BY:

National Union Fire Insurance Company of Pittsburgh, PA

**Seminary Student and
Dependent**

**National Health
Insurance Program**

**THE EVANGELICAL
LUTHERAN CHURCH
IN AMERICA**



2007-2008

Underwritten by:

National Union Fire Insurance
Company of Pittsburgh, PA with its
principal place of business in New York, NY
("the Company")

The Insurance Plan includes a
Preferred Provider Organization
(PPO) provision

Policy Number: 9108359-9099-5-ACAS

MEDICAL EXPENSE BENEFITS SCHEDULE

DEDUCTIBLE: **Student:** \$500.00 Deductible Per Policy Year
 Dependent: \$100.00 Deductible Per Injury or Per Sickness

If the Covered Percentage for services rendered in PPO network, as shown in the schedule of Benefits, are payable at 80% of the Allowable, the Covered Percentage for such services Rendered in Non-PPO network will be reduced to 60% of the Reasonable and Customary Charges

INJURY

When the Covered Person, because of injury occurring while this insurance is in force, shall receive within 30 days following such injury, treatment prescribed by a doctor, Hospital care or service while Hospital Confined or on an out-patient basis, X-ray examinations, the services of a registered graduate nurse (other than a nurse who ordinarily resides in the Covered Person's home or who is the Covered Person's Immediate Family Member), professional local ambulance service, braces and appliances, transfusions, prescription drugs and dental treatment made necessary by injury to Sound, natural teeth. The Policy provides benefits for 80% of negotiated fees (In-Network) or 60% of Reasonable and Customary Charges (Out-of-Network).

SICKNESS

Benefits, as described below, will be payable at the appropriate fees (In-Network).

INPATIENT BENEFITS

If the Covered Person Is Hospital Confined the Eligible Expenses for Hospital Room and Board, including general nursing care, Hospital Miscellaneous Expenses (limited to cost of operating room; laboratory tests; x-ray examinations; anesthesia; drug and medicines (excluding take home drugs); therapeutic services; Combined will be payable at 80%

* Includes Pre-Admission Testing

* Includes Physiotherapy during Hospital Confinement

Surgery, Doctor's fee for a surgical procedure will be paid in accordance with the Medical Data Research Schedule (MDR) 80%
Anesthetist Services, in conjunction with surgery 80%
Doctor's Visits, one visit per day when a surgery benefit is not paid 80%

PERCENTAGE OF NEGOTIATED FEE

OUTPATIENT BENEFITS

Surgery, Doctor's fee for a surgical procedure will be paid in accordance with the Medical Data Research Schedule (MDR) 80%

Day Surgery Miscellaneous, when surgery is performed in a hospital emergency room, trauma center, doctor's office, outpatient surgical center or clinic, for services and supplies limited to: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines; and 6) miscellaneous supplies 80%

Anesthetist Services, in conjunction with surgery 80%

Medical Emergency Expenses, incurred in a hospital emergency room, surgical center, or clinic 80%

Diagnostic X-ray, Laboratory Expenses, and Miscellaneous Tests (to include negative testing) when prescribed by the attending doctor 80%

Prescription Drugs, when prescribed by the attending doctor \$3000 maximum per policy year

Prescriptions must be filled at a Walgreens Health Initiatives participating pharmacy Subject to a per prescription co-pay shown below.

The Prescribed Medicines Expense benefit is payable only with respect to mandatory generic prescriptions subject to the co-pays shown below. If the Covered Person elects not to take the generic, the Covered person will be responsible for the entire cost. The co-pays shown in the schedule will not apply.

A prescribed medicine which does not have a generic will be subject to the co-pays shown below.

Prescribed antidepressants will be available only as generic. If the Covered person elects not to take the generic, the Covered person will be responsible for the entire cost. Birth control is limited to \$300 per year.

PER PRESCRIPTION CO-PAY:
 \$10.00 co-pay for Generic Drugs • \$40.00 co-pay for Single Source (preferred) • \$60.00 co-pay for Multi Source (non-preferred)

OTHER BENEFITS

Ambulance Service, for transportation to or from a hospital \$100.00 Maximum

Hernia, all charges combined \$3,000.00 Maximum

Pap Test, including Lab charges and office visit \$300.00 Maximum

CATASTROPHIC ACCIDENT AND SICKNESS EXPENSE BENEFITS

After the maximums for Accident and Sickness (for Hospital Confinement), as shown in the schedule, have been reached, the Policy will pay the Covered Percentage as shown in the Schedule, up to the plan Aggregate Lifetime maximum Benefit amount of **\$100,000 for Covered Students or \$50,000 for Dependents** for any one Injury or Sickness.

PSYCHOTHERAPY

Treatment on an outpatient basis for a mental or nervous disorder at a licensed or accredited hospital, a community mental health center or mental health clinic approved or licensed by the Commissioner of Human Services or other authorized State agency, or by a licensed psychologist, practitioner or psychiatrist shall be covered on the same basis as coverage for other benefits, limited as follows:

- 80% of the negotiated fee, but not limited to X-Rays, laboratory tests, and psychological testing and 50% of the eligible Expenses incurred for counseling, to a maximum of \$2,500.00 Per Policy Year.

PREFERRED PROVIDER ORGANIZATION (PPO)

A Preferred Provider Organizations (PPO), is an organization in which a group of Hospitals and doctors have agreed to provide medical care services to Covered Persons. The PPO for this policy will be selected by the Company. The PPO provides these according to negotiated fee schedules that are considered full payment for services rendered, subject to policy provisions. A Covered Person has the option to use a PPO provider or a non PPO provider.

For treatment or care received out of the PPO geographic area, Benefits for covered expense will be payable at the non-PPO level. However, if such treatment is received in a non-PPO facility because of an Emergency medical condition, benefits for covered expense are payable at the PPO level.

Benefits payable under the Policy for covered services rendered through the PPO network shall be based on Allowable Charges of its providers.

Benefits payable under the Policy for covered services Rendered outside the PPO network shall be based on the Reasonable and Customary charges of the provider.

To locate a provider, go to <http://providers.nhbc.com>, enter your PIN # AMA411 and follow the instructions or call 1-888-621-7900 .

ADDITIONAL STATE MANDATED BENEFITS

Alcoholism & Drug Addiction Covered as any other Sickness
 Child Health Supervision Services Usual & Reasonable
 Prenatal Care Services One Visit Per Day
 Reconstructive Surgery Covered as any other Sickness
 Serious Mental/Nervous Conditions . . Covered as any other Sickness as mandated by the Ill. State Insurance Department
 Mammography Testing One Per Year

For complete details refer to Policy 9108359-9099-5-ACAS held in possession of the policy holder.

EXCLUSION, EXCEPTIONS AND LIMITATIONS

Unless otherwise provided within the Schedule of Benefits, the Policy does not cover any loss caused by or contributed to by, nor is any premium charged for:

1. Treatment where no accidental bodily injury or sickness is involved, or
2. Prophylactic or preventative care except as specifically provided under child health care benefits; preventive medicines, serums or vaccines, shots or injections; or
3. Routine physical examinations; any manner or type of diagnostic testing or evaluation, X-ray or laboratory testing or evaluation (to include routine hospital admission procedures when a general anesthetic is not required) which does not result in or is not directly related to the medical diagnosis and treatment of the accidental bodily injury or sickness for which claim is made hereunder; diagnostic testing, evaluation or treatment in connection with infertility, fertility, birth control except as provided, or impotence; or
4. Congenital conditions - separate and distinct from pre-existing (does not apply to "Newborn" children); or
5. Pre-existing conditions - separate and distinct from congenital; elective surgery or treatment (to include but not limited to breast or weight reduction), except cosmetic surgery made necessary by accidental bodily injury, occurring while the Insured's coverage is in force (does not apply to "Newborn" children when benefits are provided as dependent); or
6. Treatment or removal of non-malignant moles, warts or boils, acne, actinic or seborrheic keratosis (example: sun-spots or skin blemishes), dermatofibrosis, or nevus of any description or form (example: birth marks); hallux valgus repair (example: bunions); keloid surgery (except when as a result of an accidental bodily injury or sickness incurred while insured); varicosity; sleep disorders, including the testing therefor; deviated nasal septum, including submucous resection and/or other surgical correction thereof except when the direct result of accidental bodily injury incurred while insured hereunder; TMJ (temporomandibular joint dysfunction) or CMJ (craniomandibular disorder) only when the direct result of accidental bodily injury incurred while insured hereunder or as a sickness first manifesting itself while insured hereunder; or
7. Pregnancy or childbirth (except when conception occurs while insured hereunder); elective abortion; elective caesarean section; pregnancy or childbirth for a dependent child of a Covered Student (except for complications arising therefrom); or

8. Dental treatment or dental X-rays except as specifically provided and then only when Injury occurs to Sound, Natural Teeth (does not apply to a "Newborn" child when benefits are provided as a dependent), Damage to a tooth, or teeth, incurred while chewing any substance does not qualify as an injury; or
9. Mental disorder; nervous or neurological disease or disorder; seizures of any kind; or except as provided; Expenses related to the surgical removal and/or transportation of donor organs; or
10. The expense of crutches; wheelchairs; braces and appliances except when directly applied to the area of injury during the initial treatment and when medically necessary for healing purposes; hearing aid, eyeglasses, contact lenses, eye or hearing testing, examinations or prescriptions therefor; or
11. The consumption of alcohol; illegal drugs, or any drugs not taken in the dosage or for the purpose prescribed by the Insured's physician; the use of any agent classified as hallucinogenic, psychedelic, or having similar classification or effects; venereal disease; or
12. Suicide or attempt thereat; intentional self-inflicted injuries; or
13. Violating or attempting to violate, any existing city, state or federal law, whether with intent or unintentional, including but not limited to, motor vehicle traffic laws; or
14. Committing or attempting to commit a felony; fighting or brawling, except in self-defense; participating in a riot, civil disturbance or political insurrection; or
15. Private air travel, to include ballooning or ultra-light aircraft; parachuting; para-sailing; hang gliding; bungee jumping; bob-sledding; travel in or upon a snowmobile or ATV (all terrain or similar type vehicle); any two or three-wheeled motor vehicle; or
16. Injury sustained while participating in the practice or play of interscholastic, intercollegiate, club, semi-professional or professional sports or travel connected therewith; or
17. Injury or sickness for which the Covered Person is entitled to benefits under any Worker's Compensation or Occupational Disease Act or Law; or
18. War or any act of war, declared or undeclared, or loss suffered by the Covered Person while in the military, naval or air service of any country (any premium paid to The Company for a period not covered by the Policy while the Covered Person is in such service will be returned pro-rata).

WALGREENS HEALTH INITIATIVES PHARMACY NETWORK

The pharmacy network provides prescription drug coverage for all conditions with the exception of preventative drugs to include oral contraceptives. Prescriptions filled at any participating Walgreens pharmacy will be payable as described within the Prescription Drug benefit under the Medical Expense Benefit Schedule. The Insured is responsible for a \$10.00 co-payment per generic prescription, \$40.00 co-payment per single source (preferred) prescription or \$60.00 co-payment per multi-source (non-preferred) prescription. No claim forms are required. The participating pharmacy will file claims directly with the administrator for reimbursement of the remaining charges.

You must show your identification card to receive benefits at a participating pharmacy. An identification/prescription card will be issued once the correct premium and application have been processed by the administrator.

For member services information, please call Walgreens Health Initiatives RX Member Services at 1-800-207-2568. This service is available after the issuance of the identification/prescription card.