
Blanket Accident and Health Plan

Designed for the Students of:

**CONCORDIA
UNIVERSITY**

2811 Northeast Holman
Portland, OR 97211

2010-2011

Policy Number: 10200691 & 10200692

Please keep this outline of coverage for
future reference





**CONCORDIA UNIVERSITY
BLANKET ACCIDENT
AND HEALTH
INSURANCE PLAN**

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INTRODUCTION

Concordia University is vitally concerned with the health and well-being of its students. This Student Accident & Sickness Plan is designed to provide low cost coverage for unanticipated medical Expenses. The Plan described in this brochure is made available as a service to Our students.

Many students and their parents are not prepared to meet the costs of an unexpected Accident or Sickness. Although many families have some form of health insurance, those plans usually do not cover college students after age 19. Costly medical bills can impose a tremendous hardship and even necessitate a student's withdrawal from school.

Home study, auditing scholars and other non-traditional students do not qualify as a student for the purposes of purchasing this coverage. The company maintains the right to investigate student status and attendance records to verify if eligibility requirements have been met. If eligibility requirements have not been met, the company's only obligation is a refund of premium.

ELIGIBILITY

All Full-Time undergraduate students are automatically covered under the Basic Accident program and are eligible to participate in the Supplemental Medical Expense program. In order to expand the coverage to include the Supplemental Medical Expense benefits, an additional premium must be paid. Refer to the University Catalogue for eligibility details.

REFUND PROVISION

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

TERM OF COVERAGE

The policy for the current year becomes effective on 8/01/2010 at 12:01 a.m. and expires on 8/01/2011 at 12:01 a.m. Spring coverage for new student becomes effective on 1/03/2011 at 12:01 a.m. and expires on 8/01/2011 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.





ANNUAL PREMIUM RATES

Student Annual Optional Supplemental Rate	\$550
New Spring Student Optional Supplemental Rate...	\$321
Spouse Annual Rate.....	\$1,090
(including Supplemental)	
Spouse Spring Rate.....	\$636
(including Supplemental)	
Per Dependent Annual Rate.....	\$294
(including Supplemental)	
Per Dependent Spring Rate.....	\$172
(including Supplemental)	

DEFINITIONS

Accident means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Hospital means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

Injury means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

Insured means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

Loss means medical Expense caused by Injury or Sickness and covered by the policy.

Medically Necessary means medical services, supplies or treatments authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: (a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured person,



Physician or other providers; and (d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, graduate nurse, clinical social worker, Physician assistant, certified nurse midwife, and nurse practitioner. Physician shall not include a member of the Insured's immediate family.

Pre-Existing Condition means any condition for which medical advice or treatment was received or recommended within the six months immediately preceding Your effective date of coverage. This exclusion applies for six months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. We shall credit the time You were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act health plan; state children's health programs (S-CHIP); and foreign national health plans.

Sickness means disease or illness which causes a Loss while the Insured is covered by the policy. Sickness includes normal pregnancy and complications of pregnancy.

Usual and Customary Expense means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured'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 Expense is incurred. This is determined by 90% of what providers charge in the local area.

We, Us or Our means Markel Insurance Company.

You, Your or Yours means the Insured.

EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to nine months after the expiration date.

This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

DESCRIPTION OF BENEFITS

SECTION I

BASIC ACCIDENT EXPENSE BENEFITS

When You suffer a Loss from Injury, We will pay the Expense pay up to an aggregate maximum of \$1,000. Benefits are allocated as follows:

Hospital Room and Board Expense: When Your Injury requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate.

Hospital Miscellaneous Expense: We will pay the Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Surgical Expense: When Your Injury requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile at 80%. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to a maximum of 25% of the surgical allowance.

If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to a maximum of 20% of the surgical allowance.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Injury requires the services of a Physician, We will pay the Expense for such services.

Ambulance Expense: When Your Injury requires the use of an ambulance or air ambulance, We will pay the Expense.

Outpatient Expense: When Your Injury requires the use of outpatient facilities of an ambulatory surgical center, ambulatory medical center, Hospital or Physician's office for the use of diagnostic x-ray, including ultrasound, MRI and CAT Scan, laboratory services, an emergency room, supplies and prescribed medicines on an outpatient basis. This benefit includes Physician's visits (up to a maximum of

8 visits), We will pay the Expense at 80% after satisfying a \$50 per cause Deductible. This shall include coverage of a drug for a particular indication that has not been approved by the United States Food and Drug Administration if the Health Resources Commission determines that the drug is recognized effective for the treatment of that indication. This shall include coverage for Medically Necessary services associated with the administration of the drug.

Licensed Nurse Expense: If, while confined in a Hospital, Your Injury requires the services of an R.N. or licensed practical nurse, We will pay the Expense.

SECTION II

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while You are Insured under the policy. Also, the Loss must take place within 52 weeks after the Accident.

The following table shows the amounts We will pay:

For Loss Of	Amount
Life.....	\$5,000
Both hands or both feet or sight of both eyes.....	\$5,000
One hand and one foot.....	\$5,000
One hand and sight of one eye.....	\$5,000
One foot and sight of one eye.....	\$5,000
One hand or one foot or sight of one eye.....	\$2,500

The most We will pay for all Losses to an Insured as the result of one Accident is \$5,000.

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

SECTION III

OPTIONAL EXPENSE BENEFIT

This coverage may be purchased for an additional premium of \$550 and includes Optional Sickness Expense and Optional Supplemental Expense Benefit.

OPTIONAL SICKNESS EXPENSE BENEFITS

When You suffer a Loss from Sickness, We will pay the Expense incurred up to an aggregate maximum of \$1,000. Benefits are allocated as follows:

Hospital Room and Board Expense: When Your Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate.

Hospital Miscellaneous Expense: We will pay the

Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Surgical Expense: When Your Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile at 80%. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to a maximum of 25% of the surgical allowance.

If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to a maximum of 20% of the surgical allowance.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Sickness requires the services of a Physician, We will pay the Expense for such services.

Ambulance Expense: When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense.

Outpatient Expense: When Your Sickness requires the use of outpatient facilities of an ambulatory surgical center, ambulatory medical center, Hospital or Physician's office for the use of diagnostic x-ray, including ultrasound, MRI and CAT Scan, laboratory services, an emergency room, supplies and prescribed medicines on an outpatient basis. This benefit includes Physician's visits (up to a maximum of 8 visits), We will pay the Expense at 80% after satisfying a \$50 per cause Deductible. This shall include coverage of a drug for a particular indication that has not been approved by the United States Food and Drug Administration if the Health Resources Commission determines that the drug is recognized effective for the treatment of that indication. This shall include coverage for Medically Necessary services associated with the administration of the drug.

Licensed Nurse Expense: If, while confined in a Hospital, Your Sickness requires the services of an R.N. or licensed practical nurse, We will pay the Expense.

OPTIONAL SUPPLEMENTAL EXPENSE BENEFIT

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum incurred under the basic Accident or Sickness benefit above, We will pay 80% of the Expense up to a maximum of \$25,000. Covered Expenses for daily Hospital room and board will

not be more than the usual semi-private room charge.

MANDATED BENEFITS

The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy; and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

Chemical Dependency Expense: We will pay the Expense when an Insured requires treatment for chemical dependency, including alcoholism. If specified in the policy, outpatient coverage may include follow-up in-home service or outpatient services. Coverage will not include: 1) educational or correctional services or sheltered living provided by a school or halfway house; 2) a long-term residential mental health program that last longer than 45 days; 3) psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present; 4) a court-ordered sex offender treatment program; or 5) a screening interview or treatment program under ORS 813.021. "Chemical dependency" means the addictive relationship with any drug or alcohol characterized by a physical or psychological relationship, or both, that interferes on a recurring basis with the individual's social, psychological or physical adjustment to common problems. It does not include addiction to, or dependency on, tobacco, tobacco products or food.

Mental Illness Expense: We will pay the Expense when an Insured requires treatment for mental illness, excluding chemical dependency and alcoholism. If specified in the policy, outpatient coverage may include follow-up in-home service or outpatient services. Coverage will not include: 1) educational or correctional services or sheltered living provided by a school or halfway house; 2) a long-term residential mental health program that lasts longer than 45 days; 3) psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present; 4) a court-ordered sex offender treatment program; or 5) a screening interview or treatment program under ORS 813.021. "Mental illness" means all disorders listed in the "Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR, Fourth Edition except for: 1) diagnostic codes 317, 318.0, 318.1, 318.2, 319; mental retardation; 2) diagnostic codes 315.00, 315.1, 315.2, 315.9; learning disorders; 3) diagnostic codes 302.4, 302.81, 302.89, 302.2, 302.83, 302.84, 302.82, 302.9; paraphilias; 4) diagnostic codes 302.85, 302.6, 302.9; gender identity disorders in adults. This does not extend to children and

adolescents 18 years of age or younger; and 5) diagnostic codes V15.81 through V71.09; "V" codes. This does not extend to children five years of age or younger for diagnostic codes V61.20; parent-child relational problem through V61.21; neglect, physical abuse, or sexual abuse of child, and V62.82; bereavement.

Maternity Inpatient Care and Home Visits Expense: We will pay the Expense for inpatient hospitalization for a mother and newborn child for a minimum of 48 hours after an uncomplicated vaginal delivery and 96 hours after delivery by an uncomplicated cesarean section. When a mother is required to remain hospitalized after childbirth for medical reasons and the mother requests that the newborn remain in the Hospital, We will pay the Expenses for the cost of additional hospitalization for the newborn for up to four days. When a mother requests a shorter length of stay than that provided in this section or if the mother decides in consultation with the mother's attending provider, that less time is needed for recovery; one home visit within 24 hours after Hospital discharge for mother and newborn child, and one additional visit if prescribed by the attending Physician will be covered. For mother and newborn child who remain in Hospital for at least the length of time provided in this section; coverage for a home visit shall be provided if prescribed by the attending Physician. A home visit shall be provided in accordance with generally accepted standards of nursing practice for home care of a mother and newborn child; be provided by a registered nurse with at least one year of experience in maternal and child care of a mother and newborn child and include and service required by the attending Physician. Coverage for home visits for newborns is not subject to Deductibles, copays or coinsurance.

Mammography and Pap Smear Expense: We will pay the Expense for low-dose mammography screening for breast cancer screening or diagnosis, or for any nonsymptomatic woman covered under the policy subject to the following: 1) a baseline mammogram for women age 35 to 39; 2) a mammogram for women age 40 to 49, inclusive, every two years or more frequently based on the recommendation of the patient's Physician; 3) a mammogram every year for women age 50 and over; 4) or a mammogram for any woman, upon the recommendation of a Physician, where such woman, her mother or sister has a prior history of breast cancer. We will pay the Expense for pelvic examinations and pap smear examinations; every other year for ages 18 - 64.

Maxillofacial Prosthetic Services Expense: We will pay the Expense for maxillofacial prosthetic services considered necessary for adjunctive treatment. "Maxillofacial prosthetic services considered necessary for adjunctive treatment"

means restoration and management of head and facial structures that cannot be replaced with living tissue and that are defective because of disease, trauma or birth and developmental deformities when such restoration and management are performed for the purpose of: 1) controlling or eliminating infection; 2) controlling or eliminating pain; or 3) restoring facial configuration or functions such as speech, swallowing, or chewing but not including cosmetic procedures rendered to improve on the normal range of conditions.

TRAVEL BENEFITS

All Services or benefits provided in this policy and outlined below must be pre-approved by Us or Our representative.

REPATRIATION OF REMAINS BENEFIT

If the Insured Person suffers a covered loss of life while on Covered Travel, We will pay, subject to the limitations stated below, for Covered Expenses reasonably incurred to return the Insured person's body to their home country, but not exceeding a Maximum Per Insured person benefit amount of \$5,000.

Covered Expenses. Covered Expenses include, but are not limited to, Expenses incurred in accordance with the applicable international requirements for:

- (1) embalming;
- (2) cremation;
- (3) the most economical coffins or receptacles adequate for transportation of the remains; and
- (4) transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

Benefits will not be provided for any Expense provided by another party at no cost to the Insured person or already included in the cost of the Covered Travel.

We or Our representative must authorize all Expenses in advance for any travel benefit to be payable.

DEFINITIONS

The following definitions apply to the aforementioned Travel Benefits:

Covered Travel means any travel 100 miles or more from home.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Usual and Customary medical services and supplies incurred

in connection with the Emergency Evacuation of the Insured person. Expenses for Transportation must be: (1) recommended by the attending Physician; and (2) required by the standard regulations of the conveyance transporting the Insured person.

Emergency Evacuation means: (1) the Insured person's medical condition warrants immediate Transportation from the place where the Insured person is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (2) after being treated at a local Hospital, the Insured person's medical condition warrants Transportation to the United States or Canada (where he or she resides) to obtain further medical treatment or to recover; or (3) both (1) and (2) above.

Transportation means any land, sea or air conveyance required to transport the Insured person during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulance, land ambulance and private motor vehicles.

COORDINATION OF BENEFITS

This Coordination of Benefits provisions does not apply to the first \$100 of covered Expenses for each covered Loss.

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses, if this policy's portion does not exceed its benefit level.

When a claim is made, other valid and collectible insurance pays its benefits without regard to this policy. The benefits under this policy will not exceed the allowable benefits and the total benefits will not exceed the total Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; (2) any plan or program created or administered by national or state government, or agencies thereof. We will not limit or

exclude payment on a claim because the Insured is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

CONFORMITY WITH STATE STATUTES

Any provision of this plan of insurance 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.

Any Expense not specifically listed in the preceding sections is not covered.

EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the Policyholder's health service, infirmary, Hospital or employees;
- Routine eye exams and contacts; replacing eyeglasses or prescription therefor; routine examinations and services related to hearing examinations or hearing aids; or treatment for hearing defects not related to an Injury or Sickness;
- Routine physical examinations; preventive care (with the exception of pap exams); elective surgery and elective treatment; services solely to improve appearance; for personal hygiene; services specifically for dietary control; custodial, sanitarial or rest care; or fertility testing;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children;
- False labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication of pregnancy;
- Treatment or supplies for the newborn infant except that required for the treatment of a covered Accident or Sickness;
- Voluntary termination of pregnancy;

- Skydiving; recreational parachuting; hang gliding; glider flying; parasailing; sail planing; bungee jumping; or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Injury or Sickness resulting from any declared or undeclared war;
- Injury due to participation in a riot; commission of or attempt to commit a felony;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;
- Injury or Sickness covered by any workers' compensation or occupational disease law;
- Injury or Sickness resulting from being legally intoxicated or under the influence of drugs unless taken on a Physician's advice;
- Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
- Injury resulting from the practice or play of intercollegiate sports in excess of \$1,000, unless you purchase the Supplemental Expense Benefit coverage;
- Injury resulting from the practice or play of intercollegiate or club football ; or
- Pre-Existing Conditions.

CLAIM PROCEDURE

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

1. Complete a claim form, if applicable, and submit it to the Claims Administrator. Claim forms must be completed and signed for accident claims. A claim form is not required for sickness claims, although in certain circumstances one may be requested by the Claims Administrator for completion. Claim forms are available from the Claims Administrator or online at Our website www.MarkelAH.com.
2. Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in your submission, the student's school name, student name, policy number and student ID number even if the charges are for a spouse or dependent.

3. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
4. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator.

Travel Assistance Services

Provided that travel is 100 miles or more from the Insured's primary residence, AXA Assistance USA shall provide or facilitate the following services below on a worldwide basis, where available and whenever possible:

1. 24 Hour toll free access worldwide
2. Referrals to hospitals, physicians, and specialists
3. Guarantee of Medical Expenses
4. Medical monitoring
5. Emergency prescription transfer
6. Emergency cash/bail assistance
7. Legal Referrals
8. Telephone translation assistance
9. Lost document assistance
10. General travel assistance

The toll free number for AXA Assistance USA is (888) 735-8473.



MARKEL PRIVACY PRACTICES

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at: Phone (800) 431-1270 or www.MarkelAH.com.



Underwritten by:



Glen Allen, VA 23060

Plan arranged by:

Lutheran Trust

70 Corporate Hills Drive, Suite 101

Saint Charles, MO 63301

1-800-200-7257

Mail claims to:

Co-ordinated Benefit Plans

PO Box 24322

Tampa, FL 33632-4322

Phone - 877-794-6908

Fax - 727-499-7884

Email claims to: claims@cbpinsure.com

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the institution.