

2004-2005

Washington State
SERVICE CORPS

**INJURY
AND
SICKNESS
INSURANCE
PLAN**

UNDERWRITTEN BY:
GUARANTEE TRUST
LIFE INSURANCE COMPANY
POLICY# 464-071-028S

ELIGIBILITY

All volunteers in the Washington Service Corps program are automatically enrolled in this insurance Policy. The Company maintains its rights to investigate eligibility to verify that the policy eligibility requirements have been met. If and when the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium. Eligibility requirements must be met each time premium is paid to renew coverage.

EFFECTIVE AND TERMINATION DATES

The policy becomes effective at 12:01^{AM} on September 1, 2004. The Covered Person's coverage becomes effective at 12:01^{AM} on the day the Covered Person actively begins volunteering in the Washington Service Corps program, provided premium has been remitted to the Company. Coverage terminates at 12:01^{AM} on the earliest of: 1) September 1, 2005; 2) the end of the period through which premium is paid; 3) the day after the last day the Covered Person volunteers in the program; or 4) the date a Covered Person enters full-time active military service. Refunds of premium are allowed only upon entry into the full-time active military service. In this case, a pro-rata premium refund will be given only upon request.

EXCESS PROVISION

Even if a Covered Person has other insurance, the Policy may cover unpaid balances, deductibles and pay those eligible medical expenses not covered by other insurance.

Benefits may be paid on the unpaid balances after the other insurance has paid. No benefits are payable for any Covered Charges incurred for Injury or Sickness which is paid or payable by other valid and collectible insurance or under an automobile insurance policy.

However, this Excess Provision will not be applied to the first \$100 of Covered Charges incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Covered Person for failing to comply with policy provisions or requirements.

Important: The Excess Provision has no practical application if a Covered Person does not have other medical insurance or if the other insurance does not cover the loss.

PREVENTIVE CARE

Benefits will be paid for Covered Charges for preventive care up to a Maximum benefit of \$150 per Policy Year. Preventive care benefits are not subject to the deductible. Preventive care includes: a complete health assessment (routine physical), blood pressure screening, annual pap smear, breast evaluation, mammogram, cholesterol screening, glucose-blood level screening, prostate/rectal exam for age 40 and over, other similar type services when recommended by a physician.

DIABETIC TREATMENT BENEFITS

Covered Charges for Treatment of diabetes shall include: 1) blood glucose monitors and blood glucose testing strips; 2) blood glucose monitors designed to assist the visually impaired; 3) insulin pumps and all related necessary supplies; 4) ketone urine testing strips; 5) lancets and lancet puncture devices; 6) pen delivery systems for the administration of insulin; 7) podiatric devices to prevent or treat diabetes related complications; 8) insulin syringes; 9) visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin; and 10) outpatient self-management training, education, and medical nutrition therapy, as medically necessary, without a prescription or upon the direction or prescription of the attending physician.

RECONSTRUCTIVE BREAST SURGERY BENEFIT

Benefits will be paid for reconstructive breast surgery (including prosthesis) resulting from a mastectomy which resulted from Sickness or Injury, regardless of when the mastectomy or the condition which made the mastectomy necessary was covered by the Policy. Benefits will be paid for all stages of one reconstructive breast reduction on the non-diseased breast to make it equal in size to the diseased breast after definitive reconstructive surgery on the diseased breast has been performed. Benefits for reconstructive breast surgery shall be commensurate with the hospital and surgical benefits otherwise provided by the Policy. Benefits shall be limited by any maximum amounts specified in the Schedule of Benefits, any deductible and any coinsurance provision.

MEDICAL EXPENSE BENEFITS
\$50,000 MAXIMUM BENEFIT FOR EACH INJURY OR SICKNESS
\$75 DEDUCTIBLE PER COVERED PERSON/PER POLICY YEAR

The Policy provides benefits for Covered Charges incurred by a Covered Person up to the Reasonable and Customary Charges (R&C) for loss due to a covered Injury or Sickness, up to the maximum benefit of \$50,000. After the \$75 deductible has been satisfied, benefits will be paid at 80% of R&C for the first \$1,000 of Covered Charges, then 100% of R&C of the next \$49,000 in Covered Charges, not to exceed the \$50,000 Maximum Benefit. Covered Charges for Treatment of an Injury must be incurred within 52 weeks of the Accidents. Covered Charges Include:

INPATIENT

- Room & Board**, daily semi-private rate; general nursing care provided by the hospital Semi Private Room Rate
- Hospital Miscellaneous**, such as the cost of the operation room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, pre-admission testing, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge..... Up to R&C
- Intensive Care** Up to R&C
- Physiotherapy** Up to R&C/\$500 Maximum Lifetime Benefit
- Surgeon's Fees**, in accordance with data provided by Ingenix. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession Up to R&C
- Assistant Surgeon**, payable only when required by the hospital Up to R&C
- Anesthetist** Up to R&C
- Registered Nurse's Services**, private duty nursing care Up to R&C
- Physician's Visits**, benefits are limited to one visit per day and do not apply when related to surgery Up to R&C
- Mental and Nervous Disorders/Alcoholism/Drug Abuse*** Up to R&C/\$10,000 Maximum Lifetime Benefit (\$5,000 maximum during any consecutive 24-month period)

OUTPATIENT

- Surgeon's Fees**, in accordance with data provided by Ingenix. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession Up to R&C
- Day Surgery Miscellaneous**, related to scheduled surgery performed in a hospital including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies Up to R&C
- Anesthetist** Up to R&C
- Assistant Surgeon** Up to R&C
- Physician's Visits**, benefits are limited to one visit per day. Benefits for physician's visits do not apply when related to surgery or physiotherapy Up to R&C
- Physiotherapy** Up to R&C/\$500 maximum lifetime benefit
- Medical Emergency Expense**, use of the emergency room and supplies Up to R&C
- Diagnostic X-Ray & Laboratory Services** Up to R&C
- Prescription Drugs** Up to R&C
- Mental and Nervous Disorders/Alcoholism/Drug Abuse*** Up to R&C/\$10,000 Maximum Lifetime Benefit (\$5,000 maximum during any consecutive 24-month period)
- Chemotherapy/Radiation Therapy** Up to R&C

OTHER

- Ambulance Service**, for transportation to or from a hospital Up to R&C
 - Braces and Appliances**, including durable medical equipment (a written prescription must accompany the claim when submitted). Replacement braces and appliances are not covered. Up to R&C
 - Consultant Physician Fees**, when requested and approved by the attending physician Up to R&C
 - Dental Treatment**, made necessary by Injury to sound natural teeth \$100 per tooth
 - Maternity/Complication of Pregnancy** Paid as any other Sickness
- The attending physician, in consultation with the mother, will determine the length of hospital confinement following delivery. The newly born child will be covered the same as the mother for 3 weeks following birth.

*Benefits combined for inpatient and outpatient Treatment of Mental and Nervous Disorders shall not exceed limits stated.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight

If an Injury, independent of all other causes and within one year from the date of Accident, solely results in any one of the following specific losses, the Covered Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit when added to payment under the "Medical Expense Benefits" shall not exceed the Policy Maximum Benefit of \$50,000.

For Loss of:

Life	\$5,000
Two or More Members	\$5,000
One Member	\$2,500
Thumb or Index Finger	\$1,250

Member means hand, arm, foot, leg or eye. Loss shall mean: 1) with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; or 2) with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Accident will be paid.

MATERNITY TESTING

The following maternity and routine tests and screening exams will be considered if all other Policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing, ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the pregnancy record and ultrasound report that establishes medical necessity. Additionally, the following tests will be considered for women over 35 years of age: AFP Blood Screening; Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are also covered. Prenatal vitamins are not covered. For additional information regarding maternity testing, please call the Claims Administrator at 1-877-246-6997.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the termination date. However, if a Covered Person is hospital confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, covered medical expenses for such Injury or Sickness will continue to be paid as long as treatment of the injury or sickness, or hospital confinement continues but not to exceed 12 months after termination date.

If the Covered Person is totally disabled when coverage ends (totally disabled means an absence of capacity to continue and/or perform as a volunteer), coverage will be extended for the number of months the person was insured under the Policy, up to a maximum of six (6) months. This extension will apply only to the condition which caused the disability.

The total payments made in respect of the Covered Person for such condition both before and after the termination date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

CERTIFICATION OF GROUP HEALTH PLAN COVERAGE

If a Covered Person is no longer eligible to be insured under the plan, the Covered Person should request a Certification of Group Health Plan Coverage from Summit America Insurance Services. This request can be made by phone or in writing. This request must include the name of the group insured under and the name of each person who is no longer eligible to be insured under the plan.

AUTHORIZED REPRESENTATION

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority. To authorize an additional party to act as your personal representative for matters pertaining to this insurance plan, please send a notarized, written request to:

Summit America Insurance Services
5001 College Blvd.
Suite 216
Leawood, KS 66211

EXCLUSIONS AND LIMITATIONS

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

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a physician as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member;
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country;
3. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law;
4. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline;
5. Participation in a riot or civil disorder; commission of or attempt to commit a felony; fighting;
6. Surgery and/or treatment for: acne; acupuncture; alopecia; biofeedback-type services; breast implants or breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the Policy; family planning; fertility tests; gynecomastia; hirsutism; impotence, organic or otherwise; learning disabilities; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; nicotine addiction; non-malignant warts, moles and lesions; obesity and any condition resulting therefrom (including hernia of any kind); premarital examinations; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; tubal ligation; vasectomy; and weight reduction;
7. Temporomandibular Joint Dysfunction (TMJ)
8. Expenses incurred as a result of dental treatment, except as specifically stated;
9. Patient controlled analgesia (PCA);
10. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of Injury;

EXCLUSIONS AND LIMITATIONS (continued)

11. Expense incurred in connection with birth control except prescription contraceptives;
12. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams, except as specifically stated;
13. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process;
14. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process;
15. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
16. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment;
17. Injury caused by, contributed to or resulting from alcoholism and drug addiction;
18. Routine newborn infant care, well-baby care and related Doctor charges, except as specifically provided for in the Policy;
19. Congenital conditions, except as specifically provided for newborn or adopted infants;
20. Claims arising out of participation by the Covered Person in any interscholastic, intercollegiate or professional sports, contest or competition; traveling to or from such sports, contest or competition as a participant; or while participating in any practice or conditioning program for such sport, contest or competition;
21. Nasal or sinus surgery; and
22. Supplies, except as specifically stated.

PRE-EXISTING CONDITION LIMITATION

There is no coverage for Pre-Existing Conditions during the first three (3) months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior creditable coverage for three (3) consecutive months. Prior creditable coverage of less than three (3) months will be credited toward satisfying the Pre-Existing Condition limitation.

DEFINITIONS

ACCIDENT means a sudden, unforeseeable external event which results in an Injury. The Accident must occur while the Covered Person is covered under the Policy.

COVERED CHARGE means the Reasonable and Customary Charge incurred for a service or supply which is performed or given under the direction of a doctor for the medically necessary Treatment of a Sickness or Injury. A Covered Charge is considered incurred on the date the Treatment or service is rendered or the supply is furnished.

INJURY means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional or structural disorder; 3) a source of loss; and 4) sustained while the Covered Person is covered under the Policy. All injuries sustained in one Accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

PRE-EXISTING CONDITION means a Sickness or Injury for which advice was given, or for which a physician recommended or provided treatment within the three (3) months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Persons effective date of coverage under the Policy.

DEFINITIONS (continued)

REASONABLE AND CUSTOMARY CHARGES (R&C)

means charges which are: 1) Reasonable and customary when compared with the charges made for similar services and supplies and 2) made to persons having similar medical conditions in the locality of the Policy holder. No payment will be made under the Policy for any expenses incurred which, in the judgment of the Company, are in excess of Reasonable and Customary Charges.

SICKNESS means illness or disease and complications of pregnancy which being after effective date of the Covered Person's coverage, which are not a Pre-existing Condition. All related conditions and recurrent symptoms of the same or a similar condition will be considered one Sickness.

TREATMENT means the medical care and/or management of an Injury or Sickness by a physician or other medical provider, operating within the scope of their license. Such care and management includes diagnostic, medical, surgical, or therapeutic services, medical advice, consultation, recommendation; and/or the taking of drugs or medicines or the prescription thereof.

NOTE

Keep this brochure as a general summary of the insurance. Terms and conditions are set forth in the Master Policy (Policy Number 464-071-028S). It contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between this brochure and the Policy, the Policy will govern and control the payment of benefits.

CLAIM PROCEDURE

In the event of Injury or Sickness, the Covered Person should:

1. Report to his/her doctor or hospital.
2. Obtain a claim form at www.summitamerica-ins.com. Mail the completed claim form, all medical bills, and copies of your other insurance carrier's Explanation of Benefits to the address below. Please submit one claim form for each Injury or Sickness.
3. File claim within 30 days of Injury or first Treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

SUBMIT ALL CLAIMS OR INQUIRES TO:

Summit America Insurance Services L.C.

5001 College Blvd.

Suite 216

Leawood, KS 66211

Toll free phone number: 877-246-6997

Fax: 913-327-7520

www.summitamerica-ins.com

E-mail: Claims@summitamerica-ins.com

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on Medical Necessity.

If you have questions about the status of your claim after it has been submitted, please call Summit America Insurance Services, Inc. at 1-877-246-6997.

UNDERWRITTEN BY:

Guarantee Trust

Life Insurance Company

Policy Number 464-071-028s

ADMINISTERED BY:

Summit America Insurance Services L.C.

1-800-775-8089

PLAN ARRANGED BY:

Willis Of Seattle, Inc.

P.o. Box 34201

Seattle, Wa 98124