

Ambria College of Nursing

ELIGIBILITY

All Nursing Students are required to have health coverage. If a student presents satisfactory evidence of comparable coverage which meets the requirements of the college during the class registration process, they will be allowed to register. If not, students must enroll in the plan outlined herein (or a comparable plan) before being allowed to complete class registration. For students that are age 35 or over, the rates of this plan are increased by the following percentages:

Students ages 35-44:	30%
Students ages 45-54:	70%
Students ages 55-64:	100%

ENROLLMENT

Enrollment is only allowed during the Open Enrollment Periods for each trimester, as follows:

Fall:	September 1, 2011 to October 12, 2011
Spring:	December 1, 2011 to February 11, 2012 (Term starts 1/1/12)
Summer:	April 1, 2012 to June 11, 2012 (Term starts 5/1/12)

- Exceptions will be made for the following:
1. Enrolling as a new or transfer student within 31 days of enrollment at the school.
 2. Within 31 days of ineligibility under another plan of Creditable Coverage and accepted and exhausted COBRA continuation of coverage if offered.

To enroll in this program, go to First Agency's website college page at: www.1stagency.com/college.htm . From there, click on the "Buy Coverage Now" button under Ambria College of Nursing. Follow the directions to complete the enrollment & purchase and submit.

*BASIC MEDICAL EXPENSE BENEFITS

Payment will be made for the medically necessary reasonable and customary expense actually incurred for the treatment of Injury or Sickness, as shown below, not to exceed a Policy year maximum of up to \$5,000 per Injury or Sickness. Treatment of Injury must begin within 60 days of covered accident.

COVERED EXPENSES

	<u>PLAN I</u>	<u>PLAN II</u>
1. Cash Deductible	None	None
2. Daily Room and Board Semi-Private when hospital confined at a rate per day of.....	\$300.00	\$600.00
3. Miscellaneous Hospital Charges for use of operating room, anesthesia, X-ray examination (not treatment), laboratory tests, drugs or medicines, therapeutic services or supplies when hospital confined and while receiving Room and Board benefits above. Payable at 80% up to a maximum of.....	\$1,000.00	\$2,000.00
4. Surgical Operations in accordance with the Schedule, using a \$75 coefficient, up to a maximum of.....	\$1,000.00	\$2,000.00
5. Assistant Surgeon up to 20% of the surgery fee paid, up to.....	\$200.00	\$400.00
6. Administration of Anesthetics up to 25% of the amount of the surgical benefit, up to.....	\$250.00	\$500.00
7. Dental Treatment for Injury to sound, natural teeth, up to.....	\$300.00	\$600.00
8. Ambulance Service to and from confinement. Per Injury or Sickness.....	\$200.00	\$400.00
9. Doctor's Visits beginning with the first call when hospital confined.....	\$25.00	\$50.00
<i>In case of Injury or Sickness not requiring hospitalization, the following applies:</i>		
Injury (first visit) (including Physiotherapy).....	\$35.00	\$70.00
Sickness (beginning with 2nd visit) not requiring hospitalization (including Physiotherapy).....	\$35.00	\$70.00
No payment shall be made for medical treatment received on the day of any surgical operation or during convalescence therefrom if payment is made to insured for such operation.		
10. Consultant requested and approved by the attending doctor, up to.....	\$50.00	\$100.00
11. Diagnostic X-ray and Laboratory Procedures when prescribed by the attending doctor for each diagnosed Sickness or Injury up to a maximum of	\$150.00	\$300.00
12. Hospital Emergency Care Out-Patient Expense not including medication, up to.....	\$100.00	\$150.00

When benefits are payable under any other policy or prepayment plan, this policy limits the reimbursement to \$500.00.

INCLUDES

*MAJOR MEDICAL EXPENSE BENEFITS ACCIDENT AND SICKNESS (Included in PLAN I AND PLAN II)

When the Covered Person, because of covered Injury or Sickness, actually incurs during the Policy Year, medically necessary reasonable and customary medical expense in excess of \$5,000.00 for treatment by a doctor, services of a registered graduate nurse, X-ray service, ambulance, or any hospital care or service (hospital room and board limited to semiprivate rate), the Company will pay 80% of such expense up to a maximum payment of \$15,000 for all

benefits under the Policy Per Injury or Sickness. No benefits are payable due to traveling in and as a result of an automobile accident under the Major Medical Expense Benefit.

*Covered Charges paid under the Basic Medical Expense Benefit shall not be paid under the Major Medical Expense Benefit of this Policy. Incurred Covered Charges exceeding \$5,000 are covered only under the Major Medical Expense Benefit. All expenses are processed in order of receipt.

MANDATES

Illinois mandates coverage for the following benefits: Hospital confinement for mother and child for 48 hours following vaginal delivery and 96 hours following caesarean delivery. If shorter length of hospital stay, coverage includes a post-discharge doctor office visit or in-home nurse visit in the first 48 hours after discharge; initial prosthetic device and reconstructive surgery incident to mastectomy; mammograms at certain intervals; annual cervical smear or pap test; prostate specific antigen test at age 40 and older; outpatient diabetes self-management training; diabetes equipment and pharmaceuticals; colorectal cancer exams and lab tests in accordance with American Cancer Society guidelines; treatment of serious mental illness; treatment of alcoholism while hospital confined; autism spectrum disorders and medically necessary bone mass measurement and diagnosis and treatment of osteoporosis the same as any other Sickness; Outpatient contraceptive services, drugs and devices approved by the FDA (if prescription drug coverage is provided); clinical breast examinations; pain therapy and medications for the treatment of breast cancer; non-FDA approved drugs for certain types of cancer; HPV vaccines; amino acid based elemental formulae; habilitative services for children under 19; shingles vaccinations for persons 60 or older; prenatal HIV testing; prescription inhalants; physical therapy for treatment of multiple sclerosis; treatment of infertility. All Illinois mandates are paid the same as any other sickness unless specifically stated otherwise. Please see the policy on file with the policyholder for complete details.

EXCLUSIONS AND LIMITATIONS

We won't pay for:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor 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. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
4. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
5. 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.
6. Cosmetic surgery other than: reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part. Reconstructive surgery because of a congenital disease or anomaly as provided for Dependent newborns.
7. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.
8. Surgery and/or treatment for nonmalignant warts and moles.
9. Temporomandibular Joint Dysfunction (TMJ).
10. Treatment of mental or nervous disorders.
11. Expenses incurred as a result of dental treatment, except as specifically stated.
12. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of Injury and except as specifically stated.
13. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury.
14. Injury sustained while participating in practice or play of intercollegiate sports.
15. Any expenses for services rendered by employees or doctors or any other persons employed or retained by the Policyholder or for the use of Policyholder's facilities.
16. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
17. Injury caused by or resulting from being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
18. Congenital conditions, except as specifically provided for newborn or adopted infants.
19. Air travel, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline, parachuting; or travel in or upon any two, three, or four-wheeled motor vehicle (except as specifically provided).
20. Outpatient prescription drugs.
21. Physiotherapy, except as specifically stated in the policy.
22. Hernia of any kind.

PRE-EXISTING CONDITIONS LIMITATIONS

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's Effective Date of coverage under the Policy. This limitation will not apply if: The Covered Person has been covered under the Policy for more than 12 months; or (a) The individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. We will credit the time the individual was covered under prior Creditable Coverage; and whose most recent prior Creditable Coverage was under an employer group health plan; and who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

STUDENT PREMIUMS

	Annual 9/1/11 to 9/1/12	Fall 9/1/11 to 1/1/12	Spring 1/1/12 to 5/1/12	Summer 5/1/12 to 9/1/12
Plan I	\$685.00	\$235.00	\$235.00	\$235.00
Plan II	\$990.00	\$335.00	\$335.00	\$335.00