

PERIOD OF COVERAGE

The Insurance becomes effective on 9-1-11 at 12:01 a.m. standard time on the first day of the Period of Coverage selected or the date enrollment form and premium are received, if later. Coverage terminates on the earlier of 12:01 a.m. on the Policy termination date which is 9-1-12, the end of the Period of Coverage for which premium is paid, or the date the Covered Person enters the armed forces of any country. No premium refunds are permitted except when the student enters full-time active military service in which case a pro-rata refund will be made upon written request.

CLAIM PROCEDURE

In the event of Sickness or Injury the insured should:

1. A company claim form is required for filing a claim. Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the college under which the student is insured.
2. This policy contains an "excess" provision which means it pays (up to policy limits) balances unpaid by other insurance that covers you. It becomes primary if you have no other coverage. **For timely claim payment, file your claim with your other insurance company (or your parent's if you are covered under their policy) and with First Agency, Inc., at the same time. Mail First Agency, Inc. copies of what your other insurance paid, such as their worksheet.**
3. Report claims promptly and file no later than 90 days from the date of such loss.
4. Students are responsible for filing their own claims.
5. You can pay the charges (obtain a receipt and ask us to reimburse you) or we can pay the charges.

DEFINITIONS

Injury: will mean bodily injury due to an accident which: results, directly and independently of disease or bodily infirmity. All injuries sustained in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

Sickness: will mean illness, disease, pregnancy and complications of pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same sickness.

Pre-existing Conditions: A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Covered Person's effective date of coverage under the Policy, or a pregnancy existing on the Covered Person's effective date of coverage under the policy.

Insurance Administrator & Claims Office:



FIRST AGENCY, INC.
5071 West H Avenue
Kalamazoo, MI 49009
Phone: (269) 381-6630
www.1stagency.com

Underwritten by:
NATIONAL GUARDIAN LIFE
INSURANCE COMPANY

Policy #12N-125-091-P

COVERAGE

The Student Insurance Plan protects students at home, at school or while traveling, 24 hours a day. Protection is in effect during all interim vacation periods.

IMPORTANT NOTES

Keep this brochure as a summary of the Insurance. No individual policies will be sent to the Insured. If any discrepancies exist between the brochure and the policy, the policy on file with the school governs the payment.

An explanation of benefits does not guarantee payment.

Should an insured student graduate or withdraw from the school, the insurance shall remain in effect until the end of the period for which premium has been received. No premium refunds are permitted except when the student enters full-time active military service in which case a pro-rata refund will be made upon written request.

This is a non-renewable one year term policy. It is the Insured's responsibility to maintain continuity of coverage. No renewal notices will be sent to the Insured.

AMBRIA COLLEGE OF NURSING

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

2011-2012

POLICY # 12N-125-091-P

Keep this brochure as a summary of the Insurance. No Individual policies will be sent. If any discrepancies exist between the brochure and the policy, the policy on file with the school governs the payment.

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, 2012 to February 11, 2012
Summer:	April 1, 2012 to June 11, 2012

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 coverage if offered.

To enroll in this program, go to First Agency 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.

The Company maintains the right to investigate student status and attendance records to verify that policy eligibility requirements have been met. If the Company discovers that the policy eligibility requirements have not been met, our only obligation is refund of premium.

Eligibility requirements must be met each time a premium is paid to continue coverage.

*** 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.

	PLAN I	PLAN II
COVERED EXPENSES		
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

COVERED EXPENSES (continued)

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>		
	PLAN I	PLAN II
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.		

*** 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. 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; rehabilitative 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.

**AMBRIA COLLEGE OF NURSING
ENROLLMENT FOR STUDENT
ACCIDENT AND SICKNESS PLAN**

Student Premiums

Annual	Fall	Spring	Summer
9-1-11 to 9-1-12	9-1-11 to 1-1-12	1-1-12 to 5-1-12	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

check () coverage selected

Student Billing Information

Male Female DOB: _____

Student's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

I understand that insurance becomes effective only when this application and full premium have been received by First Agency, Inc.

Signature _____

Send Completed Enrollment Form and Check Payable to:

**First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009**