

PRE-EXISTING CONDITION LIMITATION

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:

1. The Covered Person has been continuously insured under the Policy for more than 12 months. "Continuously insured" means a person has been continuously insured under the Policy and prior student health insurance policies issued to the Policyholder. Persons who have remained continuously insured will be covered for Sickness or Injury which was payable while continuously insured except for expenses payable under prior policies in the absence of the Policy. Previously insured students must re-enroll for coverage within 30 days of the end of the prior coverage in order to avoid a break in coverage for Sickness or Injury which existed in prior policy years. Once a break in continuous coverage occurs, the definition of Sickness or Injury will apply in determining coverage of any Sickness or Injury which existed during such break; or
2. (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 (b) whose most recent prior Creditable Coverage was under an employer group health plan; and (c) who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

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 Doctor as necessary to treat a Sickness or Injury; are determined to be Experimental/Investigational in nature by Us; 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. Services that are provided normally without charge by Policyholder's student health center, services for fees provided by the Policyholder, or services rendered by any person employed by the Policyholder, including team Doctor and trainers, or any other service performed at no cost.
3. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams, including premarital examinations.
4. Routine physical examinations, health examinations or preschool physical examinations including routine care of a newborn infant, other than Hospital nursery expense of a Dependent newborn baby.

EXCLUSIONS AND LIMITATIONS (Continued)

5. 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.
6. Expenses incurred as a result of dental treatment, except as specifically stated.
7. 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.
8. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
9. Expenses incurred as a result of suicide or attempted suicide while sane or insane; or intentionally self inflicted Injury while sane or insane.
10. Injury resulting from the practicing for, participating in, or the traveling as a team member to and from, interscholastic, intramural, professional or semi-professional sports; or while participating in any conditioning program for such sport-related contest or competition.
11. Claims arising out of practicing for, participating in, or the traveling as a team member to and from intercollegiate or club sports, in excess of \$1,000.
12. Practicing for or participating in, racing or speed contests, skin diving or sky diving, or mountaineering (where ropes or guides are customarily used).
13. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
14. Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs, while operating a motor vehicle.
15. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
16. Congenital conditions, except as specifically provided for newborn or adopted infants.
17. Elective abortions.
18. 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.
19. Organ, tissue and cell transplants.

MANDATED BENEFITS

Ohio mandates coverage for the following benefits: Emergency services expense; treatment of alcoholism on an inpatient, intermediate and outpatient basis; cytologic screening; mammograms; serious mental disorders; and routine patient care costs for cancer clinical trials. Ohio mandates are paid the same as any other sickness unless specifically stated otherwise. See Policy for complete details.

THE PLAN IS UNDERWRITTEN BY:

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

SUBMIT ALL CLAIMS OR INQUIRIES TO:



First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: (800) 243-6298
Fax: (269) 381-3055

E-mail: 1stagency@1stagency.com

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.

THIS BROCHURE IS BASED ON POLICY #34N-125-001-P

Notice of Privacy Practices for Protected Health Information: You have the right to adequate notice of the use and disclosure of protected health information that may be made by us, and of your rights and our legal duties with respect to protected health information. You have the right to request this notice in writing once every 3 years starting from the date of your initial enrollment at the school by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501

CLAIM INSTRUCTIONS

Claims must be submitted to First Agency within 90 days after date of treatment. Please mail all medical and hospital bills along with patient's name and insured student's name, address and name of the university under which the student is insured to:
First Agency, Inc.
5071 West H Avenue, Kalamazoo, MI 49009
Telephone: (800) 243-6298

NOTRE DAME COLLEGE Student Medical Benefit Plan - ID Card

This is to certify that as of August 12, 2011, insurance coverage is provided in accordance with all terms and provisions of the policy with policy number 34N-125-001-P, issued to the above named college for the student named below.

Name _____ Student ID# _____

Street Address _____

City _____ State _____ Zip Code _____

This coverage expires August 12, 2012.

Underwritten by:

Administered by:

**National Guardian Life
Insurance Company**
Madison, WI 53703



First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009
Phone (800) 243-6298
Fax (269) 381-3055
www.1stagency.com

Notice To All Health Care Providers
This card is not a guarantee of coverage. For information concerning coverage, co-payments and claim instructions, please call Customer Service at (800) 243-6298

NOTRE DAME COLLEGE

2011-2012 Student Injury and Sickness Insurance Plan

For the Exclusive
Benefit of:



NOTRE DAME
COLLEGE

*Changing the World,
One Student at a Time.*

This Plan Underwritten By:

**National Guardian
Life Insurance
Company
Madison, WI**

Visit us on the web:
www.1stagency.com

Dear Student,

In this day and age of soaring health care costs, having health insurance coverage is essential. The College is offering a health insurance policy to all full-time undergraduate students taking 12 or more credit hours and part-time students carrying 6 or more credit hours, as well as coverage for spouses and children. This is a policy which offers a \$25,000 maximum with no deductible. There are percentage benefit limitations for services for covered medical expenses.

The College has obtained a specifically tailored program to meet the benefit needs of the students at an affordable premium. This brochure outlines the basic details of the College's Student Health Insurance Program. The Insurance will provide coverage 24 hours a day and is in effect for twelve months. The plan will begin on August 12, 2011. The premiums have been established as follows:

	<u>Student</u>	<u>Spouse</u>	<u>Each Child</u>
Annual Premium:	\$495	\$1,181	\$547

The Insurance premium for student coverage will appear as a separate item on your student bill. If you do not wish to participate in the insurance program, you are required to complete the waiver card which shows proof of comparable coverage. All students are required to have some type of health insurance coverage.

I urge you to examine this Health Insurance Coverage carefully and determine whether it will meet your health insurance needs. If you have any additional questions about the coverage, please contact First Agency, Inc. as noted on the back of this brochure. Under the College's policy, full-time students automatically accept the coverage unless the waiver is completed by September 25, 2011.

Sincerely,

John Phillips
Chief Financial Officer

IMPORTANT NOTICE

All full-time undergraduate students taking 12 or more credit hours will be covered under the Policy unless a waiver is completed by September 25, 2011.

How to Waive Coverage if you have other Health Insurance Coverage:

Go to First Agency website college page at www.1stagency.com/college.htm

Click on the Waive Coverage button under Notre Dame College.

Complete the Waiver form and submit.

You will receive confirmation that your waiver has been received. Keep this for your records. The Insurance premium will be removed from your student account.

STUDENT INJURY AND SICKNESS INSURANCE PLAN

ELIGIBILITY

All full-time undergraduate students taking 12 or more credit hours are automatically enrolled in this Insurance Plan at registration and the premium for coverage is added to their tuition billing unless a waiver is completed and returned to the business office. All registered part-time students taking 6 or more credit hours are eligible to enroll in the Insurance Plan. **Eligible students who do enroll may also insure their Dependents.** Eligible Dependents are the spouse and children up to age 26 (28 if the dependent is an Ohio resident). Dependent Eligibility expires concurrently with that of the Insured Student.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (tv) courses do not fulfill the Eligibility requirements that the student actively attend classes. National Guardian Life Insurance Company, hereafter referred to as the Company, maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the Company discovers that the Eligibility requirements have not been met, its only obligation is refund of premium.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 12, 2011. Coverage becomes effective on that date or the date application and full premium are received by First Agency, Inc. (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m. August 12, 2012. Coverage terminates on that date. Refunds of premiums are allowed only upon entry into the armed forces.

MAJOR MEDICAL BENEFIT \$25,000 MAXIMUM BENEFIT (FOR EACH INJURY OR SICKNESS)

The Major Medical Benefit begins payment after the Basic Maximum benefit of \$2,500 has been paid by the Company.

The Company will pay 80% of additional Covered Medical Expenses incurred up to the Major Medical Maximum of \$25,000. The total benefit payable under Major Medical is \$25,000 minus the Basic Benefits already paid.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured 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 until the earlier of: The date continuous Hospital Confinement ends; the end of a 90 day period following the date the Policy terminates; or the date the Policy Year Maximum is reached.

The total payment made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Policy Year Maximum Amount. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payment be made.

REPATRIATION BENEFIT STUDENTS ONLY \$7,500 MAXIMUM BENEFIT

If the Insured Student dies as the result of a covered Injury or Sickness, the Company will pay the expenses actually incurred for the preparation and transportation of the body to the Insured Student's home country, up to a maximum of \$7,500. Payment is subject to prior approval by the Company.

MEDICAL EVACUATION BENEFIT STUDENTS ONLY \$10,000 MAXIMUM BENEFIT

If the Insured Student, by reason of covered Injury or Sickness and following at least 5 consecutive days of hospital confinement, requires evacuation to the Insured Student's home country, the Company will pay the expenses actually incurred for such evacuation up to a maximum of \$10,000 provided that such evacuation is certified as medically necessary by the attending Doctor and subject to prior approval by the Company.

DEFINITIONS

Injury: 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: Illness, disease, and Complications of Pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness will also include normal pregnancy.

Reasonable and Customary Charges, Fees or Expenses: An amount equal to the lesser of: The actual amount charged by the provider; the negotiated rate, if any; or the reasonable charge as determined by the Payment System software.

Pre-existing Condition: A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within 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.

Basic Medical Expenses Benefits Up to \$2,500 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)

After a \$100 deductible, the Policy provides benefits for 90% of the Reasonable & Customary Charges incurred per Sickness or Injury by an Insured Person for loss due to a covered Sickness or Injury incurred during the Policy Year, up to the Maximum Benefit of \$2,500. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Treatment must begin within 60 days of covered Injury or Sickness. Covered Medical Expenses include:

INPATIENT

Room and Board Expense, daily semi-private room rate; and general.....Semi-private room rate nursing care provided by the hospital
Hospital Miscellaneous Expenses, such as the cost of the operating..... Up to \$750 aggregate maximum room laboratory tests, X-ray examinations, anesthesia, drugs for the first two days/ (excluding take home drugs) or medicines, therapeutic services, and up to \$200 each subsequent day supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
Physiotherapy.....Paid under Hospital Miscellaneous
Doctor's expense for surgery in accordance with the most current.....Reasonable & Customary Charges/ Reasonable & Customary payment system. No more than one surgical Up to \$1,500 maximum procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.
Assistant Surgeon.....25% of Surgery Allowance
Anesthetist.....30% of Surgery Allowance
Doctor's Visits, benefits are limited to one visit per day and do not apply.....Up to \$35 per visit/\$350 maximum when related to surgery.
Pre-Admission Testing.....Paid under Hospital Miscellaneous

OUTPATIENT

Doctor's expense for surgery in accordance with the most current.....Reasonable & Customary Charges/ Reasonable & Customary payment system. No more than one surgical Up to \$1,500 maximum procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.
Day Surgery Miscellaneous, related to scheduled surgery performed in.....Up to \$750 maximum a hospital, including the cost of the operating room, laboratory tests and x-ray examinations, including professional fees, anesthesia, drugs or medicines and supplies.
Anesthetist.....30% of Surgery Allowance
Outpatient Miscellaneous, includes benefits designated as Paid under.....Up to \$1,000 maximum Outpatient Miscellaneous, including Doctor's Visits, Physiotherapy, emergency room and supplies for a Medical Emergency, diagnostic x-ray services, laboratory procedures, tests and procedures, and prescription drugs.
Doctor's visits, benefits are limited to one visit per day. Benefits for.....Paid under Outpatient Miscellaneous Doctor's Visits do not apply when related to surgery or Physiotherapy.
Physiotherapy, benefits are limited to one visit per day, 3 days maximum.....Paid under Outpatient Miscellaneous
Medical Emergency Expenses, use of the emergency room and.....Paid under Outpatient Miscellaneous supplies.
Diagnostic X-Ray Services.....Paid under Outpatient Miscellaneous
Laboratory Services.....Paid under Outpatient Miscellaneous
Tests & Procedures, diagnostic services and medical procedures.....Paid under Outpatient Miscellaneous performed by a Doctor, other than Doctor's visits, Physiotherapy, x-rays and Laboratory procedures.
Assistant Surgeon.....25% of Surgery Allowance

OTHER

Ambulance Services.....Up to \$100 maximum
Consultant Doctor Fees, when requested and approved by the attending.....Up to \$50 maximum Doctor.
Dental Treatment, made necessary by Injury to Sound Natural Teeth.....Up to \$100 per tooth
Maternity/Complications of Pregnancy.....Paid as any other Sickness
Mental or Nervous Disorder Benefit.....Up to \$50 per visit/10 visit maximum