

Dear Student:

Kendall College is always concerned with the health and welfare of its students. We know the high cost of medical care in the U.S. and how it could cause devastating financial consequences that could force a student to discontinue their education. For the 2013-2014 school year, all registered students taking 6 or more credit hours are automatically enrolled in the Blanket Accident and Health Insurance plan unless proof of comparable coverage is received prior to the waiver deadline.

ELIGIBILITY

All students taking 6 or more credit hours, attending Kendall College, are automatically included in this insurance plan and the premium for coverage is added to the tuition billing unless proof of comparable coverage is furnished prior to the waiver deadline. Online courses do not count towards meeting eligibility requirements. The Plan covers Expenses incurred for Injury or Sickness as provided by the Master Policy. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. 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 Policy eligibility requirements have not been met, the Company's only obligation is a refund of premium. Eligibility requirements must be met each time a premium payment is made.

Students may secure family coverage only at the same time they are enrolled. Eligible dependents are the spouse (residing with the Insured Student) and unmarried children under 26 years of age who are not self-supporting and reside with the Insured Student, Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and the required premium is paid.

TERMS OF COVERAGE

The Policy for the current year becomes effective at 12:01 am on September 20, 2013, or the date of enrollment, whichever is later, and expires at 12:01 am on September 20, 2014. For Winter term enrollees the effective date is January 6, 2014 to September 20, 2014. For Spring term enrollees, the effective date is April 7, 2014 to September 20, 2014. For Summer term enrollees, the effective date is July 7, 2014 to September 20, 2014. Coverage remains in effect during holiday and vacation periods. Should You graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

WAIVER DEADLINE

If you have proof of comparable insurance and wish to waive coverage, the deadline to waive out of this plan is October 2, 2013, or during actual registration. All waiver forms must be returned to Kendall College or the charge will remain on your student bill. For students beginning their studies in the Winter, the deadline is January 6, 2014. For students beginning their studies in the Spring, the deadline is April 7, 2014. For students beginning their studies in the Summer, the deadline is July 7, 2014.

EFFECTIVE DATE

Your coverage becomes effective on the later of: the Policy effective date (9/20/13) or the date the application and proper premium is received by the Administrator. Enrollment is only allowed during the open enrollment period which is 9/20/13 to 11/1/13.

Exceptions will be made for the following:

1. Adding a new spouse or Dependent child (within 31 days of marriage, birth, or adoption).
2. Enrolling as a new or transfer student within 31 days of enrollment at the school.
3. Within 31 days of ineligibility under another plan of Creditable Coverage and accepted and exhausted COBRA continuation of coverage if offered.

TERMINATION DATE

Coverage for a Covered Person shall terminate on the earliest of the following dates: 1) the date the Policy terminates (9/20/14); 2) the last day of the period through which the premium is paid; 3) the date the Insured Student's coverage terminates; or 4) the date of entry into the armed forces.

**PRE-EXISTING CONDITIONS LIMITATION
(not applicable to any covered person under the age of 19)**

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 covered under the Policy for more than 12 months; or (2) 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; 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. We will credit the time the individual was covered under prior creditable coverage.

This Student Health Insurance coverage is compliant with the HHS ruling of March 16, 2012 that pertains to Student Health Insurance, however, it may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits pertaining to other types of health insurance other than Student Health Insurance. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Your Student Health Insurance coverage has an annual limit of \$500,000 per Policy Year on all covered benefits. If you have any questions or concerns about this notice, contact Guarantee Trust Life Insurance Company. You may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's plan for more information.

SCHEDULE OF BENEFITS

When your covered Injury or Sickness requires treatment by a Doctor, the Policy will provide the following benefits while your coverage is in force for the medically necessary charges scheduled below. Treatment of Injury must begin within 30 days of covered accident. The Policy will allow benefits only for expenses not covered by other valid and collectible coverage. If the total covered expenses are less than \$100, this provision will be waived.

PART A: ACCIDENT & SICKNESS BENEFITS			
Student Maximum Benefit (Combined Accident & Sickness)	\$500,000 per Student per Policy Year	
Dependent Maximum Benefit (Combined Accident & Sickness)	\$500,000 per Person per Policy Year	
Policy Year Deductible per Student	\$50	
Policy Year Deductible per Dependent	\$50	
Initial Treatment Period For Injury	30 days	
Accidental Death	\$1,000	
Accidental Dismemberment – Single	Up to \$1,000	
Accidental Dismemberment – Double	Up to \$2,000	
Covered Services and Benefit Limits			
PART B: INPATIENT		IN-NETWORK	OUT-OF-NETWORK
Hospital Room and Board - Benefit is payable for semi-private room rate	90% of PA*	70% of R&C**
Hospital Intensive Care	90% of PA	70% of R&C
Hospital Miscellaneous, such as but not limited to x-ray examination, laboratory tests, operating room, medications, dressings, etc.	90% of PA	70% of R&C
Inpatient Routine Newborn Care - Benefit is payable up to 48 hours following vaginal delivery or up to 96 hours following cesarean section delivery	90% of PA	70% of R&C
Surgical Treatment - If two or more procedures are performed through the same incision the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of R&C
Anesthesia Expense	90% of PA	70% of R&C
Assistant Surgeon Expense	90% of PA	70% of R&C
Doctor's Visits - 1 visit per day; Does not apply when related to surgery	90% of PA	70% of R&C
Physiotherapy - Limited to 24 visits maximum per Policy Year	90% of PA	70% of R&C
Pathology and Radiology	90% of PA	70% of R&C
Private Duty Nurse - When medically necessary	90% of PA	70% of R&C
Pre-Admission Testing	90% of PA	70% of R&C
Maternity	Same as any Sickness	Same as any Sickness
Mental and Nervous Disorders - Up to 30 days per Policy Year	90% of PA	70% of R&C
Severe Mental Illness	Same as any Sickness	Same as any Sickness
PART C: OUTPATIENT		IN-NETWORK	OUT-OF-NETWORK
Hospital Emergency Room	90% of PA	70% of R&C
Outpatient Surgical Miscellaneous	90% of PA	70% of R&C
Surgical Treatment - If two or more procedures are performed through the same incision the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures	90% of PA	70% of R&C
Anesthesia Expense	90% of PA	70% of R&C
Assistant Surgeon Expense	90% of PA	70% of R&C
Doctor's Visits - 1 visit per day; Not paid same day as surgery or for Physiotherapy, deductible waived for In-Network only	\$10 copay per visit, then 90% of PA	70% of R&C
Physiotherapy - When prescribed by the attending Doctor; 1 visit per day, 24 visit maximum per Policy Year	90% of PA	70% of R&C
Diagnostic X-Ray & Lab Services	90% of PA	70% of R&C
Chemotherapy and Radiation Therapy	90% of PA	70% of R&C
Mental and Nervous Disorders - Benefits are limited to one visit per day	90% of PA	70% of R&C
Maternity	Same as any Sickness	Same as any Sickness
Severe Mental Illness	Same as any Sickness	Same as any Sickness
Prescriptions Drugs - Up to a 31-day supply per prescription, deductible waived	\$10 copay for generic; \$20 copay for brand	
PART D: INPATIENT OR OUTPATIENT		IN-NETWORK	OUT-OF-NETWORK
Ambulance Services	90% of PA	70% of R&C
Dental Treatment - Coverage is limited to injuries to sound, natural teeth; does not include biting or chewing injuries	90% of PA	70% of R&C
Durable Medical Equipment - When prescribed by a Doctor	90% of PA	70% of R&C
Alcoholism and Substance Abuse - Inpatient benefits limited to 30 days per Policy Year. Inpatient or Outpatient Doctor's Visits limited to 50 visits per Policy Year	90% of PA	70% of R&C
Well Child Care - Includes routine physical examinations and immunizations, deductible waived for In-Network only	100% of Actual Expenses	70% of R&C
Preventive Care - Deductible waived for In-Network only	100% of Actual Expenses	70% of R&C
Consultant Doctor Fees - When requested and approved by the attending Doctor	90% of PA	70% of R&C
Repatriation		Up to \$15,000
Evacuation		Up to \$50,000
PART E: PREMIUMS	Annual	Winter	Spring/Summer
	9/20/13 TO 9/20/14	1/6/14 TO 9/20/14	4/7/14 TO 9/20/14
Students Only - under age 35	\$1,097	\$872	\$507
Dependents (each)	\$1,549	\$1,229	\$711
Students Only - age 35 or over	\$1,431	\$1,136	\$658
Dependents (each)	\$2,024	\$1,604	\$925

*PA=Preferred Allowance

**R&C=Reasonable & Customary

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 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. Cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or reconstructive surgery because of a congenital disease or anomaly, except as provided for Dependent newborns.
5. 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 commercially scheduled airline.
6. Surgery and/or treatment for: acne; acupuncture; allergy, including allergy testing; biofeedback-type services; breast implants or breast reduction unless medically necessary; circumcision; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; impotence, organic or otherwise; learning disabilities; nonmalignant warts, moles and lesions unless medically necessary; 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; smoking cessation; 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. Injury resulting from the participation in any contest or competition of intercollegiate sports, intramural or club sports; traveling to or from such sport or sport-related contest or competition as a participant; or while participating in any practice or conditioning program for such sport-related contest or competition.
10. Services that are provided normally without charge by the Policyholder's student health center; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
11. 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.
12. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.
13. Injury resulting from skydiving, parachuting, hang gliding, or parasailing.

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.

Pre-existing Condition: 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.

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; habitative 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. If any Preventive Care Benefit is subject to the mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student. Please see the policy on file with the policyholder for complete details.

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: Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.

PHCS PROVIDER NETWORK

To find a PHCS In-Network Provider, please visit www.multiplan.com or call Customer Service at 1-800-922-4362.

HOW TO FILE A CLAIM IN THE EVENT OF INJURY OR SICKNESS

The Insured Person should:

1. Obtain a claim form from the Student Health Center, or by contacting the claim administrator, Administrative Concepts, Inc. (ACI).
2. Complete a claim form and mail it to ACI within 15 days of the date of the Injury or commencement of the Sickness, or as soon thereafter as possible. Mail the claim form to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
3. Claim forms are available online at www.visit-aci.com or by calling 888-293-9229. If the providers have given you bills, attach them to the claim form.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI. Online claim status is available at www.visit-aci.com or by calling 888-293-9229. Select option "2" for Customer Service.
5. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to ACI. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.
6. The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to ACI.

PRESCRIPTION DRUG COVERAGE

After a copayment of \$10 for a generic drug or \$20 for a brand name drug (per prescription), the cost of prescription drugs is payable in full. Prescriptions must be filled at an Express Scripts Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the Pharmacy as proof of coverage. If you need to have a prescription filled prior to receipt of your insurance ID card, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID card will include instructions on how to file for reimbursement. Reimbursement will be at the Express Scripts contracted discount rate and will be less than the rate charged by the pharmacy. Not all medications are covered. After you receive your insurance ID card, no claim forms need to be completed. Please contact Express Scripts for assistance with pharmacy locations and a list of covered medications and exclusions. The toll free phone number and some areas of the website are effective for enrolled members only. Toll-Free Phone.....800-400-0136 Website..... www.express-scripts.com

APPEALS PROCEDURE

If Your claim is denied You will be notified of the reason with a description of any additional information necessary to appeal the denial. If You or Your provider would like additional information or have a complaint concerning the denial, please contact the Insurer's Third Party Administrator, Administrative Concepts, Inc. (ACI) at 888-293-9229. ACI will address concerns and attempt to resolve the complaint. If ACI is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to ACI. Please include Your name, home address, policy number, and any other information or documentation to support the appeal. The appeal must be submitted within 60 days of the event that resulted in the complaint. ACI will acknowledge Your appeal within 10 working days of receipt or within 72 hours if the appeal involves a life-threatening situation. A decision will be sent to You within 30 days. If there are extraordinary circumstances involved, ACI may take up to an additional 60 days before rendering a decision.

PLAN ADMINISTRATOR
First Agency, Inc.
5071 West H Ave.
Kalamazoo, MI 49009-8501
1-800-243-6298

This Plan is underwritten by Guarantee Trust Life Insurance Company

Only the above office is authorized to accept and process your completed enrollment card; do not send them elsewhere. No refunds are made except as provided for in the Master Policy.

This is non-renewable one year term policy. It is the insured's responsibility to maintain continuity of coverage.

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 request.

Kendall College STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN



2013-2014
Chicago, Illinois

IMPORTANT INFORMATION: 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.

Policy # 124-125-022-R