

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; fertility tests; 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. Treatment of alcoholism or any form of substance abuse, except as specifically stated.
9. Expenses incurred as a result of dental treatment, except as specifically stated.
10. Expenses for preventative medicines, serums or vaccines, except where required for the treatment of injury.
11. Expense incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices.
12. Treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception.
13. Organ, tissue and cell transplants.
14. 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.
15. 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.
16. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
17. 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.
18. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.
19. Routine newborn infant care, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
20. Injury resulting from skydiving, parachuting, hang gliding, or parasailing.
21. Braces and appliances.

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.

\$500,000
Optional Catastrophic
Coverage Available

See application card for rates and enrollment.

Benefits are paid at 80% to \$500,000 for Students.
Benefits are paid at 50% to \$100,000 for dependents.
Benefits, provisions, and exclusions are not listed in this brochure.
Subject to the \$50,000 deductible
This coverage is provided by
MARKEL INSURANCE COMPANY

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: Initial prosthetic device and reconstructive surgery incident to mastectomy; mammograms at certain intervals; treatment of alcoholism while hospital confined; autism spectrum disorders; annual pap smear; prostate specific antigen tests; diabetes equipment; supplies and outpatient self-management training; colorectal cancer screening; treatment of serious mental illness; 48 hours hospital confinement 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; and diagnosis and treatment of osteoporosis. 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.

CLAIM PROCEDURE

In the event of Injury or Sickness the student should:

1. Consult a Physician and follow his/her advice. Notify the Plan Administrator within 30 days after the date of the covered accident or commencement of the covered illness, or as soon thereafter as is reasonably possible. Please note that students may go to any doctor desired.
2. Obtain a claim form from Student Life or online at www.1stagency.com/claimforms.htm. Students are responsible for filing their own claims.
3. Written proof of loss [itemized bill(s)] must be furnished with your claim within 90 days after the date of the Loss.
4. Questions should be referred to the Plan Administrator.

First Agency, Inc.
5071 West H Ave.
Kalamazoo, MI 49009-8501

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness.

In the event it becomes necessary to check on the status of your filed claim, you may call the Claims Office from 7:30 a.m. to 4:30 p.m. (Eastern Standard Time), Monday through Friday. The telephone number is: (269) 381-6630.

TO APPLY FOR COVERAGE

Complete the enrollment card and return with your check made payable to:

First Agency, Inc.
5071 West H Ave.
Kalamazoo, MI 49009-8501

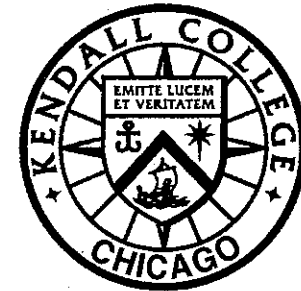
Only the above office is authorized to accept and process your completed enrollment card; do not send them elsewhere. No refunds are made except as provided for in the Master Policy.

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

*Designed Especially for the
Freshmen and Sophomore
Students of*



2009-2010
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-N

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 2009-2010 school year, all registered Freshmen and Sophomore 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 Freshmen and Sophomore 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. 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 nineteen 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, 2009, or the date of enrollment, whichever is later, and expires at 12:01 am on September 20, 2010. For winter term enrollees the effective date is January 11, 2010 to September 20, 2010. For Spring/Summer term enrollees, the effective date is April 12, 2010 to September 20, 2010. 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 September 30, 2009, 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 11, 2010. For students beginning their studies in the Spring/Summer, the deadline is April 12, 2010.

EFFECTIVE DATE

Your coverage becomes effective on the later of: the Policy effective date (9/20/09) or the date the application and proper premium is received by the Administrator. Enrollment is only allowed during the open enrollment period which is 9/30/09 to 10/30/09.

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 (9/20/10); 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

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.

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.

MEDICAL BENEFITS SCHEDULE

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 usual and customary (U&C) 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. Full-time and part-time students enrolled at Kendall College are automatically provided Basic Injury and Basic Sickness Benefits by the College. After benefits are exhausted under the plan provided by the College, Major Medical Benefits will be provided by this plan.

PART A: BASIC INJURY BENEFITS.....\$5,000 maximum/each Injury, Subject to following limits				
DENTAL TREATMENT - Repair and/or replacement of sound and natural teeth				\$500
PHYSICAL THERAPIST				\$25 a visit, one visit/day
ANESTHETIST (Inpatient and Outpatient).....				25% of surgery expense
ASSISTANT SURGEON (Inpatient).....				25% of surgery expense
ALL OTHER COVERED SERVICES				U & C
PART B: BASIC SICKNESS BENEFITS.....\$5,000 maximum/each Sickness, Subject to following limits				
HOSPITAL, ROOM AND BOARD: Average daily semiprivate room rate.....				\$350/day
HOSPITAL MISCELLANEOUS INPATIENT: for X-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, etc				\$1,500
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS - in lieu of INPATIENT:.....				\$1,500
DOCTOR'S NONSURGICAL VISITS: (Inpatient)				\$30/visit, 1 visit/day, up to 30 visits
DOCTOR'S NONSURGICAL VISITS: (Outpatient).....				\$30/visit, 1visit/day, limit 5 visits
SURGICAL TREATMENT: (in or out of hospital) - services performed by a licensed Doctor as determined by the 80th percentile and in accordance with the most current Usual & Customary payment system.....				80% of U&C incurred to a maximum of \$1,000
ANESTHETIST AND/OR ASSISTANT SURGEON:				25% of Surgical Treatment
OUTPATIENT TREATMENT: when the Covered Person is not hospital confined as a resident bed patient and incurs expense for emergency room and/or diagnostic X-rays/lab test by doctor or hospital				\$400
TREATMENT OF ALCOHOLISM: while hospital confined.....				Same as any sickness
AMBULANCE SERVICES:				\$200
MATERNITY BENEFITS:				Same as any Sickness
MENTAL OR NERVOUS DISORDERS: when the Covered Person is hospital confined.....				\$1,500 maximum
Outpatient.....				\$500 maximum
PRESCRIPTION DRUGS:.....				\$100 maximum
Covered Charges paid under the Basic Medical Expense Benefit of this Policy shall not be paid under the Major Medical Expense Benefit of this Policy.				
PART C: MAJOR MEDICAL BENEFITS.....\$50,000 maximum/each Injury and each Sickness				
After medical expenses incurred reach \$5,000 under the Basic Injury Benefit or Basic Sickness Benefit (PARTS A or B), the Company will then pay 80% of the Usual and Customary Expenses incurred up to a maximum of \$50,000 each Policy year. This maximum includes both benefits paid under PARTS A or B and PART C. No Benefits are payable for treatment of motor vehicle injuries.				
PART D: MEDICAL EVACUATION AND REPATRIATION (Foreign Students and Foreign Study)				
Medical Evacuation: If the Insured person, by reason of covered Injury or Sickness and following at least five 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 provided that such evacuation is certified as medically necessary by the attending doctor and subject to prior approval by the Company.				
				Up to \$50,000 when pre-approved.
Repatriation: If the Insured person dies as the result of a covered Injury or Sickness, the Company will pay the expense actually incurred for the preparation and transportation of the body to the Insured Student's home country. Payment is subject to prior approval by the Company.....				
				Up to \$15,000 when pre-approved
PART E: ACCIDENTAL DEATH AND DISMEMBERMENT				
Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount):				
Accidental Death				\$1,000
Single Dismemberment				\$1,000
Double Dismemberment.....				\$2,000
PART F: PREMIUMS				
	<u>Annual</u>	<u>Winter</u>	<u>Spring/Summer</u>	<u>Catastrophic</u>
	<u>9/20/09 TO 9/20/10</u>	<u>1/11/10 TO 9/20/10</u>	<u>4/12/10 TO 9/20/10</u>	<u>Coverage</u>
Students only - under age 35	\$541	\$425	\$245	See application for rates.
Dependents (each)	\$770	\$575	\$330	
Student Only - age 35 or over	\$710	\$540	\$320	
Dependents (each)	\$1,530	\$1,150	\$650	