

EXCLUSIONS AND LIMITATIONS

The Policy does not cover:

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 suicide or intentionally self-inflicted Injury while sane or insane.
4. Services or supplies for the treatment of an occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
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. Treatment of Mental or Nervous Disorders.
7. Expenses incurred as a result of dental treatment, except as specifically stated.
8. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
9. Injury sustained while participating in practice or play of inter-collegiate sports.
10. Services provided normally without charge by the Health Service of the Policyholder, by any person employed or retained by the Policyholder, or by services covered or provided by the student health fee.
11. Eye examinations or prescriptions, eyeglasses or the fitting of eyeglasses.
12. Preventive medicines, serums or vaccines.
13. Weight control or weight regimen programs.
14. Cosmetic surgery except when performed to correct a condition resulting from Injury sustained while covered under the Policy.
15. Chemical dependency treatment.

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 covered under the Policy for more than 12 months; or
2. The Covered Person had been covered under prior creditable coverage for 12 consecutive months. Prior creditable coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

A Pre-existing Condition is 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.

CLAIM PROCEDURE

In the event of Injury or Sickness, an Insured Student should:

- if at the University, report at once to Student Health Services; or
- if away from the University, consult a qualified Doctor or Hospital for treatment and, upon return, report promptly to Student Health Services.

Prompt notification of claims for an Injury or Sickness should be furnished to Student Health Services. Completed claim forms, with all the medical bills attached, must be submitted within ninety (90) days of an Injury or commencement of a Sickness.

Claim payments are automatically assigned to the Hospital and/or Doctor unless otherwise notified in writing when filing the claim.

Claim forms may be obtained at Student Health Services or from the claims administrator below.

Underwritten by:

GUARANTEE TRUST LIFE INSURANCE CO.
Glenview, Illinois

Represented by:

RAY MULKEY INSURANCE AGENCY, INC.
P.O. Box 669, Dunn, NC 28335
Phone (910) 892-2193

Claims Administered by:

FIRST AGENCY, INC.

5071 West H Avenue, Kalamazoo, MI 49009-8501
Phone (269) 381-6630 • Fax (269) 381-3055
Web www.1stagency.com

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 University by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501.

TO ENROLL IN THE HOSPITALIZATION/SICKNESS COVERAGE:

Students who wish to purchase the Hospitalization/Sickness Coverage must do so online within 31 days of registration for classes. Please go to the following link:

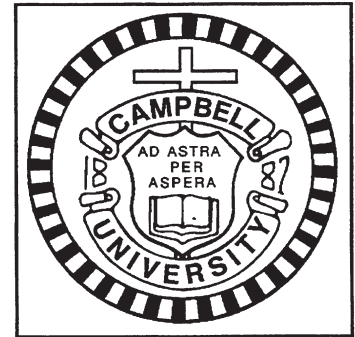
<http://www.1stagency.com/college.htm>

Complete the enrollment form and submit. You will receive confirmation that your enrollment has been received. Keep this for your records. The appropriate premium will then be added to your student account. ID cards will be provided by the Business Office.

Student Accident and Hospitalization/Sickness Insurance

Effective for Twelve-Month Period

August 18, 2008
to
August 18, 2009



CAMPBELL UNIVERSITY, INC.
Buies Creek, NC

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 university governs the payment.

Policy # 324-125-001-M

CAMPBELL UNIVERSITY, INC.

Buies Creek, NC

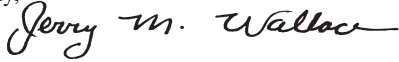
TO THE STUDENTS AND THEIR PARENTS:

All full-time main campus Undergraduate, Law, Pharmacy and Divinity students are included in our \$5,000 Blanket Accident Program. The premium for this insurance is required and is included in your student fees.

In addition to this Accident Program, Hospitalization/Sickness coverage may be added on a voluntary basis. Students taking 6 or more credit hours who wish to be included in the Hospitalization/Sickness Plan must complete and submit the online Enrollment form within the Enrollment time period. The privilege of declining to participate in this additional coverage is intended for those students who already have some form of health insurance. Please see online enrollment instructions on the back panel.

The annual premium for the Hospitalization/Sickness Plan is \$320.00 (\$230.00 for Spring Term enrollees; \$52.00 for 5-week Summer Session; and \$58.00 for 7-week Summer Session). This optional plan provides, in addition to Accident coverage, protection from the expense of more costly Sicknesses requiring Hospital care, surgical treatment, or Doctor's services. These are disabilities that can seriously disrupt the educational budget. Therefore, we encourage your participation in this Program. Because of the very low cost, you may wish to carry it in addition to any coverage you now have.

Sincerely,



Jerry M. Wallace
President

ELIGIBILITY

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more attending Campbell University, Inc. are eligible to participate in this program. 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, the Company's only obligation is refund of premium.

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

COVERAGE

This Plan provides worldwide twenty-four (24) hour-a-day protection during the term of the Policy for each Insured Student. Students are covered on and off the campus; at home, or while traveling between home and school; and during interim vacation periods.

EFFECTIVE DATE

The Policy is effective August 18, 2008. Accident coverage is effective the first day of the term of coverage for all full-time main campus Undergraduate, Law, Pharmacy and Divinity students whose premium is included in the student fees. Your coverage for the Hospitalization/Sickness coverage becomes effective on the later of: The Policy effective date (8/18/2008); or the date the application and proper premium is received by the administrator.

Enrollment is only allowed during the open enrollment time period which is 8/18/08 to 9/18/08.

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 if offered.

Coverage is extended to provide up to forty-eight (48) hours for actual travel time while enroute between home and school prior to opening of school.

TERMINATION DATE

Coverage terminates the earliest of: the Policy Termination date, August 18, 2009; the last day of the period for which premium is paid; or the date the Insured enters full-time military service. A pro-rata premium will be made upon request when entering full-time military service. If a student withdraws from the University, coverage will remain in effect until the termination date of the Policy.

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.

RETURN OF PREMIUM

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.

ACCIDENT BENEFITS

When a covered Injury requires Medically Necessary treatment which is recommended and approved by a Doctor, payment will be made for the Reasonable and Customary Covered Charges actually incurred while the Policy is in force, up to a maximum of \$5,000 as the result of any one Injury. Treatment of Injury must begin within 30 days of covered accident. Covered Charges are:

- Emergency room services.
- Hospital room and board and use of the operating room.
- Medical or surgical treatment by Doctors, Doctor's assistants, surgeons and dentists.
- The services of a licensed or graduate nurse.
- Local ambulance service.
- Miscellaneous medical services, supplies and treatment (in or out of the Hospital) including laboratory tests, transfusions, drugs, medicines, medical appliances, artificial limbs, x-rays, diathermy, therapeutics, anesthetics and the administration of anesthetics.
- Treatment of Injury to sound natural teeth.
- Accidental death benefit \$1,000; for accidental death occurring within 90 days from the date of accidental bodily Injury.

HOSPITALIZATION/ SICKNESS BENEFITS

When a covered Sickness requires medically necessary treatment which is recommended and approved by a Doctor, payment will be made for the Reasonable and Customary Covered Charges actually incurred while the Policy is in force, up to a maximum of \$5,000 as the result of any one Sickness. Covered Charges are allocated as follows:

HOSPITALIZATION/SICKNESS BENEFITS (continued)

- Hospital room and board up to \$400.00 per day, not to exceed 5 days.
- Miscellaneous Hospital expenses, while Hospital confined, including operating anesthetics, laboratory tests, x-rays, medicine and drugs up to.....\$2,000.00
- Surgeon's fees for surgical procedures, in or out of the Hospital, from \$20.00 to a maximum of \$2,500.00, payable according to the Surgical Schedule.
- Anesthesia expenses up to 75% of scheduled surgical allowance up to.....\$1,000.00
- Doctor's fees for non-surgical services up to \$75.00 per visit, one visit per day, when Hospital confined up to.....\$375.00
- Outpatient Doctor's fees when referred by Student Health Services Doctor up to \$75.00 per visit to a maximum of \$225.00, subject to a one-visit deductible (deductible may be waived, with referral by Student Health Services Doctor).
- Consultant's fees while Hospital confined and when recommended by Student Health Services up to.....\$150.00
- Local ambulance service to a Hospital up to.....\$200.00
- Hospital emergency room expense up to.....\$400.00
- Emergency room Doctor expense up to.....\$150.00

North Carolina mandates coverage for the following

benefits: Diagnostic, therapeutic or surgical procedures involving any bone or joint of the jaw, face or head; anesthesia and hospital charges in connection with dental procedures under certain circumstances; post-mastectomy hospital stay; hospital stay of 48 hours following a normal vaginal delivery and 96 hours following a cesarean section and post-delivery care in the event of earlier discharge; bone mass measurement for the diagnosis and evaluation of osteoporosis for qualified individuals; prescription contraceptives drugs or devices if prescription drug coverage is provided; colorectal cancer screening; emergency services expense; mammograms; examinations and laboratory tests for the screening for the early detection of cervical cancer; prostate specific antigen tests; diabetes equipment, supplies and outpatient self-management training; reconstructive breast surgery following mastectomy; hearing screening for dependent newborn children; health care services associated with participation in covered clinical trials; and surveillance tests for women at risk for ovarian cancer. All North Carolina 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.