

SUPPLEMENTAL MEDICAL EXPENSE BENEFITS

(included for Injury or Sickness only if Sickness Protection is purchased)

Payment will be made for 80% of usual and customary covered medical expense incurred in excess of \$5,000 up to a maximum of an additional \$10,000 payable under this benefit for each Sickness. Payment will be made for 80% of usual and customary covered medical expense in excess of \$10,000 up to a maximum of an additional \$5,000 payable under this benefit for each Injury.

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 up to a maximum of \$7,500 provided that such evacuation is certified as medically necessary by the attending doctor and subject to prior approval by the Company.

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, up to a maximum of \$7,500. Payment is subject to prior approval by the Company.

OPTIONAL CATASTROPHIC MAJOR MEDICAL COVERAGE

Underwritten by Markel Insurance Co.

This Plan is optional. Students who elect to purchase this option must have purchased the Basic Plan as well. See Eligibility section for details.

Coverage is available to registered, eligible students who elect to purchase it. The additional premium for this coverage is noted on the separate enrollment form.

Covered Expenses begin at \$15,000.

Benefits are paid at 80% to a maximum of \$500,000.

Benefits, provisions and exclusions are not listed in this brochure. Please request a copy if enrolling in this additional coverage.

Rates	Annual	Spring
Under Age 25.....	\$280	\$210
25 and older.....	\$490	\$368

EXCLUSIONS AND LIMITATIONS

This Policy does not cover nor provide benefits 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. Suicide or attempted suicide while sane or insane; or intentionally self-inflicted Injury.
5. 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.

6. 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.

7. Treatment of mental or nervous disorders, except as specifically stated.

8. Expenses incurred as a result of dental treatment, except as specifically stated.

9. Elective abortions.

10. Claims arising out of participation by the Covered Person in interscholastic, intercollegiate, club or professional sporting events.

11. Services that are provided normally without charge by Policyholder's student health center, services covered or 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.

12. Routine eye exams and contacts; replacing eyeglasses or prescription therefore; routine examinations and services related to hearing examinations or hearing aids, or treatment for hearing defects not related to any Injury or Sickness.

13. Routine physical examinations, preventive care; elective surgery and elective treatment, services solely to improve appearance, for personal hygiene. Services specifically for dietary control, custodial, sanitarial or rest care or fertility testing.

14. Cosmetic surgery except when performed to correct a condition resulting from Injury sustained while covered under the Policy.

15. Skydiving, recreational parachuting, hang gliding, glider flying, para-sailing, sail planing, or bungee jumping.

16. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.

17. Prescription Drugs, except as specifically stated.

18. Expense incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices.

PRE-EXISTING CONDITIONS LIMITATION

There is no coverage for Pre-existing Conditions unless the Covered Person has had 12 months Continuous Coverage.

The Covered Person must provide us proof of prior Creditable Coverage. This limitation will not apply if, during the period immediately preceding the Covered Person's Effective Date of coverage under this Policy, the Covered Person was 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.

Continuous Coverage: The period of time that a Covered Person is continuously insured under this Policy and/or any prior Creditable Coverage with no greater than a 63-day lapse between the effective date of coverage under this Policy and the termination of prior Creditable Coverage.

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.

DEFINITIONS

Injury means bodily Injury due to an accident which results solely, directly and independently of disease, bodily infirmity or any other causes. All Injuries sustained in any one accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

Sickness means 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.

CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

1. During the school term (Fall and Spring) report to the Wellness Center at once so proper treatment can be prescribed.
2. When away from school, consult a Doctor and follow his/her instructions. Notify First Agency, Inc. as soon as possible.
3. Claim forms and instructions may be obtained from the Wellness Center or from First Agency, Inc. at www.1stagency.com/claimforms.htm. Notification of Injury or Sickness must be provided to First Agency, Inc. at the address below, within 30 days of the date of Injury or the commencement of Sickness. Bills for which benefits are to be paid must be submitted within 90 days of the date of treatment.

Policy No. 324-125-004-N

Underwritten By:
**Guarantee Trust Life Insurance Company
Glenview, IL**

Claims Servicing Address:
**First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Ph. (269) 381-6630
Fax (269) 381-3055
www.1stagency.com**

Local Servicing Provided By:
**Hutton Vincent Williamson McLean Insurance Group
P.O. Box 20, Asheville, North Carolina 28802
Ph. (828) 253-2371**

NOTE

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 College governs the payment.

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



BELMONT ABBEY COLLEGE

THAT IN ALL THINGS GOD MAY BE GLORIFIED

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

2009-2010

Traditional full-time students are covered for accidental Injury as listed in this brochure.

Sickness and other benefits must be purchased if you have no other insurance.

The Belmont Abbey College Student Health Program

Dear Student/Parent:

Please read carefully the contents of this letter and brochure. The Policy has developed over the past several years based on your suggestions and the college's past experience.

Although the college accepts no responsibility for liability or medical expenses, it provides limited health care through The Wellness Center as well as requiring all traditional full-time students (12 hours) to carry a mandatory accident Policy which the College has secured through Guarantee Trust Life Insurance Company. The college also requires a health insurance plan for an additional fee, as hereby outlined. The coverage and fee may be waived with proof of other comparable coverage. Part-time traditional students carrying 6 hours or more have an option of purchasing coverage. Those students must contact the Business Office to enroll in the plan.

Policy #324-125-004-N

THE WELLNESS CENTER

With the exception of holiday periods and weekends, limited primary and acute medical care is available at the Wellness Center. A nurse practitioner, licensed by the State Board of Medical Examiners, is on duty daily, Monday - Friday, for sick call and is supported by an affiliated campus physician available on a limited basis for consultation. Sickness, such as influenza, strep throat, bronchitis, urinary tract infections, etc. are routinely handled in the Wellness Center. This on-campus service is part of your general fee. Students or parents will be billed for added laboratory or x-ray work needed. Students are responsible for fees charged by any off-campus Doctor the student visits. If you have any questions, please call the Wellness Center at (704) 461-6877.

When the college practitioner refers a student to Doctors or specialists, it is the student's responsibility to supply transportation. In case of an emergency, an ambulance will be called and a bill issued.

As per college and insurance policy, students suffering Injury or Sickness MUST be seen in the Wellness Center during office hours to determine if a referral is indicated, except in cases of emergencies after hours.

STUDENT INSURANCE BENEFITS

The following is a brief description of the benefits of the Accident and Sickness Insurance for students of Belmont Abbey College. The Plan is underwritten by Guarantee Trust Life Insurance Company. The exact provisions governing this insurance are contained in the Master Policy issued to the College by Guarantee Trust Life Insurance Company and may be reviewed at the College's Business Office during business hours.

ELIGIBILITY

All traditional full-time students taking 12 hours or more, or traditional part-time students taking 6 hours or more, who are enrolled at Belmont Abbey College are eligible for coverage according to the terms as outlined in this brochure.

TERMS OF COVERAGE

Insured students will be covered at home, at school, or while traveling, 24-hours-a-day while insured including interim vacation periods, during the term insured.

Coverage will remain in force during the period for which premium has been paid even though the student may leave school or obtain other coverage. In the event a student leaves school to enter active military service, coverage will cease and a pro-rata refund of premium will be made upon request.

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.

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.

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 PROTECTION ALL TRADITIONAL FULL-TIME STUDENTS

Important Note: Students must first be seen by the Wellness Center (except in cases of emergency) before they receive outside medical treatment.

All traditional full-time students (12 hours) and part-time students (6 hours or more) who also purchase the sickness coverage and who are enrolled at Belmont Abbey College are covered for medical expense arising from Injury. As outlined in this brochure, this accident protection pays Doctor and Hospital expenses up to a maximum of \$10,000 per Injury. Medical Expenses must be incurred while the Policy is in force. Treatment of Injury must begin within 30 days of covered accident. Coverage is effective August 15, 2009 through May 11, 2010.

The effective date of the Basic Injury Coverage for on-campus resident students shall include the time period in which the college requires the student to arrive at the campus to participate in an activity even if prior to the Policy effective date, provided the activity is officially authorized and sanctioned by the college. For those traditional resident students attending summer classes, Basic Injury coverage is extended to July 27, 2010.

NOTE: Under a separate accident plan for intercollegiate athletes, the college carries insurance which is EXCESS over this plan or any other insurance the parent or student may carry. Medical expenses for intercollegiate athletic injuries should first be submitted to the parent's or student's insurance company for payment and any unpaid expenses reported to the Company. If you have further questions regarding athletic coverage, please contact the Athletic Department at (704) 461-6809.

ACCIDENT MEDICAL EXPENSE BENEFITS ALL TRADITIONAL FULL-TIME STUDENTS

Maximum Accident Medical Expense Benefit\$10,000
Deductible (per accident).....\$0
When by reason of covered Injury, the Insured Person requires medical and surgical treatment by a qualified Doctor or surgeon; Hospital and nursing services; miscellaneous Hospital expense such as drugs, medicines, x-ray and operating room; dental treatment to sound, natural teeth up to a maximum of \$200 per injured tooth; and ambulance service; the Company will pay for the usual and customary expense up to the maximum allowable. These expenses must be incurred while the Policy is in force and be made necessary by accidental bodily Injury.

LIMITATIONS

Expenses incurred while traveling in and as a result of an automobile accident will be limited to **\$500.00.**

SICKNESS PROTECTION ALL TRADITIONAL FULL-TIME STUDENTS

The schedule of Sickness benefits outlined in this brochure is required of all traditional full-time students taking 12 or more credit hours unless waived by completing and mailing the Student Insurance waiver form by the due date. **If not received by the due date, the student will automatically be insured and the premium will be added to the student's account.Coverage is effective August 15, 2009 through August 15, 2010 (January 1, 2010 through August 15, 2010 for Spring term enrollees).**

Enrollment for Sickness Protection will not be accepted after September 15, 2009. Exceptions will be made for the following: enrolling in the Spring term as a new or transfer student within 31 days of enrollment at the college and within 31 days of ineligibility under another plan of creditable coverage, provided COBRA continuation of coverage was accepted and exhausted, if offered.

Payment of premium for the annual Sickness coverage will also extend the Accident coverage through the summer months May 11, 2010 to August 15, 2010.

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

Considering the high cost of medical treatment, and the fact that many parents' group programs contain deductibles and/ or co-insurance provisions, we recommend the purchase of this protection.

SICKNESS MEDICAL EXPENSE BASIC BENEFITS

When Hospital or medical care is required for Sickness, payment will be made as allocated below for covered usual and customary medical expenses incurred while the Policy is in force. The maximum benefit is \$5,000 for each Sickness under the Basic Plan.

Covered Charges paid under the Basic Medical Expense Benefit of this Policy shall not be paid under the Supplemental Medical Expense Benefit of this Policy.

HOSPITAL ROOM AND BOARD - the semi-private room rate up to \$400 per day.

MISCELLANEOUS HOSPITAL EXPENSE - up to a maximum of \$1,500 for x-ray examinations, laboratory tests, anesthesia, medicine, use of operating room, plaster casts and temporary surgical appliances when the Insured is confined as a bed patient in a Hospital or is an outpatient for day surgery.

OUTPATIENT MISCELLANEOUS BENEFIT - up to \$400 for x-ray examinations, laboratory tests and supplies.

SURGICAL EXPENSE - When your Sickness requires surgery, we will pay the Expenses as determined by reference to the 90th percentile in accordance with the most current usual and customary payment system, subject to a maximum per operation of \$2,000.

IN-HOSPITAL DOCTOR'S EXPENSES - up to \$50 per visit for non-surgical services, limited to one visit per day.

OUT-OF-HOSPITAL DOCTOR'S EXPENSES - up to \$75 per visit for non-surgical services limited to one visit per day, not to exceed 10 visits. A \$15 co-pay applies per visit.

CONSULTANT'S EXPENSES - up to \$75 for the services of a consulting Doctor, when such services are deemed necessary and ordered by the attending Doctor for the purpose of confirming or determining a diagnosis, but not for treatment. A \$20 co-pay applies per visit.

AMBULANCE EXPENSE - up to \$200 for a professional ambulance when required due to the emergency nature of a Sickness.

EMERGENCY ROOM EXPENSE - up to \$400 for the Hospital's charges for emergency outpatient services when the Student Health Center is closed or unavailable. There is a \$50 co-pay applicable to this benefit, which is waived if admitted within 24 hours of ER visit.

MATERNITY EXPENSE BENEFIT - Expenses for pregnancy are covered to the same extent that coverage is provided for any other Sickness. Coverage is not afforded for voluntary termination of pregnancy. In the event a mother and newborn are discharged from the Hospital earlier than 48 hours following a vaginal delivery or 96 hours following a cesarean section, postdelivery care shall be provided to the mother and newborn within 72 hours of discharge.

PRESCRIPTION EXPENSE BENEFIT - up to \$300 maximum per claim. A \$10 co-pay applies for generic prescriptions; \$20 co-pay for brand name prescriptions.

MENTAL OR NERVOUS DISORDER EXPENSE - up to \$400 per claim.

CHEMICAL DEPENDENCY TREATMENT EXPENSE - Paid the same as any other Sickness.

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, or prostate specific antigen tests; diabetes equipment, supplies and outpatient self-management training; reconstructive breast surgery following mastectomy; 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.