Student Accident and Sickness Plan

Designed for the Students of:

BELMONT ABBEY COLLEGE

Belmont, NC 28012

2026-2027
Policy #: AHP 1200038-243

Notice: Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance.

Dear Students, Parents and Guardians:

Belmont Abbey College is making available a limited Blanket Accident and Sickness Policy for its students. Please take a few minutes to review the following information.

All full-time day-program students attending Belmont Abbey College are automatically enrolled in the Accident and Sickness plan. **To be exempt from this coverage and fee, you are required to show proof of other medical insurance by submitting an online waiver by 8/31/2026 if enrolling in the Fall Term; by 1/19/2027 if enrolling in the Spring Term.**

Following is the web-link for submitting your waiver online: STUDENT Sign-On to waive insurance or **PARENT Sign-On to waive insurance. The opportunity to waive coverage is limited ONLY to students who have other health insurance. If the waiver is not received by those dates, the fee will remain on your bill. The cost for students entering the Fall Term is $429, students entering the Spring Term is $275.

If your personal insurance is an HMO. We urge you to consider enrolling in the school-sponsored plan. Many HMO's will only pay for treatment outside their network area when it is an emergency and will not pay for treatment from doctors out of their area without prior permission, sometimes not even then. This Policy provides coverage for insured students on and off campus, at home or while traveling.

This Policy is primary to any other insurance the student may carry.

Sincerely,
The Business Office
Belmont Abbey College

ELIGIBILITY

All full-time day-program students enrolled for a minimum of 12 credit hours are included in this insurance plan and the premium for coverage is added to your bill unless proof of comparable coverage is furnished by the deadline. Part-time day-program students enrolled for a minimum of 6 credit hours may purchase this insurance plan. Please contact the business office for payment details.

REFUND PROVISION

The Company retains 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.

TERM OF COVERAGE

The Coverage term for the 2026/2027 school year becomes effective on 8/1/2026 (for Spring Term enrollees 1/1/2027) at 12:01 a.m. and terminates on 6/1/2027 at 12:01 a.m.

Insurance for a Covered Person will end on the earliest of:

(1) the date He is no longer an Eligible Person;
(2) full time active duty in any Armed Forces. (Send Us proof of service. We will refund any premium paid for this time.) This does not include Reserve or National Guard duty for training unless it extends beyond 31 days;
(3) the end of the period for which the last premium contribution is paid; or
(4) the date the Policy is terminated.

Termination will not effect a claim for a covered loss due to an Accident or Sickness which occurred while coverage was in effect.

Coverage remains in effect during holiday and vacation periods. Should an Insured Person graduate or withdraw from the university, 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 8/31/2026. For students beginning their studies in the spring, the deadline is 1/19/2027 Following is the web-link for submitting your waiver online: STUDENT Sign-On to waive insurance or

**PARENT Sign-On to waive insurance. The opportunity to waive coverage is limited ONLY to students who have other health insurance.

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in the Policy. Additional terms may be defined within the provision to which they apply.

"Aircraftt" means a vehicle which:
(1) has a valid Certificate of Airworthiness; and
(2) is being flown by a pilot with a valid license appropriate to the Aircraft.

"Benefit Period" means the period of time from the date of Covered Injury, as shown in the Schedule of Benefits.

"Benefit Waiting Period" means the period of time for which the Covered Person must be continuously disabled before benefits become payable.

"Child (Children)" means the Covered Person's unmarried children all of whom are not yet age 26, including:
(1) a natural Child from the moment of birth, stepchild, foster, or legally adopted Child; or
(2) a Child in the process of adoption (including the Covered Person's adopted Child from the date the Covered Person is a party to a proceeding in which the adoption of such Child is sought); or
(3) a Child for whom the Covered Person is required by a court order to provide medical support; and
(4) grandchildren who are dependent on the Covered Person for federal income tax purposes at the time of application.

"Club" means any league or tournament sponsored sports, social or recreational activity being offered or sponsored by the Policyholder, or organization of students formed for the purpose of engaging in competition in a particular sport or activity. Competition between student Clubs from different colleges, nor organized by and therefore not representing the institution or their faculties, may also be called "Intercollegiate" sports or activities.

"Certificate of Airworthiness" means the standard airworthiness certificate issued by the Federal Aviation Administration of the United States or its foreign equivalent.

"Coinsurance" means the ratio by which We and the Covered Person share in the payment of Usual and Customary charge for medical treatment. The coinsurance percentage that We will pay is stated in the Schedule of Benefits.

"Common Carrier" means:
(1) a Conveyance, including an Aircraft, licensed for hire to carry fare-paying passengers; or
(2) a transport Aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.

It does not include any Aircraft or Conveyance operated for sport, recreation, and/or sightseeing activities or for travel in any Aircraft device for aerial navigation except as expressly provided herein.

"Company or **We, Us. Ours"** means Everest Reinsurance Company, domiciled in Delaware.

DEFINITIONS (Continued)

"Conveyance" means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.

"Country of Permanent Assignment or Country of Permanent Residence" means a country, other than a(n) Covered Person's Home Country, in which the Policyholder requires a(n) Covered Person to work for a period of time that exceeds 310 continuous days.

"Country of Assignment or Country of Residence" means a country other than the Covered Person's Home Country, in which the Policyholder requires Him to temporarily reside for employment, Assigned Duties or Volunteer Duties.

"Covered Expenses" means expenses actually incurred by or on behalf of a Covered Person for the Usual and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and which is performed or given under the direction of a Physician for treatment of a Covered Injury or Covered Sickness. Coverage under the Policy must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service, or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a Covered Injury cannot be in excess of the Maximum Benefit Amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

"Covered Injury" means any bodily harm that results, directly and independently of all other causes, from a Covered Accident. All injuries to the same Covered Person sustained in one Covered Accident, including all related conditions and recurring symptoms of the injuries, will be considered one Covered Injury.

"Covered Loss" means a loss:

(1) which is the result of a Covered Injury to a Covered Person;
(2) for which benefits are payable under this Policy; and
(3) which is not otherwise excluded under the terms of this Policy.

"Covered Person" means an Insured Person eligible for coverage as identified in the Schedule of Benefits, for whom proper premium payment has been made when due, and who is therefore insured under the Policy.

"Covered Sickness" means a physical or mental illness or condition of the Covered Person which causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Covered Sickness.

"Deductible" means the amount of Covered Expenses that each Covered Person must Incur, as applicable, before benefits are paid under this Policy. The Deductible may apply to each Covered Accident or each Policy Term, as shown in the Schedule of Benefits.

"Emergency Room" means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office. Emergency Room treatment includes all Hospital related services including Physician, x-ray and lab services shown in the Schedule of Benefits.

"Elimination Period" means the period of Total Disability as shown in the Schedule of Benefits that must elapse before benefits are payable.

"Emergency Sickness" means an illness or disease diagnosed by a Physician which:

(1) causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in deterioration of a Covered Person's health or place His life in jeopardy; and
(2) first manifests itself suddenly and unexpectedly while a Covered Person is participating in a Covered Activity.

"He, His, and Him" includes she, her and hers.

"Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

(1) group or blanket insurance, whether on an insured or self-funded basis;
(2) hospital or medical service organizations on a group basis;
(3) Health Maintenance Organizations on a group basis;
(4) group labor management plans;
(5) employee benefit organization plan;
(6) professional association plans on a group basis; or
(7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

"Home" means the primary residence, structure, or land on which the Covered Person permanently resides.

"Home Country" means a country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, the Home Country will be the country declared to in writing as His Home Country.

"Hospital" means an institution which:

(1) is operated pursuant to law;
(2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
(3) is under the supervision of a staff of Physicians;
(4) provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
(5) has medical, diagnostic and treatment facilities, with major surgical facilities;
    (a) On its premises; or
    (b) Available to it on a prearranged basis; and
(6) charges for its services.
(7) Is a duly licensed Rehabilitation Facility.

Hospital includes a State tax-supported institution.

Hospital does not include:

(1) a clinic or facility for:
    (a) Convalescent, custodial, educational or nursing care;
    (b) The aged, drug addicts or alcoholics;
(2) a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
    (a) the services are rendered on an emergency basis; and
    (b) a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

"Hospital Stay" means a Medically Necessary overnight confinement in a hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

"Hospital Confinement or Hospital Confined" means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

"Immediate Family Member" means the Covered Person's parent (includes step-parent), grandparent, Spouse, Child(ren) (includes legally adopted or step or Foster Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws. A Member of the Immediate Family includes an individual who normally lives in a Covered Person's household.

DEFINITIONS (Continued)

"Insured Person" means an member, as defined under the Schedule of Benefits, who is eligible and for whom the required premium is made making insurance in effect for that person under the Policy. A Dependent covered under the Policy is not an Insured Person.
"Intercollegiate" means a sport or activity organized between colleges or universities or representatives of the colleges or universities.
"Interscholastic" means a sport or activity organized between Schools or representatives or the Schools.
"Intramural" means a sport or activity within a particular institution and describes sports, matches, activities, or contests that take place among teams from "within the walls" of an institution or area.
"Medically Necessary or Medical Necessity" means a treatment, service, or supply that is:

(1) required to treat a Covered Injury or Emergency Sickness; and
(2) prescribed or ordered by a Physician or furnished by a Hospital;
(3) performed in the least costly setting required by the condition;
(4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting of air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary. The fact that a Physician may prescribe, authorize, or direct a service does not in and of itself make it Medically Necessary or covered by the Group Policy.
A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of an alternative to be the Covered Expense.
"Normal School Hours" means a scheduled period of instruction beginning one half hour before the first scheduled period of instruction of the day begins and ending one half hour after the last scheduled period of instruction of the day ends. If the Covered Person is serving a detention after Normal School Hours, the period is extended until one half hour after the end of the period of detention for that day.
"Nurse" means either a professional, licensed, graduate Registered Nurse (R.N.) or a professional, Licensed Practical Nurse (L.P.N.).
"Personal Deviation" means
(1) an activity that is not reasonably related to the Covered Person's Covered School Travel and
(2) not incidental to the purpose of the trip; and
(3) such travel or activities coincide with the Covered Person's Covered School Travel.
Personal Deviation is limited to any consecutive 336 hour period immediately prior to, during, or following such Covered School Travel.
"Physician" means a person who is a qualified practitioner or medicine. As such, He must be acting within the scope of His license and under the laws in the state in which He practices and providing only those medical services which are within the scope of His license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.
"Policyholder" means the entity, in whose name the Policy is issued, as identified on the Policy's face page.
"Prosthesis" means an artificial limb or artificial medical device that is not surgically implanted and that is used to replace a missing limb. The term does not include artificial eyes, ears, noses, dental appliances, ostomy products, or devices such as eyelashes or wigs.
"Principal Sum" means the largest amount payable under the benefit for all losses resulting from any one Accident.
"Rehabilitation Facility" means a Hospital or special unit of a Hospital designated as a Rehabilitation Facility or a free-standing facility which provides physical therapy, occupational therapy or speech therapy pursuant to the law of the jurisdiction in which treatment is received.
"School" means the participating School or School District where the Covered Person is enrolled or employed. The School must be a duly accredited (state certified or accredited) primary, elementary, secondary, or collegiate School.
"Spouse" means the lawful Spouse, if not legally separated or divorced, or Domestic Partner or Civil Partner.
"Student Infirmary" means an on-campus facility which:
(1) provides medical care and treatment to sick an injured students and faculty;
(2) is under the supervision of a Physician;
(3) provides nursing services; and
(4) charges for its services.
Student Infirmary does not include:
(1) medical, diagnostic, or treatment facilities with major surgical facilities:
  (a) On its premises; or
  (b) Available to it on a prearranged basis; or
(2) in-patient care.
"Supervised and Sponsored Activity" means a Policyholder-authorized function:
(1) in which the Covered Person participates;
(2) that is organized and approved by the Policyholder; and
(3) that is within the scope of the activities provided by the Policyholder.
"Terrorist Incident" means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property by any person acting on behalf of, or in connection with, any organization which is generally recognized as having the intent to overthrow or influence the control of any government.
"Usual and Customary" means:
(1) with respect to fees or charges, fees for medical services, or supplies which are;
  (a) usually charged by the provider for the service or supply given; and
  (b) the average charged for the service or supply in the locality in which the service or supply is received; or
(2) with respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.
"Waiting Period" means the length of time from the date of loss to the time when benefits can be received.

ADDITIONAL BENEFITS

For additional information regarding benefits please refer to the Master Policy issued to Belmont Abbey College.

Rates	**Premium**
Fall Term Enrollment (8/1/2026 to 6/1/2027)	$429
Spring Term Enrollment (1/1/2027 to 6/1/2027)	$275

NOTE: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act (“PPACA”). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or “minimum essential coverage.” PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

ACCIDENT MEDICAL BENEFIT

(All amounts are on a per Injury basis, unless otherwise stated)
Treatment of Injury must begin within 90 days of covered Accident.

Maximum Benefit Amount, per Injury $20,000
Deductible, per Injury $0
Insured Percentage ..... 100% of U&C*
Benefit Period ..... 52 weeks

Covered Services:
Treatment by a Doctor; emergency room, Hospital confinement; services of licensed practical nurse or R.N.; x-ray service; use of an operating room, anesthesia, including the administration thereof; laboratory service; use of an ambulance; use of an ambulatory surgical center or ambulatory medical center; if ordered by a Doctor: prescription medications, drugs or any other therapeutic service or supplies; or home health care expense.

**U&C = Usual & Customary*

SICKNESS BENEFIT

(All amounts are on a per Sickness basis, unless otherwise stated)

Maximum Benefit Amount, per Sickness** $5,000
Deductible, per Sickness $0
Covered Charges:
- Outpatient Miscellaneous Hospital Expense, such as, but not limited to laboratory tests, X-rays and MRIs. ..... U&C*
- Outpatient Doctor's Fees, including surgeon's fees and anesthesiologist ..... U&C*
- Outpatient Hospital Emergency Care, including use of ER room and supplies and Imaging procedures and laboratory tests performed while patient is an emergency room patient ..... U&C*
- Prescription Drug Expense ..... U&C*

**U&C = Usual & Customary*

**Sickness means illness or disease. Routine or preventative services are not covered under this benefit

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT BENEFIT - PRINCIPAL SUM $10,000

If, within 1 year from the date of a Covered Accident by this Policy, Covered injury from such Covered Accident, results in Covered Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Covered Loss as the result of one Covered Accident, We will pay only one amount, the largest to which He is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

Loss	Percentage of Principal Sum
Loss of Life.	100%
Loss of Both Hands.	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of Speech and Hearing (both ears)	100%
Quadriplegia (Total Paralysis of both upper and lower limbs)	100%
Paraplegia (Total Paralysis of both lower or upper limbs)	75%
Loss of OneHand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	100%
Loss of Hearing in One Ear	50%
Hemiplegia (Total Paralysis of upper and lower limbs on one side of body)	50%
Uniplegia (Total Paralysis of one lower or upper limb)	25%
Loss of Thumb and Index Finger of the Same Hand	25%

"Definitions" for the purpose of this benefit:
"Loss of hand or foot" means complete Severance through or above the wrist or ankle joint.
"Loss of sight" means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.
"Loss of speech" means total, permanent and irrecoverable loss of audible communication.
"Loss of hearing" means total and permanent loss of hearing in one or both ears which cannot be corrected by any means.
"Loss of a thumb and index finger" means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).
"Severance" means the complete separation and dismemberment of the part from body.
"Total Paralysis" means complete loss of use and sensation of limbs. Paralysis must occur within the 365 day period from the date of the Covered Accident. The paralysis must be determined by a Physician to be complete and not reversible.

EXCLUDED EXPENSES

The following will not be considered Covered Expenses unless coverage is specifically provided.

(1) Any service, treatment or supply that is not considered appropriate treatment as defined in this Policy.
(2) Expenses Incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a Covered Injury.
(3) Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
  (a) cosmetic surgery resulting from a Covered Accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Covered Accident;
  (b) reconstruction incidental to or following surgery resulting from a Covered Accident;
  (c) any unplanned and unintended adverse consequences that may result during the treatment of a Covered Accident.
(4) Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that:
  (a) are deemed to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
(5) Rest cures or custodial care.
(6) Services or treatment provided by an infirmary operated by the Policyholder.
(7) Treatment or service provided by a private duty nurse.
(8) Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a Covered Accident.
(9) Treatment of hernia of any kind.
(10) Treatment of an injury resulting from a condition for which medical advice, diagnosis, care, or treatment was received or recommended that the Covered Person knew existed within the one-year period immediately preceding the date of a Covered Accident, unless we have received a written medical release from his Physician.
(11) Practice or play in any amateur, club sport, Intercollegiate, Intramural School activity or professional sports contest or competition.

Other Exclusions that apply to this benefit are in the *General Exclusions* Section.

GENERAL EXCLUSIONS

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily injury, unless otherwise covered under this Policy by Additional Benefits:

(1) Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
(2) War or any act of war, declared or undeclared unless an act of terrorism.
(3) An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
(4) Injury sustained while in the service of the armed forces of any country, We will refund the unearned pro-rata premium upon request;
(5) Participation in a riot or insurrection.
(6) Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
(7) Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
(8) Charges which are in excess of Usual and Customary charges.
(9) Services or treatment rendered by an Immediate Family Member of the Covered Person.
(10) Travel or Flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  (a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
  (b) While being used for any test or experimental purpose; or
  (c) While piloting, operation, learning to operate or servicing as a member of the crew thereof; or
  (d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household.
  (e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere;
  (f) an ultralight hang-gliding, parachuting, or bungee-cord jumping
  (g) Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business purposes.
(11) Prescription medicines unless specifically provided for under this Policy.
(12) Pregnancy (except complications of pregnancy); childbirth; miscarriage; abortion; or any complications of childbirth, miscarriage or abortion any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.

CLAIM PROCEDURE

All claims for benefits under the policy must be submitted to Us no more than 90 days from the date of service or date of death.

Information to identify the student must be provided and should include: patient name, address, student ID number or social security number, and name of the school. A claim form is required. A company claim form can be obtained from the School, Servicing Agent (www.1stAgency.com), or the claims administrator below. A student may also complete the online claim form from the website.

Bills submitted later than one year after the 90-day period expires will not be considered for payment except in the case of no legal capacity. Send claims or inquiries to:

Co-Ordinated Benefit Plans
PO Box 20874
Tampa, FL 33623
Fax: 800-561-8084
Email: EVERESTCLAIMS@CBPINSURE.COM

Customer Service for claims is available for claims between 8:30 AM to 5:00 PM Eastern Time, Monday – Friday.

Student may check on the status of a claim already filed by calling 833-479-4352.

IMPORTANT NOTICE ABOUT THIS PLAN: The coverage provided under this plan is short-term limited duration coverage that is not subject to the Patient Protection and Affordable Care Act ("PPACA"). The Master Policy is non-renewable.

This is a general summary of Student Accident and Sickness Insurance coverage. Keep this Brochure, as no individual policy will be issued. This summary is not a contract; however, the Master Policy is on file at the school or available by contacting Gallagher Student Health & Special Risk.

Note: This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued for Belmont Abbey College. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Everest Reinsurance Company. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

PRIVACY NOTICE

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us at (269) 381-6630.

COMPLANTS AND CLAIMS APPEALS

In the event that you remain dissatisfied and wish to make a complaint, you can do so to the Complaints team at (269) 381-6630.

Gallagher Student Health & Special Risk
5071 West H Avenue
Kalamazoo, MI 49009-8501
PH: (269) 381-6630 or (800) 243-6298
FAX: (269) 492-0084
www.1stAgency.com

This is a non-renewable term Policy.

DATA PROTECTION

Please note that sensitive health and other information that you provide may be used by Us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to Us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

LIMITED BENEFIT DISCLOSURE

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.