STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Designed for the Students of

MOODY BIBLE INSTITUTE

II TIMOTHY 2:15

820 N. LA SALLE BOULEVARD
CHICAGO, ILLINOIS 60610-3284

2012-2013

This insurance plan includes a Preferred Provider Organization (PPO) Provision.

Policy No. CLSP0007-12

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Moody Bible Institute. Any discrepancy between this brochure and the Master Policy will be governed by the Master Policy.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Policy Term</td>
<td>2</td>
</tr>
<tr>
<td>Cost of Insurance</td>
<td>3</td>
</tr>
<tr>
<td>Eligibility</td>
<td>3-4</td>
</tr>
<tr>
<td>Dependents</td>
<td>4</td>
</tr>
<tr>
<td>Premium Refund</td>
<td>4</td>
</tr>
<tr>
<td>Definitions</td>
<td>5-10</td>
</tr>
<tr>
<td>Preferred Provider Network</td>
<td>11</td>
</tr>
<tr>
<td>Prescription Drug Benefit</td>
<td>12</td>
</tr>
<tr>
<td>Description of Benefits</td>
<td>13</td>
</tr>
<tr>
<td>Explanation of Covered Charges</td>
<td>14</td>
</tr>
<tr>
<td>Basic Accident and Sickness Medical Expense Benefit</td>
<td>14-19</td>
</tr>
<tr>
<td>Extension of Benefits</td>
<td>19</td>
</tr>
<tr>
<td>Schedule of Benefits</td>
<td>19-24</td>
</tr>
<tr>
<td>Major Medical Accident and Sickness Medical Expense Benefits</td>
<td>24-27</td>
</tr>
<tr>
<td>On Call International Assistance</td>
<td>27-28</td>
</tr>
<tr>
<td>24-Hour Nurse Advice Line</td>
<td>28-29</td>
</tr>
<tr>
<td>Conformity with State Statutes</td>
<td>29</td>
</tr>
<tr>
<td>Exclusions</td>
<td>29-31</td>
</tr>
<tr>
<td>Pre-Existing Conditions Limitation</td>
<td>32</td>
</tr>
<tr>
<td>Continuously Insured</td>
<td>33</td>
</tr>
<tr>
<td>Coordination of Benefits Provision</td>
<td>33</td>
</tr>
<tr>
<td>Appeals</td>
<td>33</td>
</tr>
<tr>
<td>Reimbursement and Subrogation</td>
<td>34</td>
</tr>
<tr>
<td>Claim Procedures</td>
<td>34</td>
</tr>
<tr>
<td>Other Coverage Options</td>
<td>35</td>
</tr>
<tr>
<td>Important Numbers</td>
<td>36</td>
</tr>
</tbody>
</table>
INTRODUCTION
Once again Moody Bible Institute is making a student insurance plan available to our students for the 2012-2013 school year. It is important to note that this insurance plan protects the student substantially from the expense of costly illness and injuries requiring hospital care, surgical treatment, x-ray examinations, physicians’ services, etc. However, the student will be responsible for the deductible, co-insurance and any expenses above usual and reasonable under this policy.

Moody Bible Institute requires that all on-campus students carry this insurance plan unless they provide the Institute with evidence that they are covered by another insurance plan, of comparable coverage, which protects them in the area of their schooling. All international students are required to enroll in the MBI student plan. Canadian students are not required to enroll in the MBI student plan, but must have a plan which supplements their provincial program to cover care for themselves while in the United States.

If you are covered as a dependent on your parent’s plan, it would be wise to double check your policy since many of them exclude dependents when they reach a certain age, marry, or take less than a full-time credit load. Also, with respect to health care, MBI’s Health Service provides care for students and their spouses only; it does not provide care for children.

POLICY TERM
The insurance under Moody Bible Institute’s Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m., Central Standard Time on August 11, 2012. An eligible student’s coverage becomes effective on that date or the date the application and full premium are received by the Company or Plan Manager, whichever is later. The Annual Policy terminates at 12:01 a.m. Central Standard Time on August 11, 2013 or at the end of the period through which the premiums are paid. Coverage is effective 24 hours a day on a worldwide basis.


COST OF INSURANCE

<table>
<thead>
<tr>
<th>Plan</th>
<th>Fall</th>
<th>Spring/Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>08/11/12</td>
<td>01/04/13</td>
</tr>
<tr>
<td></td>
<td>01/04/13</td>
<td>08/11/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLAN A</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$ 630.00</td>
<td>$ 944.00</td>
</tr>
<tr>
<td>PLAN B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Only</td>
<td>$ 839.00</td>
<td>$1,257.00</td>
</tr>
<tr>
<td>Student/Spouse</td>
<td>$2,749.00</td>
<td>$4,118.00</td>
</tr>
<tr>
<td>Student/Spouse/Child(ren)</td>
<td>$3,701.00</td>
<td>$5,547.00</td>
</tr>
<tr>
<td>Student/Children</td>
<td>$1,793.00</td>
<td>$2,688.00</td>
</tr>
</tbody>
</table>

ELIGIBILITY
All residential students are required to participate in this insurance program, or waive if they have comparable coverage. Commuter students may participate provided that one or more of the following conditions apply: (1) full-time status; (2) Educational Ministries students completing their student teaching; (3) graduating seniors in their final semester. Students must actively attend classes for 31 consecutive class days following the date of enrollment in this insurance program.

Please Note: If you enroll in the MBI plan, you may not, at any time during the policy year (8/11/12 - 8/11/13), move from Plan A to Plan B or from Plan B to Plan A; whichever plan you select at the beginning of the year must remain in effect for the entire plan year.

For students desiring dependent coverage, both the student and dependent(s) must purchase coverage under Plan B. Students must be continuously enrolled in Plan B to add their dependents. Dependents are the legal Spouse and unmarried children under nineteen years of age who are not self-supporting and reside with the insured Student. Dependent eligibility expires concurrently with that of the Insured Student.
DEPENDENT COVERAGE

Students who are enrolled in the Student Accident and Sickness Insurance Plan “B” may also enroll their Dependents. The term “Dependent” means: (a) the Insured Student’s spouse residing with the Insured Student; or (b) the Insured Student’s unmarried children under the age of nineteen years; or (c) a child born to an Insured Student while this Plan is in force from the moment of birth. Coverage for such newborn children will consist of coverage for sickness or accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student has Student/spouse only coverage when the child is born, we cover the newborn child, for dependent benefits, for the first 31 days from the moment of birth. To continue the child’s dependent benefits past the first 31 days, the Insured Student must notify the Plan Manager in writing within 31 days of the child’s birth.

Children must reside with and be fully supported by, the Insured Student. The term “children” includes an Insured Student’s proposed adoptive children, adopted children and stepchildren residing with the Insured Student and who depend on the Insured Student for their full support. Any proposed adoptive child of an Insured Student will only be covered during the waiting period prior to the finalization of adoption.

PREMIUM REFUND POLICY

Insured Students withdrawing from school within the first 31 days who have not used the Student Health Insurance Plan and students entering the Armed Forces of any country will not be covered under this Plan as of the date of such event. Those students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium. Premium received by the Company is fully earned upon receipt. No other requests for a refund of premium will be considered.

DEFINITIONS

Accident means an unexpected and unintended event, which is the direct cause of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

Complications of Pregnancy means conditions which require medical treatment before pregnancy ends, and whose diagnosis is distinct from, but are caused or affected by pregnancy. Such conditions are; acute nephritis or nephrosis, cardiac decompensation; missed abortion; hyperemesis gravidarum; pre-eclampsia; non-elective cesarean section; termination of ectopic pregnancy; and spontaneous termination when a live birth is not possible.

Complications of Pregnancy does not include: false labor; occasional spotting; voluntary abortion; Doctor prescribed rest during pregnancy; morning sickness; and similar conditions not medically distinct from a difficult pregnancy.

Copayment means a fixed dollar amount that the Covered Person must pay before benefits are payable under the Policy.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date the Accident or Sickness occurs 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.

Deductible means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy.

Dependent means: 1) an Insured's lawful spouse; or 2) an Insured's unmarried child, from the moment of birth to age 19, 24 if a full-time student, who is chiefly dependent on the Insured for support.

A "child", includes an Insured's: 1) natural child; 2) stepchild; and 3) adopted child, beginning with any
waiting period pending finalization of the child's adoption.

Coverage will continue for a child who is 19 or more years old, chiefly supported by his or her parent or dependent on other care providers and incapable of self-sustaining employment by reason of a handicapped condition that occurred before the attainment of the limiting age. Proof of the child's condition and dependence will be requested by Us within 2 months prior to the date the child will cease to qualify as a child as defined above. Such proof must be submitted to Us within 31 days from the date of the request. We may, at reasonable intervals thereafter, require proof of the continuation of such condition and dependence. If proof is not submitted within the 31 days following any such request, coverage for the Dependent will terminate.

With respect to a handicapped child, “dependent on other care providers” means such child requires a Community Integrated Living Arrangement, group home, supervised apartment, or other residential services licensed or certified by the Department of Human Services, the Department of Public Health, or the Department of Public Aid.

The term “spouse” also includes your domestic partner. You and your domestic partner must submit a complete domestic partner affidavit and meet the following criteria to qualify your domestic partner for insurance under this group policy. For at least six consecutive months prior to the effective date of your domestic partner insurance, you and your domestic partner:

1. are and have been each other's sole domestic partner, and have maintained the same principal place of residence and intend to do so indefinitely;
2. are both at least 18 years of age;
3. are not married or related by blood; and
4. are jointly responsible for each other's welfare and financial obligations.

The term also includes the child of your domestic partner. Any such child must be unmarried and under age 19, 24 if a full-time student.

Doctor means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

Elective Surgery or Elective Treatment means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that:

1. are deemed by the Insurer to be research, investigative, or experimental;
2. are not generally recognized and accepted medical practices in the United States.

Emergency Hospitalization and Emergency Medical Care means hospitalization or medical care:

That is provided for an Injury or a Sickness caused by the unexpected onset of a medical condition with acute symptoms of sufficient severity and pain that would cause a prudent layperson with an average knowledge of health and medicine to expect that the absence of immediate medical care to result in:

1. The Covered Person's health or in the case of a pregnant woman, the health of the woman and her unborn child, being placed in serious jeopardy.
2. Serious impairment of the Covered Person's bodily functions.
3. Serious dysfunction of any of the Covered Person's bodily organs or parts.

Experimental or Investigational means any procedure, treatment, facility, supply, device, or drug that:

1. is not generally accepted by the United States medical community as effective for diagnosis, care or treatment; or
2. is subject to research protocols indicating that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational;" or
3. requires the patient to sign a consent form which indicates that the procedure, treatment, supply, device, or drug is "experimental or investigational" or is part of a research or study program; or
4. requires the provider's institutional review board to acknowledge that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational," and subject to the board's approval.

**Important Notice** - The insurer may rely upon the advice of medical and dental peer review groups and other medical and dental experts to determine which services and/or supplies are experimental or investigational. The decision whether there is enough scientific data, and the decision whether a service or supply is "experimental or investigational" will be made by the insurer.

The insurer will determine, in its discretion, whether a procedure, treatment, facility, supply, device, or drug is "experimental or investigational".

**Home Country** means the Covered Person's country of domicile or citizenship named on the enrollment form or the roster, as applicable. However, the Home Country of an eligible Dependent who is a child is the same as that of the eligible participant.

**Hospital** means an institution that:
1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
2. provides 24-hour nursing service by Registered Nurses on duty or call;
3. has a staff of one or more licensed Doctors available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either:
   a. on its premises; or
   b. in facilities available to it, on a pre-arranged basis;
5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Hospital also means a licensed alcohol and drug abuse rehabilitation facility or a mental hospital. Alcohol and drug abuse rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises on a prearranged basis.

**Injury** means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**Insured Person** means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

**Medically Necessary** means a service, drug or supply which is necessary and appropriate for the diagnosis and treatment of a Covered Injury and Covered Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply will not be considered as Medically Necessary if, it:
1. is investigational, experimental or for research purposes;
2. is provided solely for the convenience of the patient, the patient's family Doctor, Hospital or any other provider;
3. exceeds in scope, duration or intensity the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. could have been omitted without adversely affecting the person's condition or the quality of medical care; or
5. involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration.
Sickness means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charge means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

We, Our, Us means Companion Life Insurance Company, Inc., or its authorized agent.

PREFERRED PROVIDER NETWORK

Persons insured under this plan may choose to be treated within or outside of the PHCS Network. PHCS consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Plan Summary.

Referral to a network physician does not guarantee eligibility or right to student health benefits. Providers may be periodically added or deleted as participants in the PHCS Network. Not all physicians practicing at a hospital elect to participate in the PHCS Network. Insureds are responsible to verify that a provider is a participant prior to services being rendered.

You may contact PHCS for a list of participants at:
Toll-Free Phone.................................800-922-4362
Website........................................www.multiplan.com
### ACCIDENTAL DEATH AND DISMEMBERMENT EXPENSE BENEFIT

When, because of an Injury, the Insured Person suffers any of the following losses within 180 days from the date of the accident, We will pay as follows:

<table>
<thead>
<tr>
<th>For Loss Of</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$10,000</td>
</tr>
<tr>
<td>Two Hands, Two Feet, or Sight of Two Eyes</td>
<td>$10,000</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>One Hand and the Sight of One Eye</td>
<td>$10,000</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
<td>$10,000</td>
</tr>
<tr>
<td>One Hand or One Foot or Sight of One Eye</td>
<td>$  5,000</td>
</tr>
</tbody>
</table>

The Insurer will pay the stated benefit if death or one of the specified losses occurs under the following conditions:

1. loss is, directly and independently of disease or any bodily infirmity, the result of the accidental injury; and
2. the Injury occurred while the Covered Person insured by this policy; and
3. the death or loss occurred within 180 days of the Injury.

If the accidental Injury results in more than one of the specified losses, benefits will be paid only for the greatest. The total benefit payment under this coverage in combination with any benefits payable under the medical expense portion of this policy will not exceed the Policy Maximum Benefit as stated in the Schedule of Benefits.

### DEDUCTIBLE:

Insureds who choose Plan A will be responsible for $50 per Sickness or Injury, not to exceed $200 maximum per policy year. Insureds who choose Plan B will be responsible for $50 per Sickness or Injury, not to exceed $150 maximum per policy year, $300 maximum per family per policy year.
EXPLANATION OF COVERED CHARGES

Plan A – Insured Students Only
After the per condition deductible is satisfied, the Plan will pay 70% of the Preferred Allowance for Network Providers and for Non-Network Providers 50% of Usual and Customary Expense incurred, up to $5,000 per Injury or Sickness.

Plan B – Insured Students and Dependents
After an Insured Student satisfies the per condition deductible, the Plan will pay 80% of the Preferred Allowance for Network Providers and for Non-Network Providers 60% of Usual and Customary Expense incurred, up to $5,000 per Injury or Sickness.

After a Dependent satisfies the per condition deductible, the Plan will pay 70% of the Preferred Allowance for Network Providers and for Non-Network Providers 50% of Usual and Customary incurred.

BASIC ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT
If as a result of an Injury or Sickness, an Insured Person incurs covered medical Expenses, We will pay the Covered Percentage of the Covered Charges incurred, after the deductible (for treatment rendered outside of MBI Health Services). The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) inpatient and outpatient consultant; (g) accidental dental; (h) licensed nurse; (i) hospital outpatient department; (j) emergency room; (k) diagnostic x-ray and laboratory tests; (l) outpatient prescription drug; (m) ambulance; and (n) other expenses incurred for the treatment of an Injury or Sickness. The first eligible expense must be incurred within 90 days from the date of the accident.

Accidental Dental Expense (Plan B only): If an Insured Person requires dental treatment for an Injury to sound, natural teeth, We will pay the Covered Percentage of the Covered Charge incurred.

Alcohol and Drug Abuse, Inpatient Expense Benefit (Plan B only): When the Insured Person is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency, We will pay the Covered Percentage of the Covered Charge incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit. Such confinement must be in a licensed or certified facility, including Hospitals.

Alcohol and Drug Abuse, Outpatient Expense Benefit (Plan B only): If an Insured Person is not Hospital confined, We will pay up to a maximum of 10 visits with a $20.00 copayment.

Ambulance Expense Benefit: If an Insured Person requires the use of a community or hospital ambulance for a Medical Emergency, We will pay the Covered Percentage of the Covered Charge incurred.

Anesthetist Expense: If an Insured Person requires an anesthetist during a surgical operation, We will pay the Covered Percentage of the Covered Charges under the Surgical Expense Benefit.

Consultant Expense Benefit (Inpatient and Outpatient): If an Insured Person requires the services of a Consultant or Specialist when they are deemed necessary and ordered by an attending Doctor for the purpose of confirming or determining a diagnosis, We will pay the Covered Percentage of the Covered Charge incurred with a $25.00 copayment. (The deductible is waived for MBI Health Service visits.)

Diagnostic X-ray and Laboratory Testing Expense Benefit: If the Insured Person is prescribed by the attending Doctor for diagnostic x-ray and laboratory services on an outpatient basis, We will pay the Covered Percentage of the Covered Charge incurred, in a hospital emergency room, surgical center, or clinic.

Doctor Visit, Outpatient Expense Benefit: If an Insured Person requires the services of a Doctor, We will pay the Covered Percentage of the Covered Charge incurred, limited to one visit per day when a surgery benefit is not paid (the deductible is waived for the MBI Health Service visits).
**Emergency Room Expense Benefit:** If the Insured Person requires the use of the Hospital emergency room as a result of a Medical Emergency, We will pay the Covered Percentage of the Covered Charge incurred, in a hospital emergency room, surgical center, or clinic. There is a $200.00 copayment per visit for treatment rendered at the hospital Emergency Room, waived if admitted.

**Flight Instruction Injury Expense Benefit:** We will pay the Covered Percentage of the Covered Charge for Injuries to Insured Students while taking flight instruction for Institute credit only, on the same basis as any other Injury.

**Hospital Miscellaneous Expense Benefit:** If an Insured Person incurs Expenses during a hospital confinement or day surgery on an outpatient basis, We will pay the Covered Percentage of the Covered Charge incurred. Such Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; (l) physical and occupational therapy; and (m) other necessary and prescribed hospital expenses.

**Hospital Room and Board Expense Benefit:** If an Insured Person requires hospital confinement, We will pay the Covered Percentage of the Covered Charge of the Hospital room and board Covered Charge for a semi-private room containing two or more beds including meals, special diets and nursing services incurred for the period of such Hospital Confinement. Coverage includes a bed in a newborn nursery, special care, or intensive care unit.

**In-Hospital Doctor’s Fees and Medical Expense Benefit:** If an Insured Person, who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have performed the surgery on the Insured Person, We will pay the Covered Percentage of the Covered Charge incurred, limited to one visit per day.

**Intercollegiate Sports Expense Benefit:** We will pay the Covered Percentage of the Covered Charge, on the same basis as any other Injury, for Injuries as a result of the play of or practice of or travel in conjunction with intercollegiate basketball, soccer, and volleyball.

**Licensed Nurse Expense Benefit (Plan B only):** If by reason of Injury or Sickness, an Insured Person requires the service of a licensed nurse or licensed practical nurse during a Hospital Confinement, We will pay the Covered Percentage of the Covered Charge incurred.

**Maternity Expense Benefit:** We will pay benefits for an Insured Person’s Covered Charges for maternity care, including Hospital, surgical and medical care. We cover charges for a minimum of forty-eight (48) hours of inpatient care following an uncomplicated vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending Doctor, in consultation with the mother, makes an alternative decision on the length of inpatient stay. The decisions must be based on accepted medical practice.

For a mother and newborn child who remain in the Hospital for the minimum length of time stated above, We will pay for one home health care visit if prescribed by the attending Doctor.

For a mother and newborn child who have a shorter Hospital stay, We will pay for one home visit scheduled within twenty-four (24) hours after Hospital discharge; and an additional home visit if prescribed by an attending provider.

**Mental and Nervous Conditions, Inpatient Expense Benefit:** If an Insured Person requires treatment for Mental or Nervous Disorder during Hospital Confinement, We will pay the Covered Percentage of the Covered Charge incurred as any other Sickness. Such confinement must be in a licensed or certified facility, including Hospitals.

**Mental and Nervous Conditions, Outpatient Expense Benefit:** If an Insured Person is not Hospital confined, We will pay up to a maximum of 10 visits, with a $20.00 copayment.
Newborn Nursery Care Expense Benefit (Plan B only): When an Insured Person incurs expenses for a newborn child, that newborn child is eligible for coverage from the moment of birth. Coverage for such newborn Children will consist of regular newborn care and coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth for the first 31 days. To continue the newborn child’s dependent benefits past the first 31 days, the Insured Student must notify Us in writing within 31 days of the child’s birth or date of Placement. There is a $50.00 copayment on this benefit.

Outpatient Expense Benefit: If the Insured Person requires the use or services of the Hospital Outpatient Department, We will pay the Covered Percentage of the Covered Charge incurred, for Expenses in a doctor’s office when not Hospital confined, Hospital outpatient department, emergency room, diagnostic X-ray and laboratory testing, radiological facility, or other similar facility licensed by the state.

Physiotherapy Expense Benefit: When prescribed by the attending Doctor after a surgical procedure has been performed, We will pay the Covered Percentage of the Covered Charge incurred, on an inpatient or outpatient basis, limited to one visit per day.

Shots or Injections Expense Benefit: If an Insured Person has treatment administered in an emergency room or Doctor’s office and is charged on the emergency room statement or the Doctor’s statement, We will pay the Covered Percentage of the Covered Charge incurred.

Surgical Expense Benefit (Inpatient or Outpatient): When, by reason of Injury or Sickness, an Insured Person requires surgery on an inpatient or outpatient basis, We will pay the Covered Percentage of the Covered Charge of the Surgical Expense, in connection with any one Surgical Procedure, for surgery performed by a licensed Doctor (In or Out of the Hospital). Benefits will be paid in accordance with the Medicode, Inc. Schedule for Usual and Customary Expense.

Tuberculosis Expense Benefit: We will pay the Covered Percentage of the Covered Charge for testing and treatment with a $10.00 copayment.

Vaccine Expense Benefit: We will pay the Covered Percentage of the Covered Charge for vaccines expense on the same basis as any other Sickness.

Wellness Benefit: We will pay benefits of up to the plan max. The deductible is waived if treatment is rendered at the MBI Student Health Center. This benefit is also paid in-network at 100%.

EXTENSION OF BENEFITS
If a Covered Person is confined in a Hospital for a medical condition on the date his insurance ends, expenses Incurred during the continuation of that Hospital stay will be considered a Covered Expense, but only while such expenses are incurred during the 90 day period following the termination of insurance. We will not continue to pay these Covered Expenses if:

1. the Covered Person's medical condition no longer continues;
2. the Covered Person reaches the Lifetime Aggregate Maximum per covered Accident or covered Sickness; or
3. the Covered Person obtains other coverage;
4. the Covered Expenses are incurred more than 3 months following termination of insurance.

SCHEDULE OF BENEFITS
Plan A - Insured Student Only
Benefits, as described below, are payable at 70% of the Preferred Allowance for Network Providers and 50% of U&C for Non-Network Providers for Covered Charges incurred while the Insured Student’s coverage is in effect for treatment by or under the order of a licensed Doctor for: 1) diagnosed Sickness, and 2) diagnosed accidental bodily Injury when the treatment commences within 90 days of the date of Injury, not to exceed in the Aggregate $5,000 per Injury or Sickness.

Deductible: $50 Per Insured Per Sickness or Injury $200 Maximum per Insured Per Policy Year
### Inpatient Benefits (Plan A - Insured Student Only)

Unless otherwise noted, benefits are paid at 70% of the Preferred Allowance for Network Providers and 50% of U&C for Non-Network Providers

- Hospital Room and Board Expense:
  - Semi-private Room Rate
- Intensive Care: Covered under Room and Board
- Miscellaneous Hospital Expense
- Physical Therapy (after surgery)
- Surgical Expense
- Anesthetist Expense
- In-Hospital Doctor’s Fee
- Inpatient Mental and Nervous Conditions: Covered as any other Sickness

### Outpatient Benefits (Plan A)

- Surgical Expense
- Anesthetist Expense
- Physical Therapy (after surgery)
- Doctor Office Visit
- Outpatient Department Expense
- Medical Emergency Room Expense
- Diagnostic X-ray and Laboratory
- Shots or Injections: administered in an emergency room or physician’s office and charged on the emergency room statement or physician’s statement
- Outpatient Mental and Nervous Conditions: maximum of 10 visits with a $20.00 copayment.
- Outpatient Prescription Drugs: must be dispensed at Medco Health Participating Pharmacies
- Generic Drugs Copayment: $10 per prescription
- Brand Name Drugs Copayment: $15 per prescription
- Single Source Drugs Copayment: $35 per prescription

### Other Benefits (Plan A)

- Wellness Benefit: 100% coverage at MBI Student Health Center or in-network providers. Deductible waived if treatment is rendered at the Student Health Center.
- Ambulance Expense
- Consultant: $25 Copayment
- $200 per visit copayment in ER
- Flight Instruction Injury (only while taking flight instruction for Institute credit) Covered as any other Injury
- Intercollegiate Sports (basketball, soccer, volleyball): Covered as any other Injury
- Vaccines Expense: Covered as any other Sickness
- Tuberculosis Expense, testing and treatment; pre-existing condition stipulation waived: $10.00 copayment.
- Chemotherapy and Radiation therapy: Covered as any other Sickness
- International Assistance Program: Included

The following conditions are covered as any other Sickness: Seizures, Allergy Testing and Treatment, Sleep Disorders, Hernia, Acne, and Non-malignant Moles.
SCHEDULE OF BENEFITS

Plan B– Insured Student and Dependent(s)

After an Insured Student satisfies the per condition deductible, the Plan will pay 80% of the Preferred Allowance for Network Providers and for Non-Network Providers 60% of Usual and Customary Expense incurred, up to $5,000 per Injury or Sickness.

After a Dependent satisfies the per condition deductible, the Plan will pay 70% of the Preferred Allowance for Network Providers and for Non-Network Providers 50% of Usual and Customary Expense incurred, up to $5,000 per Injury or Sickness.

For an Injury, the first eligible expense must be incurred within 90 days of the date of the Accident.

Deductible:

- $ 50 Per Insured Per Sickness or Injury
- $150 Maximum per Insured Per Policy Year
- $300 Maximum per Family per Policy Year

INPATIENT BENEFITS (Plan B)

Unless otherwise noted, benefits are paid for students at 80% of the Preferred Allowance for Network Providers and 60% of U&C for Non-Network Providers and for dependents at 70% of the Preferred Allowance for Network Providers and 50% of U&C for Non-Network Providers.

- Hospital Room and Board Expense:
  - Semi-private Room Rate
- Intensive Care:
  - Covered under Room and Board
- Miscellaneous Hospital Expense
- Physical Therapy (after surgery)
- Surgical Expense
- Anesthetist Expense
- In-Hospital Doctor’s Fee
- Licensed Nurse Expense
- Inpatient Mental and Nervous Conditions:
  - Covered as any other Sickness

OUTPATIENT BENEFITS (Plan B)

- Surgical Expense
- Anesthetist Expense
- Physical Therapy (after surgery)
- Doctor Office Visit
- Outpatient Department Expense
- Medical Emergency Room Expense
- Diagnostic X-ray and Laboratory
- Shots or Injections: administered in an emergency room or physician’s office and charged on the emergency room statement or physician’s statement
- Outpatient Mental and Nervous Conditions:
  - maximum of 10 visits with a $20.00 copayment.
- Outpatient Alcohol and Substance Abuse:
  - maximum of 10 visits with a $20.00 copayment.
- Outpatient Prescription Drugs: must be dispensed at Medco Health Participating Pharmacies
  - Generic Drugs Copayment:
    - $10 per prescription
  - Brand Name Drugs Copayment:
    - $15 per prescription
  - Single Source Drugs Copayment:
    - $30 per prescription

OTHER BENEFITS (Plan B)

- Wellness Benefit: 100% coverage at the MBI Student Health Center or an in-network provider. Deductible is waived if treatment is rendered at the Student Health Center.
- Ambulance Expense
- Consultant
- $200 per visit copayment in ER
- Accidental Dental Expense Benefit Maximum:
  - Covered as any other Injury
### OTHER BENEFITS continued (Plan B)

- Intercollegiate Sports (basketball, soccer, volleyball): Covered as any other Injury
- Flight Instruction Injury (only while taking flight instruction for Institute credit) Covered as any other Injury
- Vaccines Expense: Covered as any other Sickness
- Newborn Nursery Care Expense: $50.00 copayment
- Tuberculosis Expense, testing and treatment; $10.00 copayment
- Chemotherapy and Radiation therapy: Covered as any other Sickness
- International Assistance Program: Included

The following conditions are covered as any other Sickness: Seizures, Allergy Testing and Treatment, Sleep Disorders, Hernia, Acne, and Non-malignant Moles.

### MAJOR MEDICAL ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS

Once an Insured Person has been reimbursed for Covered Expenses under the allocated Basic Accident and Sickness Medical Expense Benefits, We will pay, after the deductible, 100% for students and 70% for dependents of the Covered Charges, incurred up to a Per Condition Aggregate Maximum of $100,000. The most benefits We will pay for any one Insured Person is $100,000 per Injury or Sickness. Benefits under the Major Medical Sickness Medical Expense Benefits are payable for the Covered Charges incurred: from the date of the Injury or Sickness or commencement of the first expense, until the Per Condition Aggregate Maximum has been reached, or coverage terminates, whichever occurs first.

The following Expenses will be paid under the Major Medical Accident and Sickness Expense Benefit: (a) hospital room and board (limited to the semi-private room rate); (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) inpatient and outpatient consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic X-ray and laboratory tests; (j) ambulance; (k) outpatient prescription drugs; (l) inpatient and outpatient mental and nervous disorders; and (l) other expenses incurred for the treatment of an Injury or Sickness.

### PEDIATRIC PREVENTIVE CARE EXPENSE BENEFIT:
We cover charges for preventive services rendered to a child enrolled as a dependent including physical examinations, immunizations, history measurements, sensory screening, neuropsychiatric evaluation and development screening and assessment at the following intervals: (a) six times during the first year after birth; (b) up to a maximum of three times during the next year; and (c) annually until age 16. Such charges will not be subject to a Deductible.

### MAMMOGRAPHY EXAMINATION EXPENSE BENEFIT:
We will pay the Covered Percentage of the Covered Charges incurred for screening by low-dose mammography exams for the presence of occult breast cancer. The charges must be incurred while the Insured Person is insured for these benefits.

Benefits will be paid for mammographic exam charges incurred for the following:

(a) One baseline Mammogram for a woman thirty-five through thirty-nine years of age;

(b) One Mammogram every twelve months for a woman forty years of age or older.

“Low Dose Mammography” means an X-ray examination of the breast using equipment dedicated specifically for mammography, including X-ray tube, filter, compression device, image receptor, with radiation exposure of less than one rad per breast with two views of an average size breast.

### MASTECTOMY EXPENSE BENEFIT:
We cover charges for prosthetic devices; and reconstructive surgery incident to a mastectomy. Coverage for prosthetic devices and reconstructive surgery will be subject to the Deductible and Covered Percentage pro-visions shown in the Schedule of Benefits and is limited to two years after performance of a covered
mamectomy which had revealed no evidence of malignancy. “Mastectomy” means the removal of all or part of the breast for reasons that are determined by a licensed Doctor to be Medically Necessary.

**POST-MASTECTOMY EXPENSE BENEFIT:** We cover charges for: (a) inpatient coverage following a mastectomy for a length of time determined by the attending Doctor to be Medically Necessary and in accordance with protocols and guidelines based on sound scientific evidence; and (b) a post-discharge Doctor office visit or in-home nurse visit to verify the condition of the patient in the first 48 hours after discharge. We cover such charges the same way We treat Covered Charges for any other Sickness.

**CYTOLOGIC SCREENING (PAP SMEAR) EXPENSE BENEFIT:** If an Insured Person requires a Cytologic Screening (Pap smear), We will pay the Covered Percentage of the Covered Charges incurred for one annual Cytologic Screening. Such benefit will include the examination, laboratory fee and the Doctor’s interpretation of the laboratory results.

**DIABETES EXPENSE BENEFIT:** We cover charges for Medically Necessary outpatient self-management training and education, equipment, and supplies for the treatment of type 1 diabetes, type 2 diabetes, and gestational diabetes mellitus.

Diabetes Self-Management Training, including medical nutrition education, shall be limited to the following: up to three (3) Medically Necessary visits to a qualified provider upon initial diagnosis of diabetes by the patient’s Doctor or, up to three (3) Medically Necessary visits to a qualified provider within one year after that effective date; up to three (3) Medically Necessary visits to a qualified provider upon a determination by the patient’s Doctor that a significant change in the patient’s symptoms or medical condition has occurred. A “significant change” in condition means symptomatic hyperglycemia, severe hypoglycemia, onset or progression of diabetes, or a significantly different treatment regimen.

Covered Charges for the following equipment and supplies include: blood glucose monitors and blood glucose monitors for the legally blind; cartridges for the legally blind; lancets and lancing devices; insulin; syringes and needles; test strips for glucose monitors; FDA approved oral agents used to control blood sugar; and glucagons emergency kits. Covered Charges also include regular foot care exams by a Doctor, or by a referral from a Doctor. If authorized by a Doctor, Diabetes Self-Management Training may be provided as part of an office visit, group setting, or home visit. We cover such charges the same way We treat Covered Charges for any other Sickness.

“Diabetes Self Management Training” means instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes self-management training shall include the content areas listed in the National Standards for Diabetes Self Management Education Programs as published by the American Diabetes Association, including Medical Nutrition Therapy.

“Medical Nutrition Therapy” means “medical nutrition care” in the Dietetic and Nutrition Services Practice Act.

**ON CALL INTERNATIONAL ASSISTANCE PROGRAM**

The International Assistance Program (IAP) is included in the Student Insurance Plan that provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 800-407-7307 or collect at 603-898-9159. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and Insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriation of remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.

7. Referral to legal assistance.

8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact On Call International for any of these services:
Toll Free from U.S. and Canada: 1-800-850-4556
Dial Direct/Call Collect Worldwide: 1-603-898-9159
Website: www.oncallinternational.com

**Repatriation of Remains**

In the event of the death of an Insured Person, We will pay the actual charges up to a maximum of $100,000 for preparing and transporting the Insured Person's remains to his or her home country. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

**Emergency Medical Evacuation**

In the event of a serious Injury or Sickness, We will pay the Usual and Customary Expenses incurred up to a maximum of $100,000 to evacuate an Insured Person if: (a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local hospital, the Insured Person's medical condition warrants transportation to the Insured Person's home country to obtain further medical treatment to recover. Emergency medical evacuation must be approved in advance by the Company.

**CONFORMITY WITH STATE STATUTES**

Conformity with State Statutes means any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is written is hereby amended to conform to the minimum requirement of such statutes.

**EXCLUSIONS**

1. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.

2. Suicide, or any attempt thereat or self-inflicted Injuries while sane;

3. Expenses in connection with services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems;

4. Skeletal irregularities of one or both jaws including Temporomandibular Joint Dysfunction (TMJ), orthognathia and mandibular retrognathia; nasal or sinus surgery;

5. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of:
   a. a covered Injury that occurred while the Covered Person was insured;
   b. a covered child's congenital defect or anomaly; or
   c. as specifically provided for in the Policy.
6. Injuries arising out of:
   a. playing or participating in an interscholastic, intercollegiate, or professional sport, contest or competition;
   b. traveling to or from such sport, contest or competition as a participant; or
   c. participation in any practice or conditioning program for such sport, contest, or competition.

   Except as specifically provided in the Policy;

7. Expenses incurred for birth control drugs, procedures, supplies or devices, including oral contraceptives used for birth control. Drugs and medications for the treatment of impotence and/or sexual dysfunction. Expenses incurred for birth control drugs, procedures, supplies or devices, including oral contraceptives used for birth control, except as specifically provided in the Policy;

8. Reproductive/Infertility procedures and fertility tests, including but not limited to: family planning, fertility tests, infertility (male or female), including any supplies rendered for the purpose or with the intention of achieving conception; premarital examinations. Examples of fertilization procedures are: ovulation induction; in vitro fertilization; embryo transplant; or similar procedures that augment or enhance the Covered Person's reproductive ability; impotence organic or otherwise;

9. Expenses incurred in connection with voluntary sterilization or sterilization reversal, vasectomy or vasectomy reversal and sexual reassignment;

10. War, or any act of war, whether declared or undeclared; service in the Armed Forces of any country. Loss which occurs during or as a result of committing or attempting to commit a felony, or participation in a riot or insurrection, engaging in an illegal occupation;

11. Expenses incurred for Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;

12. Treatment, services, supplies, in a Veteran's Administration or Hospital owned or operated by a national government or its agencies unless there is a legal obligation for the Covered Person to pay for the treatment;

13. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries to sound natural teeth caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit;

14. Expenses incurred for acupuncture;

15. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, conceptual handicap, developmental delay or disorder, or mental retardation;

16. Elective Surgery or Elective Treatment as defined by the Policy;

17. Foot care including: flat foot conditions, supportive devices for the foot, subluxations, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, week feet, foot strain, and symptomatic complaints of the feet, except those related to diabetic care;

18. Hearing examinations or hearing aids; or other treatment for hearing defects or problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;

19. Immunizations, except as specifically provided in the Policy; preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy;

20. Hirsutism, alopecia;

21. Weight management, weight reduction, treatment for obesity, surgery for the removal of excess skin or fat, or nutrition programs, except as related to treatment for diabetes;

22. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of any Injury or Sickness, except as specifically provided by the Policy.
CONTINUOUSLY INSURED

This Plan maybe replacing a Prior Plan with another insurer. Prior Plan means (a) the Student Health Insurance policy or policies issued to Moody Bible Institute immediately before the current Plan; and (b) other policies providing Creditable Coverage as defined in this Plan. Injury or Sickness shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Plan.

COORDINATION OF BENEFITS PROVISION

Illinois State Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with Moody Bible Institute.

APPEALS

If a claim is wholly or partially denied, a written notice or a message on the Explanation of Benefits (EOB) will be sent to the Insured Person containing the reason for the denial. The notice or message will include a reference to the provision in the Plan and a description of any additional information, which might be necessary for reconsideration of the claim.

PRE-EXISTING CONDITIONS LIMITATION

The Policy does not provide coverage for a Pre-Existing Condition until the Covered Person's coverage has been in force for a period of not less than 12 months. This limitation will not apply to pregnancy or coverage provided to newborn or adopted children.

The Pre-existing Conditions Limitation will be waived if:

1. the Covered Person was insured under Creditable Coverage; and
2. Such coverage was continuous to a date not more than 63 days prior to the effective date of coverage under this Policy; and
3. the Covered Person previously met the pre-existing conditions limitation of such policy.

"Pre-existing Conditions" means any condition, Injury or Sickness for which the Covered Person incurred expenses, received medical treatment, or consulted a health care professional within the 12 months immediately preceding the effective date of coverage.

"Creditable Coverage" means: (1) Medicare or Medicaid; (2) an employee welfare plan or group health insurance or health benefit plan; (3) an individual health benefit plan; (4) a state health benefits risk pool; (5) CHAMPUS or CHAMPUS/TRICARE; (6) a medical care program of the Indian Health Service or of a tribal organization; (7) a health plan offered under the federal employees health benefits program (FEHBP); (8) a public health plan; (9) a health benefit plan of the Peace Corps Act, or (10) a State Children’s Health Insurance Program.

Creditable Coverage does not include accident only, credit, dental, vision, Medicare supplement, long-term care, disability income insurance, coverage issued as a supplement to liability insurance, worker's compensation or similar insurance, automobile medical payment insurance, specified diseases, hospital indemnity, or limited benefit health insurance.
REIMBURSEMENT AND SUBROGATION

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Person should:

1. If away from Moody Bible Institute, or if the Health Service is closed, consult a Doctor and follow his/her advice.

2. Complete a claim form and mail it to ACI within 30 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.

OTHER COVERAGE OPTIONS

Insured Students (and their Insured Dependents) who are not eligible to re-enroll in the Student Accident and Sickness Insurance Plan after coverage expires should contact Collegiate Insurance Resources for possible options. The election to purchase other coverage must be made prior to the expiration date under the Student Insurance Plan.

Students in need of specialized coverage (International Travel, Dental, Eye Care or Personal Property Coverage) should contact Collegiate Insurance Resources for possible options.