

Student Indemnity Insurance Plan

(THIS PLAN PROVIDES LIMITED ACCIDENT & SICKNESS COVERAGE. IT IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE AFFORDABLE CARE ACT.)

2014 - 2015
For Students of



Claims Administered By:
Administrative Concepts, Incorporated
994 Old Eagle School Road
Suite 1005
Wayne, PA 19087 – 1802
888-293-9229
www.visit-aci.com

Policy Number BSA-00505

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Collegiate Insurance Resources and BCS Insurance Company are wholly separate from Brown Mackie College, and Brown Mackie College has no financial interest in their operations, nor does Brown Mackie College make any representation as to the quality or adequacy of medical care or insurance coverage provided to any student during his or her enrollment at Brown Mackie College.

ELIGIBILITY

ALL FULL-TIME STUDENTS of Brown Mackie College who are taking 9 or more credit hours or full-time graduate MBA students taking 8 or more credit hours are eligible for this medical plan. In order to be accepted, students must enroll within 31 days of the effective date for the term applied.

International Students who attend Brown Mackie College are required to have adequate injury and sickness insurance. All international students must either purchase one of the insurance plans offered by Collegiate Insurance Resources for four consecutive quarters of study OR complete a waiver form indicating that you have your own insurance that adequately covers you in the United States.

IMPORTANT NOTICE: TO ENSURE THE SAFETY AND WELLBEING OF OUR INTERNATIONAL STUDENTS, BROWN MACKIE COLLEGE REQUIRES THAT ALL INTERNATIONAL STUDENTS EITHER PURCHASE A CIR POLICY OR COMPLETE THE INSURANCE WAIVER BY OCTOBER 30, 2014.

DEPENDENT COVERAGE is available. Insured Students may also enroll their eligible dependents in the plan.

Your lawful spouse, and dependent children under age 26, stepchildren, foster children, legally adopted children, and children of adoptive parents pending adoption proceedings may also become Covered Persons. Dependents must be enrolled for the same coverage as the student.

Additionally, eligibility for a child who is a full-time student and who turns age 26 will be extended if the child is: (1) a member of the Pennsylvania National Guard or any reserve component of the armed forces of the United States; and (2) called or ordered to active duty, other than active duty for training, for a period of 30 or more consecutive days. In that case, eligibility will be extended for a period equal to the duration of such child's service on active duty or active State duty, or until he or she is no longer a full-time student.

Dependent children will continue to be eligible for coverage if at the age of 26 the child is (1) incapable of self-sustaining employment by reason of mental retardation or physical handicap and (2) chiefly dependent upon the student insured for support and maintenance. Proof of the incapacity and dependency shall be furnished to the insurer by the insured within 31 days of the child reaching age 26. Continued proof shall be furnished to the insurer on an annual basis thereafter. Dependent coverage expires concurrently with that of the covered student.

You are under no obligation to enroll dependents in this coverage. However, you must enroll for this coverage for your dependents and pay the required premium before their coverage will take effect.

Newborn Child Coverage - A child of the insured born while coverage under the policy is in force is provided coverage, subject to the particular coverage's and amounts of insurance as specified in the Schedule of Benefits, for covered services rendered for Injury and Sickness

(including covered services that are necessary to care and treat congenital defects, birth abnormality and premature birth), as well as those for routine newborn care for the first 31 days. The child is covered from the moment of birth until the 31st day of age. A notice of birth and the additional premium, if any, must be submitted to the Administrator within 31 days of the birth in order to continue coverage for Injury and Sickness beyond the initial 31-day period.

Adopted Children Coverage - A minor child who comes under the charge, care and control of the insured while coverage under the policy is in force is provided coverage, subject to the particular Coverage's and amounts of insurance as specified in the Schedule of Benefits, for covered services rendered for Injury and Sickness as long as the insured files a petition to adopt. The coverage provided to such child will be the same as provided for other members of the insured's family. Such child is covered from the date of placement in the insured's home if the insured applies for coverage and pays any required premium within 31 days after the date of placement. However, coverage begins at the moment of birth if the petition for adoption, application for coverage and payment of premium occurs within 31 days after the child's birth. Coverage for such child will continue unless the petition for adoption is dismissed or denied.

Dependent eligibility expires concurrently with that of the Insured Student.

TO ENROLL IN THIS COVERAGE, students must complete the enrollment form and remit a check or money order for the premium payment to Collegiate Insurance Resources at 3070 Riverside Drive, Columbus, OH 43221. Or you may enroll online by visiting:

www.CIRStudentHealth.com/brownmackie

SEE NEXT PAGE FOR RATE INFORMATION

**BROWN MACKIE COLLEGE
STUDENT HEALTH INSURANCE
2014-2015 RATE AND DATE SUMMARY**

FIRST, FIND YOUR START DATE

<i>Classes Start</i>	<u>10/6/2014</u>	<u>11/3/2014</u>	<u>12/1/2014</u>	<u>1/5/2015</u>	<u>2/2/2015</u>	<u>3/2/2015</u>	<u>4/6/2015</u>	<u>5/4/2015</u>	<u>6/1/2015</u>	<u>7/6/2015</u>	<u>8/3/2015</u>	<u>8/31/2015</u>
<i>Insurance Effective Date</i>	10/1/2014	11/1/2014	11/29/2014	1/1/2015	1/31/2015	2/28/2015	4/4/2015	5/2/2015	5/30/2015	7/4/2015	8/1/2015	8/29/2015
<i>Insurance Termination Date</i>	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015
<i>Close of Open Enrollment</i>	11/5/2014	12/3/2014	12/31/2014	2/4/2015	3/4/2015	4/1/2015	5/6/2015	6/3/2015	7/1/2015	8/5/2015	9/2/2015	9/15/2015
<i>Days Insured</i>	365	334	306	273	243	215	180	152	124	89	61	33

THEN, FIND YOUR CHARGE*

<i>Student Only Age 24 & Under</i>	\$989	\$905	\$829	\$740	\$658	\$583	\$495	\$495	\$495	\$495	\$495	\$495
<i>Student Only Age 25 & Over</i>	\$1,978	\$1,810	\$1,658	\$1,479	\$1,317	\$1,165	\$989	\$989	\$989	\$989	\$989	\$989
<i>Spouse Additional Age 24 & Under</i>	\$989	\$905	\$829	\$740	\$658	\$583	\$495	\$495	\$495	\$495	\$495	\$495
<i>Spouse Additional Age 25 & Over</i>	\$1,978	\$1,810	\$1,658	\$1,479	\$1,317	\$1,165	\$989	\$989	\$989	\$989	\$989	\$989
<i>Per Child</i>	\$989	\$905	\$829	\$740	\$658	\$583	\$495	\$495	\$495	\$495	\$495	\$495

*All charge amounts include applicable insurance premium and an administrative fee.

Premiums will not be pro-rated. Refunds of premium are allowed only upon entry into the armed forces.

This policy is a non-renewable one year term Policy. The Eligible Student and their Eligible Dependents may apply for coverage according to the beginning of the start date of the classes the student is attending.

The Master Policy on file at the Institution becomes effective at 12:01 a.m., October 1, 2014. Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., October 1, 2015. Coverage terminates on that date or at the end of the period through which premium is paid.

ANY QUESTIONS REGARDING ELIGIBILITY OR PREMIUM PAYMENTS SHOULD BE DIRECTED TO CIR AT 800-322-9901.

PAGE TWO – 2014-2015 BROWN MACKIE COLLEGE STUDENT MEDICAL INSURANCE ENROLLMENT FORM

Please circle Effective Date and Coverage Selected: “Age” is the insured’s age as of the indicated Effective Date.

BROWN MACKIE STUDENT HEALTH INSURANCE 2014-2015 RATE AND DATE SUMMARY													
FIRST, FIND YOUR START DATE													
<i>Classes Start</i>	<u>10/6/2014</u>	<u>11/3/2014</u>	<u>12/1/2014</u>	<u>1/5/2015</u>	<u>2/2/2015</u>	<u>3/2/2015</u>	<u>4/6/2015</u>	<u>5/4/2015</u>	<u>6/1/2015</u>	<u>7/6/2015</u>	<u>8/3/2015</u>	<u>8/31/2015</u>	
<i>Insurance Effective Date</i>	10/1/2014	11/1/2014	11/29/2014	1/1/2015	1/31/2015	2/28/2015	4/4/2015	5/2/2015	5/30/2015	7/4/2015	8/1/2015	8/29/2015	
<i>Insurance Termination Date</i>	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	10/1/2015	
<i>Close of Open Enrollment</i>	11/5/2014	12/3/2014	12/31/2014	2/4/2015	3/4/2015	4/1/2015	5/6/2015	6/3/2015	7/1/2015	8/5/2015	9/2/2015	9/15/2015	
<i>Days Insured</i>	365	334	306	273	243	215	180	152	124	89	61	33	
THEN, FIND YOUR CHARGE*													
<i>Student Only Age 24 & Under</i>	\$989	\$905	\$829	\$740	\$658	\$583	\$495	\$495	\$495	\$495	\$495	\$495	\$495
<i>Student Only Age 25 & Over</i>	\$1,978	\$1,810	\$1,658	\$1,479	\$1,317	\$1,165	\$989	\$989	\$989	\$989	\$989	\$989	\$989
<i>Spouse Additional Age 24 & Under</i>	\$989	\$905	\$829	\$740	\$658	\$583	\$495	\$495	\$495	\$495	\$495	\$495	\$495
<i>Spouse Additional Age 25 & Over</i>	\$1,978	\$1,810	\$1,658	\$1,479	\$1,317	\$1,165	\$989	\$989	\$989	\$989	\$989	\$989	\$989
<i>Per Child</i>	\$989	\$905	\$829	\$740	\$658	\$583	\$495	\$495	\$495	\$495	\$495	\$495	\$495
TOTAL CHARGE:													

*All charge amounts include applicable insurance premium and an administrative fee.

SCHEDULE OF BENEFITS

This is not a comprehensive major medical plan, nor is it intended to replace a major medical plan. The plan is intended to provide you, and your covered dependents, with basic insurance coverage. Visit any doctor or hospital, enrolled dependents receive the same coverage as you. No pre-existing conditions exclusions or limitations apply. The plan provides coverage for Injuries occurring or Sickness commencing to the Covered Person anywhere in the world, 24 hours a day. All services rendered as a result of the same or related cause **(including any complications) shall be considered as resulting from one Injury or Sickness.**

INPATIENT HOSPITAL BENEFITS		
DAILY ROOM & BOARD BENEFITS:		
Room & Board - <i>(Maximum Number of Days Per Coverage Year)</i>	\$1,000 Per Day	(90 Days) per Coverage Year
Mental & Nervous Conditions - <i>(Maximum Number of Days Per Coverage Year)</i>	\$100 Per Day	(25 Days) per Coverage Year
Alcohol & Substance Abuse - <i>(Maximum Number of Days Per Coverage Year)</i>	\$100 Per Day	(25 Days) per Coverage Year
Maximum Surgery Daily Benefit¹	\$2,000	
Maximum Anesthesia Benefit²	20% of Surgical Benefit	
<small>1. Benefits for covered inpatient surgery are scheduled and range from \$10 to \$2,000 based on the specific surgical procedure performed. 2. Benefits for covered inpatient anesthesia vary and are equal to 20% of the applicable inpatient surgery benefit.</small>		
OUTPATIENT BENEFITS		
DOCTOR'S VISITS BENEFITS:		
New Patient Office Visit - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$80 Per Day	(1 Day)
Established Patient Office Visit - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$65 Per Day	(7 Days)
Consultation Office Visit - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$100 Per Day	(1 Day)
Emergency Room Doctor Visit - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$75 Per Day	(1 Day)
LAB & RADIOLOGY BENEFITS:		
Magnetic Resonance Imaging (MRI) - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$150 Per Day	(1 Day)
Computerized Tomography (CT) Scan - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$100 Per Day	(1 Day)
All Other Radiology Services - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$40 Per Day	(7 Days)
Lab Services - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$40 Per Day	(7 Days)
EMERGENCY ROOM VISIT BENEFITS:		
Treatment of an Accidental Injury - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$50 Per Day	(3 Days)
Treatment of a Sickness - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$500 Per Day	(2 Days)
WELLNESS CARE VISIT BENEFITS:		
Annual Physical - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$100 Per Day	(1 Day)
Mammogram Screening - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$50 Per Day	(1 Day)
Prostate or Cervical Cancer Screening - <i>(Maximum Number of Daily Benefits Per Coverage Year)</i>	\$35 Per Day	(1 Day)
OUTPATIENT SURGERY BENEFITS		
Maximum Surgery Daily Benefit³	\$4,000	
Maximum Anesthesia Benefit⁴	20% of Surgical Benefit	
<small>3. Benefits for covered outpatient surgery are scheduled and range from \$10 to \$4,000 based on the specific surgical procedure performed. 4. Benefits for covered outpatient anesthesia vary and are equal to 20% of the applicable outpatient surgery benefit.</small>		
PRESCRIPTION DRUG BENEFITS		
Generic Drug Daily Benefit Maximum Amount Per Prescription <input type="checkbox"/>	\$20 <input type="checkbox"/>	
Generic Drug Maximum Number of Prescription Daily Benefits Per Coverage Year	12 <input type="checkbox"/>	
Brand Drug Daily Benefit Maximum Amount Per Prescription <input type="checkbox"/>	\$50 <input type="checkbox"/>	
Brand Drug Maximum Number of Prescription Daily Benefits Per Coverage Year	6	

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy policy by calling ACI at 888-293-9229.

PREMIUM REFUND POLICY

Except for medical withdrawal due to an Injury or Sickness, any student withdrawing from the school during the first 31 days of the period for which coverage is purchased shall not be covered under this Plan and a full refund of the premium will be made. Students withdrawing after 31 days will remain covered under this Plan for the full period for which the premium has been paid and no refund will be made available. Premiums received by the Company are fully earned upon receipt.

Coverage for a Covered Person entering the Armed Forces of any country will terminate as of date of such entry. Those covered students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request within 90 days.

TERMINATION OF INSURANCE

Benefits are payable under this Plan only for those services rendered while this Plan is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates for the Covered Person, except as may be provided under Extension of Benefits.

EXTENSION OF BENEFITS

If coverage under the policy ends while the Covered Person is totally disabled due to Injury or Sickness, we will pay benefits for covered services occurring after the date coverage under the policy ends as long as they meet the following requirements: (a) the covered service must be rendered due to the same Injury or Sickness causing the Covered Person to be totally disabled on the date coverage ends; and (b) the covered service must occur within 90 days after the date the Covered Person's coverage under the policy ends; and (c) coverage must not have ended as a result of the Covered Person's or, in the case of a dependent child, the child's parent's voluntary termination of the coverage. This extension of benefits terminates at the end of the 90-day period specified above. As used in this section, "totally disabled" means: (a) with respect to a Covered Person who would otherwise be employed, the complete inability to perform all of the substantial and material duties of such person's occupation; and (b) with respect to a Covered Person who is not otherwise gainfully employed, confinement as an inpatient in a Hospital.

PRESCRIPTION DRUG BENEFIT



For “Express Scripts” Pharmacy questions or information, you may call: 866-282-1491 or visit the website: www.express-scripts.com. Pharmacy participation is subject to change without notice. It is the student’s responsibility to verify participation at the time prescriptions are filled. For each generic drug prescription you have filled, the Limited Benefit Medical Coverage pays the amount shown in the Schedule of Benefits. Benefits for generic drugs are paid up to the applicable maximum benefit per coverage year shown in the Schedule of Benefits. For each brand-name drug prescription you have filled, the Limited Benefit Medical Coverage pays the amount shown in the Schedule of Benefits. Benefits for brand-name drugs are paid up to the applicable maximum benefit per coverage year shown in the Schedule of Benefits.

DESCRIPTION OF BENEFITS

Limited Benefit Medical Coverage Description

Inpatient Hospital Benefits: The Limited Benefit Medical Coverage pays a hospital confinement daily benefit while a covered person is confined as an inpatient in a hospital. The amount of the daily benefit and maximum number of days vary based on the condition being treated as shown in the Schedule of Benefits.

The hospital confinement daily benefits payable under the Limited Benefit Medical Coverage for childbirth are subject to the same limits and maximums that would apply with respect to a hospital stay for the treatment of all other covered sickness.

Inpatient Surgeries: The Limited Benefit Medical Coverage covers inpatient surgeries based on the specific surgical procedure performed for each inpatient surgery. A covered person who has a mastectomy is covered by the Limited Benefit Medical Coverage for reconstructive breast surgery.

Inpatient Surgery Anesthesia: Each time a covered person has anesthesia administered during covered inpatient surgery, the Limited Benefit Medical Coverage pays 20% of the benefit paid for the corresponding surgical procedure.

Note: The Limited Benefit Medical Coverage covers only inpatient hospital confinements and services that are summarized above. Other services, such as inpatient doctors’ visits and inpatient laboratory, are not covered under the Limited Benefit Medical Coverage and there is no benefit for these types of services.

Outpatient Doctors' Visits Benefits: The Limited Benefit Medical Coverage pays for outpatient doctors' visits. The benefit amount and maximum number of visits vary based on the type of visit as shown in the Schedule of Benefits. Benefits will not be paid for more than

one doctor visit per day for each covered person.

Wellness Care Benefits: The Limited Benefit Medical Coverage pays for visits a covered person makes for the covered wellness care shown in the Schedule of Benefits. The benefit amount varies based on the type of wellness care.

Outpatient Radiology Benefits: The Limited Benefit Medical Coverage pays for visits a covered person makes for outpatient diagnostic radiology services. All diagnostic radiology services performed at the same visit will be counted as one visit. The benefit amount and maximum number of visits vary based on the type of diagnostic radiology service as shown in the Schedule of Benefits.

Note: If these services are incurred as part of an emergency room visit, they are NOT covered under this benefit. See Emergency Room Visit Benefit on the next page.

Outpatient Lab Benefits: The Limited Benefit Medical Coverage pays for each visit a covered person makes for outpatient diagnostic laboratory services as shown in the Schedule of Benefits. All services performed at the same visit will be counted as one visit. Benefits will not be paid for more than one visit for laboratory services per day for each covered person.

Note: If these services are incurred as part of an emergency room visit, they are NOT covered under this benefit. See Emergency Room Visit Benefit on the next page.

Outpatient Surgery Benefit: The Limited Benefit Medical Coverage covers outpatient surgery based on the specific surgical procedure performed for each outpatient surgery.

Note: If your outpatient surgery is performed as part of an emergency room visit, it is NOT covered under this benefit. See Emergency Room Visit Benefit on the next page.

Outpatient Surgery Anesthesia Benefit: Each time a covered person has anesthesia administered during covered outpatient surgery, the Limited Benefit Medical Coverage pays 20% of the benefit paid for the corresponding surgical procedure.

Note: If you receive anesthesia during an outpatient surgery performed as part of an emergency room visit, it is NOT covered under this benefit. See Emergency Room Visit Benefit on the next page.

Emergency Room Visit Benefit: The Limited Benefit Medical Coverage pays the amounts shown in the Schedule of Benefits for each visit to a hospital emergency room up to the maximum shown for the treatment of an injury; and for each visit to a hospital emergency room up to the maximum shown for the treatment of a sickness. Benefits will not be paid for more than one emergency room visit per day for each covered person.

Note: The Limited Benefit Medical Coverage covers only outpatient services that are summarized above and described in the Schedule of Benefits. Other services, such as sleep studies and durable medical equipment, are not covered under the Limited Benefit Medical Coverage and there is no benefit for these types of services.

DEFINITIONS

Accident means a sudden, unforeseeable event that causes Injury to a Covered Person.

Covered Person means any eligible person and any eligible dependent for whom coverage is in effect under the policy.

Doctor means any duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to perform the service for which claim is made.

Hospital means an institution operated by law for the care and treatment of injured or sick persons; has organized facilities for diagnosis and surgery or has a contract with another hospital for these services; and has 24-hour nursing service. Hospital excludes any institution that is primarily a rest home, nursing home, convalescent home, a home for the aged, a facility for treatment of alcoholism or drug addiction, or a facility for treatment of mental disorders.

Injury means accidental bodily Injury of a Covered Person: (a) caused by an Accident; and (b) that results in covered loss directly and independently of all other causes.

Medically Necessary means the service or supply is: (a) provided for the diagnosis, treatment, cure or relief of a health condition, Sickness, Injury or its symptoms; and (b) necessary for and appropriate to the diagnosis or treatment according to the attending medical care provider.

Sickness means Sickness or disease of a Covered Person that: (a) is treated by a Doctor while the person is covered under the policy; and (b) results directly and independently of all other causes in loss covered by the policy.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by or resulting from;

- a) Intentionally self-inflicted injuries, suicide or any attempt thereat while sane or insane;
- b) Declared or undeclared war or any act thereof;
- c) The Covered Person's commission of a felony;
- d) The Covered Person's participation in, practice for, or orthopedic equipment and appliances used for; intercollegiate tackle football; intercollegiate sports; semi-professional sports; or professional sports, (except as specified in the Coverage Descriptions);
- e) The Covered Person operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so;
- f) The Covered Person's participation in or practice for; intercollegiate tackle football; intercollegiate sports; semi-professional sports; or professional sports;
- g) Work-related Injury or Sickness;
- h) The Covered Person's use of drugs or alcohol, unless administered by a Doctor;
- i) Mental or nervous disorders, except as noted in Hospital Confinement Daily Income Benefit; or
- j) Alcoholism or substance abuse, except as noted in Hospital Confinement Daily Income Benefit.

In addition to the above exclusions, no benefits will be paid for:

- a) Eye examinations for glasses; any kind of eye glasses, or prescriptions for any eyeglasses except as required as a result of a covered Injury;
- b) Hearing examinations or hearing aids except as required as a result of a covered Injury;
- c) Dental care or treatment other than covered services rendered in connection with the care of sound, natural teeth and gums required on account of Injury to the Covered Person resulting from an Accident that happens while covered under the policy, and rendered within 6 months of the Accident;
- d) Care or treatment of allergies, including allergy testing;
- e) Diagnosis and care or treatment of acne;

- f) Care or treatment of Injury to the Covered Person resulting from a motor vehicle Accident;
- g) Reading or interpreting the results of any diagnostic laboratory, radiology, or cardiovascular tests;
- h) Services rendered in connection with cosmetic surgery, except covered services rendered in connection with cosmetic surgery the Covered Person needs for breast reconstruction following a mastectomy or as a result of an Accident that happens while covered under the policy. Cosmetic surgery for an accidental Injury must be performed within 90 days of the Accident causing the Injury and while such person's coverage is in force;
- i) Care or treatment rendered in connection with surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices other than as specifically provided above;
- j) Care or treatment rendered to a Covered Person while outside the United States of America;
- k) For international students only, care or treatment rendered within the Covered Person's home country or country of regular domicile;
- l) Services provided by a member of the Covered Person's immediate family.

NON-INSURANCE BENEFITS

Your Limited Benefit Medical Coverage allows access to important non-insurance benefits as described below. The suppliers of these plans are not affiliated with the Company, which is not responsible for the content of the plans and cannot be held liable for any services provided or not provided by these suppliers.

VSP Access Plan: Membership in the VSP Access Plan is a separate benefit that you receive when you are enrolled in the Limited Benefit Medical Coverage. This benefit, which is provided through Vision Service Plan, offers discounts on eye exams and prescription glasses from VSP network doctors. When you visit a network doctor, you can receive a 20% discount on your eye exam, a 15% discount on your contact lens exam, a 20% discount on your frame, lenses and lens options when a complete pair of prescription glasses is purchased. You also can receive discounts on laser vision correction. The discounts for prescription glasses and contact lenses are only available from the VSP network doctor who provided your eye exam within the past 12 months. For questions regarding the VSP Access Plan, call VSP at 1-800-877-7195 or visit their website at www.vsp.com.

24-Hour Nurse Helpline Plan: Membership in the 24-Hour Nurse Helpline Plan is a separate benefit that you receive when you are enrolled in the Limited Benefit Medical Coverage. This benefit offers a telephone service that allows you to ask questions and receive information about your health, illnesses and medications. You have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year. These nurses are specially trained to offer prompt, confidential medical counseling to help you make informed

decisions about your health and the medical care you receive. However, the nurses do not diagnose or provide treatment.

The benefits include:

- Toll-free, confidential availability to registered nurses 24 hours a day at 1-800-982-2401.
- Information and guidance for dealing with common symptoms.
- Explanations on what to expect during a medical test.
- Help from a registered nurse who can answer questions regarding: diagnostic and surgical procedures; a recently diagnosed medical; or prescription and over the counter medication information.

Online Wellness Improvement Plan: Membership in the Online Wellness Improvement Plan is a separate benefit that you receive when you are enrolled in the Limited Benefit Medical Coverage. This benefit offers an online service that allows you access to daily wellness articles and health tips, personalized workout programs for all ages and fitness levels, guidance on nutrition, weight loss and exercise, access to health risk assessments and calculators, and disease prevention studies. You must have access to the Internet to take advantage of this benefit.

To use this benefit:

You must first enroll in My E Wellness;

visit www.myewellness.com and click on the “New User” button. You must provide your first and last name and enter your membership ID number (found on your medical ID card) as both your User ID and Password, then click “Continue”.

You will be prompted to provide your e-mail address and to change your User ID and Password to something you can easily remember. Then click “Continue” and you will be taken to the MyEWellness.com Member Home Page. If you have any questions regarding the Online Wellness Improvement Plan, please call the My E Wellness Customer Service Department at 1-800-308-0374.

HOW TO FILE A CLAIM

In the event of injury or sickness, the student should:

IN THE EVENT OF AN EMERGENCY CALL 911 OR REPORT TO THE NEAREST EMERGENCY ROOM.

- 1) Consult a doctor or health care provider.
- 2) Obtain a claim form online at www.visit-aci.com or by calling ACI at 888-293-9229 (M-F 8:30am – 4:30pm Eastern Time).
- 3) The completed claim form and all hospital and medical bills must be submitted within 30 days of injury or first treatment for a sickness. The Company should receive bills within 90 days of service. In no event, except in the absence of legal capacity, will a claim be honored later than twelve (12) months from the date when the proof was originally required.
- 4) **SEND CLAIM FORM ALONG WITH ITEMIZED HOSPITAL AND MEDICAL BILLS TO:**

**ADMINISTRATIVE CONCEPTS, INC.
994 OLD EAGLE SCHOOL ROAD
SUITE 1005
WAYNE, PA 19087 – 1802
888-293-9229
www.visit-aci.com**

APPEALS

If a claim is wholly or partially denied, a written notice will be sent to the Covered Person containing the reason for the denial. The notice will include a reference to the provision in the Plan description and a description of any additional information, which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal.

PLAN IS UNDERWRITTEN BY:

BCS Insurance Company

CLAIMS ADMINISTERED BY:

ADMINISTRATIVE CONCEPTS, INC.
994 OLD EAGLE SCHOOL ROAD
Suite 1005
WAYNE, PA 19087 – 1802
888-293-9229
www.visit-aci.com

WRITING AGENT:

COLLEGIATE INSURANCE RESOURCES
3070 RIVERSIDE DRIVE.
COLUMBUS, OH 43221
800-322-9901
www.cirstudenthealth.com/brownmackie

PREFERRED PROVIDER NETWORK:



800-672-2140
www.multiplan.com

IMPORTANT NOTICE: This brochure describes the important features of Accident and Sickness policy number BSA-00505. Please be sure to retain this brochure, as it outlines the provision of the Master Policy which is on file at Brown Mackie College corporate office. No individual policies or certificates are issued. In the event of any discrepancy between this brochure and the Master Policy, the Master Policy will prevail.