

Student Accident and Sickness Insurance Program

Designed for the
Students of

BRESCIA UNIVERSITY

2007-2008

NATIONWIDE LIFE INSURANCE COMPANY

COLUMBUS, OHIO

Policy Number: 302-108-1605

Effective August 15, 2007 to August 15, 2008

IMPORTANT NOTICE

This brochure provides a brief description of the important features of the Policy. It is not a Policy. Terms and conditions of the coverage are set forth in the Policy. We will notify Covered Persons of all material changes to the Policy. Please keep this material with your important papers.

NONDISCRIMINATORY

Health care services and any other benefits to which a Covered Person is entitled are provided on a nondiscriminatory basis, including benefits mandated by state and federal law

ELIGIBILITY

All students attending Brescia University on a full-time basis must participate in the college's medical insurance plan unless they can document (for example, with a health insurance card or policy) that they carry at least comparable coverage themselves or through their parents. Proof of insurance must be provided every semester at the time of final registration. The cost of medical insurance will automatically be added to a student's bill unless proof of coverage is verified by the Dean of Student Development or the College Business Manager. The cost for the \$5,000 policy maximum plan for the academic year is \$310 per student. The cost for the \$10,000 maximum plan for the academic year is \$380 per student. Eligible students who participate in this plan may also enroll their eligible Dependents. Eligible Dependents are the spouse of the insured student, and unmarried, dependent children under the age of 19 years or 25 if full-time student who reside with the insured student. To enroll, give or mail the applicable premium to the Brescia University Cashier's Office.

EFFECTIVE DATE OF POLICY

The Master Policy becomes effective August 15, 2007, and individual student coverage is provided during the period for which the applicable premium for that student has been paid. The Master Policy expires at 12:01 A.M. on August 15, 2008.

DEFINITIONS

You, your or yours means the Insured.

We, us or our means Nationwide Life Insurance Company

Insured means an eligible student or an eligible student's Dependent covered by the policy.

Dependent means:

- (a) A spouse living with the Insured, or
- (b) Any unmarried child of the insured including any stepchild under the age of nineteen (19) years, (or 25 if a full time student) who is not self-supporting and lives with the Insured. A newborn child or a child placed with You for adoption shall be covered for 31 days from birth or date of placement. During these 31 days We must receive written notice of the birth or placement and required premium for coverage to continue.

Injury means bodily harm caused by an accident which occurs while the Policy is in force and is the sole cause of the Loss.

Sickness means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.

Hospital Stay means a medically necessary overnight confinement in a hospital when room and board and general nursing care are provided and a per diem charge is made by the hospital.

Covered Expenses means charges:

- (a) Not in excess of usual, reasonable and customary charge, as determined by Ingenix;
- (b) not in excess of the maximum benefit amount payable per service as shown in the Schedule;
- (c) Made for medical services and supplies not excluded under the policy;
- (d) Made for services and supplies which are medically necessary; and
- (e) Made for medial services specifically included in Section I or Section II following.

COVERAGE

The policy is underwritten by Nationwide Life Insurance Company and is administered by Consolidated Health Plans. All claims will be paid by Consolidated Health Plans. The Plan covers expense incurred for accidental bodily Injury and Sickness as provided in the Master Policy. Following is a summary of the benefits.

SECTION I

BASIC ACCIDENT BENEFITS

When your Injury requires (a) treatment by a doctor; (b) hospital confinement; (c) services of a licensed practical nurse or RN; (d) X-ray services; (e) use of operating room, anesthesia, laboratory services; or (f) use of an ambulance, We will pay the Covered Expenses incurred up to a maximum of \$1,000. This benefit includes coverage for treatment of Injury to natural teeth. Dental Injury is limited to \$500 per occurrence.

SECTION II

BASIC SICKNESS BENEFITS

When you suffer a loss from Sickness, we will pay the Expenses up to a maximum of \$1,000. Benefits are allocated as follows:

Hospital Daily Room & Board: When hospital confined, we will pay the hospital semi-private room rate for a maximum of seven days.

Miscellaneous Hospital Expense: We will pay Expenses incurred by You during a hospital confinement or as an outpatient for day surgery up to a maximum of \$1,000. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings, and other necessary non-room and board hospital expenses.

Surgical Expense: When your Sickness requires surgery, we will pay up to a maximum of \$1,000 Per Operation. If the surgery requires the services of an anesthetist, who is not employed or retained by the hospital in which the operation is performed, we will pay the loss incurred up to 25% of the amount payable for the operation. If two or

more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed the benefit for the one of such procedures for which the largest benefit is payable.

In-Hospital Physician's Fee Expense: When your Sickness requires the services of a doctor other than the surgeon we will pay the Expense for such services up to \$50 per visit, limited to one visit per day.

Out of Hospital Doctor's Fee Expense: When your Sickness requires the services of a doctor, other than the surgeon while not confined to a hospital, we will pay the Expense thereof. Our payment will not exceed \$50 per visit (limited to one visit per day).

Hospital Outpatient Expense: If an Insured's Sickness requires the use of outpatient facilities of a hospital for a) diagnostic x-ray; b) laboratory services; c) an emergency room; or d) operating room, under the doctor's direction, we will pay the hospital expense up to a maximum of \$200 for any one sickness. **(Treatment must begin within 48 hours of the onset of the illness.)**

Maternity: Maternity care is covered to the same extent that coverage is provided for Hospital, Surgical or Medical Benefits for any other Sickness.

Diagnostic X-ray and Laboratory Expense: If an Insured's Sickness requires diagnostic x-rays or laboratory services, under the doctor's direction, We will pay the Expense up to \$200 per Sickness.

SECTION III MAJOR MEDICAL BENEFIT

If the Covered Medical Expense for your Injury or Sickness exceeds the Aggregated Maximum we owe under the BASIC ACCIDENT AND SICKNESS BENEFITS, we will pay 80% of the additional expense up to the maximum amount of \$5,000 or \$10,000 (depending on which you choose). See premium rates.

Covered Expenses for daily hospital room and board will not be more than the usual semi-private room charge.

SECTION IV MAMMOGRAMS

The coverage includes a screening mammogram for ages 35 through 39 and an annual mammogram for ages 40 and over. Benefit is payable the same as any other diagnostic x-ray.

EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

1. Injury of the primary insured covered under any student accident insurance policy underwritten by Us.
2. Any Sickness, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person, unless continuous coverage is applied.

3. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution.
4. Services covered or provided by the student health fee.
5. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of Injury.
6. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a Covered Expense associated with a Sickness or Injury covered by the policy.
7. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a Covered Expense associated with an Injury covered by the Policy.
8. Dental treatment, except as specifically provided for in the Schedule.
9. War or any act of war, declared or undeclared, or while in the armed forces of any country.
10. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense.
11. Intentionally self-inflicted Injury, suicide or any attempt thereat.
12. Injury of any covered person sustained while:
 - a) Participating in any school, professional or organized sports contest or competition, unless specifically listed in the Schedule;
 - b) Traveling to or from such sport, contest or competition as a participant; or
 - c) During participation in any practice or conditioning program for such sport, contest or competition.
13. Skydiving, parachuting or bungee jumping, hang gliding, glider flying, parasailing, sail planning or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
14. Treatment in 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 a medical emergency basis; and
 - b) A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
15. Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
16. Any treatment for mental and nervous disorders, unless provided by Rider attached to the Policy.

17. Elective surgery and elective treatment, except as required to correct an Injury for which benefits are otherwise payable under the Policy.
18. Prescription drugs dispensed or purchased unless during a hospital stay, or if specifically covered under the Policy when dispensed at the student health center.
19. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or acts.
20. Physiotherapy, except as specifically provided for in the Schedule.
21. Braces and appliances, except as specifically provided for in the Schedule.
22. Replacement braces and appliances.
23. Assistant surgeon services, except as specifically provided for in the Schedule.
24. Expense incurred within your home country or country of regular domicile.
25. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
26. That part of medical expense payable by any automobile insurance policy without regard to fault.
27. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - a) The loss as caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - b) The covered person is within a 25-mile radius of the site of the release either:
 - At the time of the release; or
 - Within 24 hours of the start of the release.
28. Travel in or upon:
 - a) A snowmobile;
 - b) Any two-or-three-wheeled motor vehicle; or
 - c) Any off-road motorized vehicle not requiring licensing as a motor vehicle.
29. Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license, except while in a Driver's Education Program.
30. Preventative medicines, serums, vaccines.

31. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood; or rest cures or custodial care; or personal services such as television and telephone or transportation.
32. A hernia of any kind.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at 800-633-7867.

If you have a medical or travel problem, simply call MEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 800-527-0218 or if you are in a foreign country, call collect at: 410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

CLAIM PROCEDURE

In the event of Covered Accident or Sickness:

1. Contact Your Student Health Services, if available. If Student Health Services is not available, consult a doctor and follow his instructions.
2. You need to submit a claim form for each separate injury or sickness, available at Your school, or by mail from Consolidated Health Plans, or online at www.chpstudent.com. The claim form should be submitted within 30 days after the date of accident or commencement of a covered illness, or as soon as reasonably possible.
3. Itemized billings (Written Proof of Loss) should be submitted by Your health care provider or the Covered Person within 90 days of treatment, or as soon as reasonably possible.

All Claim forms should be submitted to the Claims Administrator shown below:

**Claims Administrator:
CONSOLIDATED HEALTH PLANS**

195 Stafford Street
Springfield, MA 01104-3503
(413) 733-4540
Toll Free (800) 633-7867

Servicing Broker:

University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7454
Local: (617) 472-5324

Out of area: (800) 437-6448

www.universityhealthplans.com

Please visit our website for frequently asked questions and answers regarding this plan, or email us at info@univhealthplans.com

For a copy of the Company's privacy notice, go to: www.chpstudent.com

The Plan is underwritten by:
Nationwide Life Insurance Company

Policy No.: 302-108-1605

CLAIM APPEAL

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at the above address. Include your name, phone number, address, school attended and email address, if available.

Claims will be reviewed and responded to within 60 days by Consolidated Health Plans.

**SCHEDULE OF PREMIUM RATES
ANNUAL COST**

PERIOD COVERED: The insurance will be effective on August 15, 2007 and continues in effect through August 15, 2008.

\$5,000 Maximum Benefits	
Student.....	\$310
Student and Spouse	\$1,495
Student w/Spouse and Child(ren).....	\$1,915
Student and Child(ren).....	\$890
\$10,000 Maximum Benefit	
Student.....	\$380
Student and Spouse	\$1,580
Student w/Spouse and Child(ren).....	\$1,985
Student and Child(ren).....	\$945

SECOND SEMESTER PREMIUM

POLICY COVERED: The insurance will be effective on January 1, 2008 and continues in effect through August 15, 2008.

\$5,000 Maximum Benefits	
Student.....	\$220
Student and Spouse	\$1,020
Student w/Spouse and Child(ren).....	\$1,340
Student and Child(ren).....	\$625
\$10,000 Maximum Benefits	
Student.....	\$270
Student and Spouse	\$1,095
Student w/Spouse and Child(ren).....	\$1,390
Student and Child(ren).....	\$665

VISION BENEFITS

The Vision One discount program is available to participants in the Student Health Insurance Plan through Cole Vision® at no additional cost. This program may help you save on many eye care products, including eyeglasses and contact lenses, nonprescription sunglasses, contact lens solutions and accessories.

The Vision One program is available at many optical centers nationwide such as **Sears, JCPenney, Target**, most **Pearle Vision Centers** and others as well as through selected independent optometrist and ophthalmologist offices.

When you visit a Vision One location, show your Student Health Insurance card, and any applicable services or merchandise you receive will be discounted right at the point of purchase. There are no claim forms to complete and no waiting for reimbursement.

Here is an example of some of the discounts you are eligible for:

Frames	Vision One Cost	Typical Savings
Up to \$60 retail	\$25	58%
\$60 to \$80 retail	\$35	56%
\$80 to \$100 retail	\$45	55%
Over \$100 retail		35% off retail
Exams – Spectacle		\$5 discount
Lenses		
Single Vision	\$30	46%
Bifocal	\$50	42%
Trifocal	\$60	45%
Lens Options	Additional	
Standard Progressive (no-line bifocal)	\$50	33%
Polycarbonate	\$30	40%
Scratch Resistant Coating	\$12	40%
Ultraviolet Coating	\$12	40%
Anti-Reflective Coating	\$35	30%
Photochromic	\$30	25%
Solid or Gradient Tint	\$ 8	33%
Contact Lenses		
Non-Disposable Contacts		20%
Disposable Contacts		10%
Exams – Contacts		\$10 discount

To find the nearest Vision One location log on to the Cole Managed Vision website at www.cmvc.com or call 1-800-424-1155, weekdays from 9 a.m. to 9 p.m. ET and Saturdays from 9 a.m. to 5 p.m. ET to speak to a representative. Cole Managed Vision Plan #47034.