

**Student
Accident and Sickness
Insurance Plan**

Designed for the Students of:

**BRADLEY
UNIVERSITY**
("the Policyholder")

1501 West Bradley Avenue
Peoria, IL 61625

2009-2010

Administrator Policy Number:
AMH0058660
Underwriter Reference Number:
CAS9710515

The Plan is Underwritten by
National Union Fire Insurance Company
of Pittsburgh, Pa.,
with its principal place of business in
New York, NY ("the Company")

INTRODUCTION

Bradley University has made a continuing commitment to ensure the availability of health and medical facilities for university students. There is a University Health Center (UHC) on campus where students may receive treatment for minor Sickness and Injury at no direct cost. There are three hospitals in the City of Peoria that are available for treatment of more serious disabilities.

For students who are no longer covered by their family or guardian medical plans, the University makes available a student insurance plan that will help defray the cost of such medical services as hospitalization, inpatient and outpatient care, x-rays, surgeons' and doctors' care.

Two plans are offered: Basic Benefits (Plan I) coverage and Enriched Benefits (Plan II) coverage. Students enrolled for the Basic or Enriched Benefits Plan are eligible to purchase a "Buy-Up Plan" that provides additional major medical coverage. Please read the outline of coverage carefully for an explanation of the benefits, exclusions and limitations of the offered plans. All international students (on a student visa) are required to purchase the Enriched Benefits coverage unless proof of comparable coverage is demonstrated. If enrolled in the Enriched Benefits Plan, J-1 students and their J-2 dependents are required to purchase the Optional Major Medical Plan ("Buy-Up Plan") to meet the required Exchange Visitor regulations.

If you have any questions, please contact the University Health Center or my office at (309) 677-3150.

Linda Guinn
Administrative Assistant to the
Vice President for Business Affairs

ELIGIBILITY

All full time domestic students are eligible to enroll in the Student Accident and Sickness Insurance Plan of their choice. Home study, auditing scholars and other non-traditional students do not qualify as a student for purposes of purchasing this coverage.

All international students (on a student visa) are required to have health insurance. International students must purchase the Enriched Benefits coverage if proof of comparable coverage is not demonstrated. If proof of comparable coverage is not provided, the

student will not secure class registration until enrollment and payment for the Enriched Benefits Plan coverage is made. If enrolled in the Enriched Benefits Plan, J-1 students and their J-2 dependents are required to purchase the additional Optional Major Medical Plan ("Buy-Up Plan") to meet the required Exchange Visitor regulations.

International students having comparable coverage are able to waive online at www.maksin.com/BradleyU.aspx.

Students enrolled in the Student Accident and Sickness Insurance Plan may also cover their eligible dependents. Eligible dependents include: the Covered Student's spouse and unmarried children under the age of 26 who reside with the Covered Student. Newborn children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and required premium is paid.

The Company maintains the right to investigate student status and attendance records to verify if eligibility requirements have been and continue to be met. If eligibility requirements have not or are not being met, the Company's only obligation is a refund of premium, less any claims paid.

Any optional coverage, including dependent coverage, can only be purchased at initial enrollment. No enrollment form will be accepted beyond 31 days from the effective date of the term of coverage. The only exceptions are: 1) adding a new spouse or Dependent child (within 31 days of marriage, birth or adoption); 2) enrolling as a new or transfer student (within 31 days of enrollment at the University); and 3) ineligibility under another credible coverage (within 31 days of loss of coverage).

Coverage must be the same for the Covered Students and their Eligible Dependents.

TERMS OF COVERAGE

The Master Policy becomes effective at 12:01 a.m. on August 15, 2009 and will terminate at 12:01 a.m. on August 15, 2010. Covered Students and their eligible Dependents will be effective on the Effective Date of

the coverage period elected or the day after the date the enrollment form and correct premium are received, whichever is later. Insurance will end for the Covered Person on the earliest of: a) the date the Policy terminates; b) the last day for which premium has been paid; or, c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed.

Fall Only enrollment is available only to students graduating at the end of the Fall semester. Spring/Summer Only enrollment is available only to incoming new students to the University. Any optional or additional coverage, including dependent coverage and the "Buy-Up Plan," can only be purchased at initial enrollment.

To purchase these benefits, please complete and return the accompanying enrollment form with correct payment to Maksin Management Corp, PO Box 2849, Camden, NJ 08101-2849. You may also enroll online at www.maksin.com/BradleyU.aspx. Premium must be received within 31 days from the term of coverage elected.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under this health plan is "creditable coverage" under Federal Law. When a Covered Person's coverage terminates, he or she can request a Certificate of Creditable Coverage that is evidence of coverage under this plan. A Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after his or her coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions a person has before he or she enrolled, this Certificate may be used to reduce or eliminate those exclusions and limitations. In order to obtain a Certificate of Creditable Coverage, please contact: Maksin Management, P.O. Box 2647, Camden, NJ 08101-2647. Or you may call toll free at 1-877-775-5430.

DEFINITIONS

"Accident" means an occurrence which (a) is unforeseen; (b) is independent of sickness, disease or bodily infirmity as cause of loss; and (c) causes Injury.

"Covered Person" means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

"Deductible/Deductible Amount" means the dollar amount of Eligible Expenses a Covered Person must pay before benefits become payable.

"Doctor" as used herein means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's Immediate Family Member.

"Eligible Expense" as used herein means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person.

"Emergency Medical Condition" means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following:

- (a) the Covered Person's life could be in serious jeopardy;
- (b) bodily functions would be seriously impaired; or
- (c) a body organ or part would be seriously damaged; or
- (d) serious disfigurement; or
- (e) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

“Experimental/Investigational” means a drug, device or medical care or treatment that meets the following: (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished; (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law; (c) the drug, device, medical care or treatment or the patient’s informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility, Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval; (d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, or the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis.

“Hospital” means a facility which meets all of these tests:

- (a) it provides in-patient services for the care and treatment of injured and sick people; and
- (b) it provides room and board services and nursing services 24 hours a day; and
- (c) it has established facilities for diagnosis and major surgery; and
- (d) it is supervised by a Doctor; and
- (e) it is run as a Hospital under the laws of the jurisdiction which it is located; and
- (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a

convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders; or substance abuse. The term “Hospital” includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located]. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

“Injury” means bodily injury due to an Accident which: (a) results, directly and independently of sickness, disease, or bodily infirmity; (b) occurs after the Covered Person’s effective date of coverage; and (c) occurs while coverage is in force.

“Medical Necessity/Medically Necessary” means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
- (b) it is not the appropriate treatment for the Covered Person’s diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is Experimental/Investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient’s condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
- (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

“Pre-Existing Condition” means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person’s effective date of coverage under the Policy or a pregnancy existing on the Covered Person’s effective date of Coverage under the Policy.

“Reasonable and Customary” means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

“Sickness” means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person’s coverage. Sickness also includes pregnancy and Complications of Pregnancy.

DESCRIPTION OF BENEFITS BASIC ACCIDENT BENEFITS (applies to Plans I & II)

When the Covered Person’s Injury requires (a) treatment by a Doctor (limited to 10 visits per Injury); (b) Hospital confinement; (c) services of a licensed practical nurse or RN for private duty nursing; (d) x-ray service; (e) use of an operating room, anesthesia, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Doctor, prescription medicines, drugs or any other therapeutic services or supplies; or (i) home health care, the Company will pay the Eligible Expenses incurred within 52 weeks from the date of Accident up to a maximum of \$5,000 after satisfying a \$50 Deductible per Injury. This benefit includes coverage for treatment of Injury to sound, natural teeth.

PLAN I BASIC SICKNESS BENEFITS

When the Covered Person suffers a loss from Sickness, the Company will pay the Eligible Expense incurred within 52 weeks from the date of Sickness or commencement of the first Eligible Expense for Sickness up to a maximum of \$5,000. Benefits are allocated as follows:

Hospital Room and Board Expense: When a Covered Person’s Sickness requires Hospital confinement, the Company will pay the Hospital room and board Eligible Expense up to the average semi-private rate, not to exceed \$480 per day, 30 days maximum.

Hospital Miscellaneous Expense: The Company will pay the Eligible Expenses incurred by the Covered Person during a Hospital confinement or as an outpatient for day surgery up to a maximum of \$400. The Company will pay for anesthesia, operating room, laboratory tests and x-rays (including professional fees), oxygen, drugs, medicines, dressings, and other necessary non-room and board Eligible Expenses.

Surgical Expense: When a Covered Person’s Sickness requires surgery, the Company will pay the Eligible Expense, subject to the maximum surgical benefit of \$1,000. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, the Company will pay the loss incurred up to 20% of the surgery allowance.

In-Hospital Doctor Fees Expense: If, while confined to a Hospital, a Covered Person’s Sickness requires the services of a Doctor other than a surgeon, the Company will pay the Eligible Expense for such services, up to \$50 per visit limited to one visit per day/30 visits maximum.

Outpatient Doctor Fees Expense: When a Covered Person’s Sickness requires the services of a Doctor while not confined to a Hospital, the Company will pay the Eligible Expenses up to a maximum of \$20 per visit, up to a maximum of \$250, limited to one visit per day.

Ambulance Expense: When a Covered Person’s Sickness requires the use of an ambulance or air ambulance, the Company will pay the Eligible Expense, up to a maximum of \$60.

Inpatient Mental and Nervous Expense: If, while confined to a Hospital, the Covered Person’s Sickness requires services for mental and nervous disorders, the Company will pay the Eligible Expense, as any other Sickness.

Emergency Room Expense: When the Covered Person’s Sickness requires the use of a Hospital emergency room, the Company will pay the Eligible Expense, up to a maximum of \$200. (Not including medication.)

Outpatient Mental and Nervous Expense: If, while not confined to a Hospital, the Covered Person's Sickness requires the services of a licensed psychiatrist or licensed psychologist, the Company will pay the Eligible Expense, up to a maximum of \$20 per visit, limited to one visit per day, beginning with the third visit, up to a maximum of \$250.

PLAN II ENRICHED SICKNESS BENEFITS

For those students who elect the enriched sickness benefits the terms and provisions of the Basic Sickness Eligible Expense Benefits will apply with the following increases and additions:

Hospital Room and Board Expense: When a Covered Person's Sickness requires Hospital confinement, the Company will pay the Hospital room and board Eligible Expense up to the average semi-private rate, not to exceed \$600 per day, 30 days maximum.

Hospital Miscellaneous Expense: The Company will pay the Eligible Expenses incurred by the Covered Person during a Hospital confinement or as an outpatient for day surgery up to a maximum of \$1,000. The Company will pay for anesthesia, operating room, laboratory tests and x-rays (including professional fees), oxygen, drugs, medicines, dressings, and other necessary non-room and board Eligible Expenses.

Consultant or Specialist Expense: When the Covered Person's Sickness requires the services of a consultant during a Hospital confinement, as requested by the attending Doctor, the Company will pay the Eligible Expense up to a maximum of \$100.

Surgical Expense: When a Covered Person's Sickness requires surgery, the Company will pay the Eligible Expense, subject to the maximum surgical benefit of \$2,000. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, the Company will pay the loss incurred up to 25% of the surgery allowance.

Assistant Surgeon Expense: When a Covered Person's Sickness requires the services of an assistant surgeon, the Company will pay the Eligible Expense incurred, up to a maximum of 20% of the surgical allowance to a maximum of \$200.

Outpatient Doctor Fees Expense: When a Covered Person's Sickness requires the services of a Doctor while not confined to a Hospital, the Company will pay the Eligible Expenses up to a maximum of \$40 per visit, up to a maximum of \$280, limited to one visit per day.

Emergency Room Expense: When the Covered Person's Sickness requires the use of a Hospital emergency room, the Company will pay the Eligible Expense, up to a maximum of \$400. (Not including medication.)

Ambulance Expense: When a Covered Person's Sickness requires the use of an ambulance or air ambulance, the Company will pay the Eligible Expense, up to a maximum of \$200.

Diagnostic X-ray and Laboratory Expense: When the Covered Person's Sickness requires diagnostic x-ray or laboratory services, under the Doctor's direction, on an outpatient basis, the Company will pay the Eligible Expense, up to a maximum of \$200.

SUPPLEMENTAL EXPENSE BENEFIT (applies to Plans I & II)

If the Company has paid \$5,000 of Eligible Expenses under the Basic Accident or Basic Sickness benefits, the Company will pay 80% of the Eligible Expenses that exceed \$5,000, up to an additional maximum of \$20,000. Eligible Expenses for daily Hospital room and board will not be more than the average semi-private room and board charge.

OPTIONAL MAJOR MEDICAL PLAN ("BUY-UP")

Students who purchase the Basic or Enriched Benefits Plan coverage are eligible to "Buy-Up" by purchasing the Optional Major Medical Plan by paying the appropriate additional premium shown on the enrollment form. Each Policy year purchase is available only at the time of initial enrollment in the Basic or Enriched Benefits Plan. Coverage must be the same for the Covered Student and all eligible Dependents.

If the Company has paid \$25,000 of the Eligible Expenses under the Basic Accident or Basic Sickness and Supplemental Expense Benefits, the Company will pay 80% of the Eligible Expenses that exceed \$25,000, up to an additional maximum of \$25,000 for a Plan maximum of \$50,000 per Injury or Sickness.

The “Buy-Up Plan” includes Travel and Student Assist Services. Please refer to Page 19 for a detailed description of services.

UNIVERSITY HEALTH CENTER (UHC) REFERRAL

Whenever possible the student must use the resources of the University Health Center first where treatment will be administered, or referral issued. Eligible Expenses incurred for medical treatment rendered outside of the UHC for which no prior approval or referral is obtained are excluded from coverage. A UHC referral for outside care is not necessary only under the following conditions:

1. Emergency Medical Condition;
2. When the University Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when a student is no longer able to use the University Health Center due to a change in student status;
5. Medical care received when the student is more than 25 miles from campus.

Dependents are not eligible to use the University Health Center and are therefore exempt from the above limitations and requirements.

MANDATED BENEFITS

The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Eligible Expense is covered under the basic policy, and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

Maternity Inpatient Care Expense: The Company will provide benefits for Eligible Expenses incurred in connection with inpatient hospitalization services for a covered mother and a newborn child for a maximum of a) forty-eight (48) hours after an uncomplicated vaginal delivery; and b) ninety-six (96) hours after delivery by an uncomplicated cesarean section. A shorter length of Hospital inpatient stay for services

related to maternity and newborn care may be provided if the attending Doctor licensed to practice medicine in all of its branches determines, in accordance with the protocols and guidelines developed by the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics, that the mother and the newborn meet the appropriate guidelines for that length of stay based upon evaluation of the mother and newborn and the availability of a post-discharge Doctor office visit or in-home visit to verify the condition of the infant in the first 48 hours after discharge.

Mammogram Expense: The Company will pay the Eligible Expense for mammography screening for occult breast cancer for all women 35 years of age or older. The coverage shall be as follows: 1) a baseline mammogram for women 35 to 39 years of age; 2) an annual mammogram for women 40 years of age or older.

Cervical or Pap Smear Expense: The Company will pay the Eligible Expense for pelvic examinations and pap smear examinations, including FDA approved cytological screening technology.

Breast Reconstruction Expense: The Company will provide benefits for Eligible Expenses incurred in connection with breast reconstruction. This shall include reconstructive surgery after a mastectomy for: a) all stages of reconstruction of the breast on which the mastectomy has been performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance in a manner determined by the attending Doctor and the patient to be appropriate; and c) prosthetic devices incidental to the mastectomy.

Prostate Cancer Test Expense: The Company will pay the Eligible Expense for an annual digital rectal examination and a prostate-specific antigen test, for male Covered Person upon the recommendation of a Doctor licensed to practice medicine in all its branches for: a) asymptomatic men age 50 and over; b) African-American men age 40 and over and; c) men age 40 and over with a family history of prostate cancer.

Diabetes Equipment, Training and Education Expense: The Company will pay the Eligible Expenses for 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” 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 complication. 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 therapy.

“Medical nutrition therapy” shall have the meaning ascribed to “medical nutrition care” in the Dietetic and Nutrition Services Practice Act.

“Qualified provider” means the Doctors licensed to practice medicine in all of its branches or a certified, registered or licensed network health care professional with expertise in diabetes management. Coverage shall be limited to the following: 1) up to 3 Medically Necessary visits to a qualified provider upon initial diagnosis of diabetes by the Covered Person’s Doctor; 2) up to 2 Medically Necessary visits to a qualified provider upon a determination by the Covered Person’s Doctor that a significant change in the Covered Person’s symptoms or medical condition has occurred. A “significant change” in condition means symptomatic hyperglycemia (greater than 250 mg/dl on repeated occasions), severe hypoglycemia (requiring the assistance of another person), onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment program. Coverage shall be provided for equipment, pharmaceuticals and supplies when Medically Necessary and prescribed by a Doctor licensed to practice medicine in all of its branches. Coverage shall be provided for regular foot care exams by a Doctor or by a Doctor to whom a Doctor has referred the Covered Person.

If authorized by a Doctor, diabetes self-management training may be provided as a part of an office visit, group setting or home visit.

Colorectal Cancer Screening Expense: The Company will pay the Eligible Expense on the same basis as any other Sickness. Eligible Expenses include all colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by the Doctor, in accordance with the published American Cancer Society guidelines on colorectal cancer screening or

other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.

PRIMARY EXCESS MEDICAL COVERAGE

If a Covered Person incurs Eligible Expenses for any of the services listed in the Description of Benefits, the Company will pay the first \$100 of the Eligible Expenses incurred, subject to the Deductible Amount and benefit percentage (if any). Additional Eligible Expenses will be paid only when they are in excess of amounts payable by any other health care plan.

PREFERRED PROVIDER ORGANIZATION

In an effort to control insurance medical costs and enhance payment, this plan has implemented a Preferred Provider Organization (PPO) of Hospitals, clinics and Doctors who are willing to provide service at discounted rates to Covered Persons eligible for benefits. The use of this PPO may reduce the Covered Person’s out-of-pocket expenses.

The use of the PPO is optional (and does not guarantee the discount). There is no penalty if the Covered Person does not use it.

Please call to determine if the Covered Person’s provider is in either of the two networks: Med-Avant Healthcare Solutions at 1-800-557-1656 (www.medavanthealth.com for Hospital, surgical centers and Doctors) or MultiPlan at 1-800-557-6794 (www.multiplan.com for Hospital or surgical centers only).

Conformity with State Statutes

The Policy covers any other applicable mandated benefits as required by the State of Illinois.

Any provision of the policy which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

Any Expense not specifically listed in the preceding sections is not covered.

EXCLUSIONS

The Policy does not cover nor provide benefits for Loss or Expenses incurred:

1. as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth.
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the University Health Center fee.
3. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such.
4. for hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
5. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
11. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
12. as a result of committing or attempting to commit a felony or participation in a riot.
13. for Elective Treatment or elective surgery; voluntary or elective abortions.
14. for any services rendered by a Covered Person's Immediate Family Member.
15. for a treatment, service or supply which is not Medically Necessary.
16. as a result of suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
17. for outpatient prescription drugs, except as specifically provided for Injury.
18. beyond 365 days from the date of the Injury or initial medical treatment of the Sickness.
19. for Injury caused by, or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.
20. for routine physical examinations, health examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
21. for Injury resulting from: the practicing for or participating in intercollegiate, professional and semi-professional sports activity, including travel to and from the activity and practice; hang gliding; parasailing; sky diving; glider flying; sail planing; parachuting; or bungee jumping.
22. for rest cures or custodial care.
23. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
24. within the Covered Person's home country of domicile with respect to a Covered Person who is not a United States Citizen.
25. for home health care.
26. for hormone treatment or hormone therapy not related to the treatment of Sickness.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

1. The Covered Person has been covered under the Policyholder's prior Policy for 12 consecutive months immediately preceding the effective date of coverage under the Policy; or 2. (a) The individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. The Company will credit the time the individual was covered under the prior Creditable Coverage; and (b) whose most recent prior Creditable Coverage was under an employer group health plan; and (c) who is not eligible for coverage under any other group health plan, Medicare or Medicaid; and (d) who does not have other health insurance; and (e) who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

RIGHT OF RECOVERY

Payments made by the Company that exceed the Eligible Expenses (after allowance for deductible and coinsurance clauses, if any) payable under the Policy shall be recoverable by the Company from or among any persons, firms or corporations to or from whom such payments were made or from any insurance organizations who are obligated in respect of any covered Injury or Sickness as their liability may appear.

MEDICAL TRANSPORT: REPATRIATION/ MEDICAL EVACUATION BENEFITS

• Repatriation of Mortal Remains -

\$25,000 Maximum Benefit

In the event an Injury or Sickness causes your death while you are outside your home country, the plan will reimburse covered expenses incurred for preparation and transportation of the body remains.

• Medical Evacuation - \$25,000 Maximum Benefit

The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if you are outside your home country and your doctor determines that adequate medical treatment is not locally available.

Travel Assist must make all arrangements and must authorize all expenses in advance for these benefits to be payable. If it was not reasonably possible to contact Travel Assist in advance, the Company reserves the right to determine the benefits payable, including any reductions.

Travel Assist and Student Assist Services

Covered Persons under the Optional Major Medical Plan ("Buy-Up Plan") are also entitled to the following Travel Assist and Student Assist Services:

Procedures on How to Access Travel Assist and Student Assist Services 24-hour Assistance Call Center

TRAVEL ASSIST SERVICES

How to Contact Travel Assist:

- Inside the U.S. and Canada, dial 1-800-626-2427 toll-free.
- Outside the U.S. and Canada:
 - Request an international operator.
 - Ask the international operator to connect to an AT&T operator.
 - Request the AT&T operator to place a collect call to Houston, TX, USA at 713-267-2525.
- Our fax number is 1-713-974-3422.

When to Contact Travel Assist:

- Before you incur expenses
- If you are 100+ miles from home and require medical assistance or have a medical emergency.
- If you are 100+ miles from home and need assistance with a non-medical situation such as lost luggage, lost documents, legal help, etc.

Travel Assist is available 24-hours-a-day/7-days-a-week/365-days-a-year.

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home. The AIG Travel Assist Medical Staff consists of full-time, onsite Registered Nurses and Emergency Doctors who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a doctor has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide to Travel Assist when you call:

- Advise Travel Assist who you are insured by.
- Provide your Policy Number or School Name.
- Advise Travel Assist regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Assist needs to call you back.

Description of Services

General Information: These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Assist can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Assist also provides emergency message storage & relay and translation services.

- * Visa & Immunization
- * Weather & Exchange Rates
- * Environmental & Political Warnings

Technical: These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Assist can arrange cash transfers & vehicle return in the event of Sickness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- * Legal Referral
- * Embassy/Consulate Information
- * Lost/Stolen Luggage & Personal Effects Assistance
- * Lost Document Assistance
- * Cash Transfer Assistance
- * En-route Travel Assistance
- * Claims-related Assistance
- * Telephone Interpretation

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Assist's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include Doctor/dental/Hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

Medical Assistance:

- * Medical Referral
- * Out-patient Assistance
- * In-patient Assistance

STUDENT ASSIST SERVICES

Concierge Services: You receive the comforts, care, and attention of Student Assist's Personal Assistance Coordinators available 24/7 to respond to virtually any request – large or small.

Personal Security Assistance: You can feel safe and secure with Student Assist's Personal Security Assistance at home or while traveling. To activate personal security services, please log on to: www.aig.com/personalsecurity. For initial setup, your login is "9710515" and the password is "security".

For more informative details visit Bradley University's personalized webpage at www.maksin.com/BradleyU.aspx.

CLAIM PROCEDURE

In the event of Injury or Sickness, the Covered Person should:

1. If at school, report immediately to the University Health Center for treatment or referral, or when not in school to the nearest Doctor or Hospital (applies to Covered Students Only).
2. Mail to the address below a completed and signed Company claim form. Attach all itemized medical and Hospital bills.
3. File claim within 30 days of Injury or first treatment for Sickness. Bills must be received by the Company within 90 days of service to be considered for payment.
4. Preauthorization and pre-certification of benefits to providers of medical service are not required nor provided by the Company.
5. Claim forms may be obtained at the University Health Center or online at www.maksin.com/BradleyU.aspx.

Fully completed claim forms and questions regarding enrollment, benefits and claims should be directed to:

Maksin Management Corp
P.O. Box 2647
Camden, NJ 08101-2647
Toll-free Phone Number: 1-877-775-5430
www.maksin.com/BradleyU.aspx.

Visit the Maksin Group's Website to Access:

- Online Enrollment
- Online Waiver
(International Students Only)

Review Your Account and Check for:

- Receipt of Payment
- Verification of Insurance
- Claim Status

Download the Brochure and Enrollment Form
Download Claim Forms

www.maksin.com/BradleyU.aspx.

Please keep this brochure as a general summary of the Insurance. This is a brief description of the coverage available under policy series S30494NUFIC-IL. The Policy on file at the University contains all of the provisions, exclusions and qualifications of the insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Policy, the Policy will govern and control the payment of benefits.

The amount of benefits provided, and the amount of premium required, depends upon the plan(s) selected.

At The Maksin Group, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to our website at www.maksin.com.

NON-RENEWABLE ONE YEAR TERM INSURANCE

The Policy is a nonrenewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Person's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new policy year.

Servicing Agent

HSA Consulting, Inc.
P.O. Box 21927
Sarasota, FL 34231-21927
1-888-978-8355
customerservice@hsac.com



BRADLEY UNIVERSITY ACCIDENT AND SICKNESS INSURANCE PLAN
2009-2010 ENROLLMENT FORM
 Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY
 Administrator Policy Number: AMH0058660

BEFORE YOU ENROLL, PLEASE REVIEW THE BENEFITS, EXCLUSIONS AND LIMITATIONS CAREFULLY

PLEASE PRINT THE REQUIRED INFORMATION BELOW:

Student Name _____ First _____ M.I. _____
 Billing Address _____ Street _____ City _____ State _____ Zip _____
 Date of Birth: _____ Gender: _____ Phone # _____ Student ID #: _____

Enrollment Deadline is 31 days from the elected term effective date.

Domestic Student International Student J-1 Visiting Scholar

	BASIC BENEFITS PLAN			ENRICHED BENEFITS PLAN*		
	Annual	Fall Only	Spring/Summer Only	Annual	Fall Only	Spring/Summer Only
Student	08/15/09-08/15/10	08/15/09-01/14/10	01/15/10-08/15/10	08/15/09-08/15/10	08/15/09-01/14/10	01/15/10-08/15/10
Spouse	<input type="checkbox"/> \$ 276	<input type="checkbox"/> \$ 116	<input type="checkbox"/> \$ 160	<input type="checkbox"/> \$ 524	<input type="checkbox"/> \$ 220	<input type="checkbox"/> \$ 304
Per Child	<input type="checkbox"/> \$ 1,104	<input type="checkbox"/> \$ 464	<input type="checkbox"/> \$ 640	<input type="checkbox"/> \$2,096	<input type="checkbox"/> \$ 880	<input type="checkbox"/> \$1,216
	<input type="checkbox"/> \$ 828	<input type="checkbox"/> \$ 348	<input type="checkbox"/> \$ 480	<input type="checkbox"/> \$1,572	<input type="checkbox"/> \$ 660	<input type="checkbox"/> \$ 912

ADDITIONAL "BUY-UP PLAN" **

	Annual	Fall Only	Spring/Summer Only
	08/15/09-08/15/10	08/15/09-01/14/10	01/15/10-08/15/10
Student	<input type="checkbox"/> \$ 192	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 112
Spouse	<input type="checkbox"/> \$ 768	<input type="checkbox"/> \$ 320	<input type="checkbox"/> \$ 448
Per Child	<input type="checkbox"/> \$ 576	<input type="checkbox"/> \$ 240	<input type="checkbox"/> \$ 336

Please select the box for the coverage chosen and complete the enrollment form (front and back) and attach a check or money order payable to National Union Fire Insurance Company. Coverage becomes effective on the effective date of the term of coverage or the day after the date the enrollment form and correct premium are received, whichever is later. Total Amount of Payment Enclosed: _____

Underwritten by:
 National Union Fire Insurance Company of Pittsburgh, Pa.,
 with its principal place of business in New York, NY.
 Covered Person _____
 Student ID # _____
 Student of
BRADLEY UNIVERSITY
 2009-2010 Student Accident and Sickness Insurance Plan
 Policy #AMH0058660
 CAS #9710515
 Both the effective and termination dates of coverage are
 Subject to verification by the Insurance Company
 (Address on reverse side)

CLAIM PROCEDURE

In the event of Injury or Sickness, the Covered Person should:

(a) Secure a claim form from the school or online at: www.maksin.com/BradleyU.aspx

(b) Notification of Injury or Sickness must be provided within 30 days after the date of accident or commencement of sickness.

Maksin Management Corp
 P. O. Box 2647
 Camden, NJ 08101-2647
 1-877-775-5430

(c) During vacation periods, claim forms and instructions may be obtained from the above.

NAMES OF DEPENDENTS FOR WHICH PREMIUM IS ENCLOSED

Dependent Names

S.S.#

Dependent Relationship

Date of Birth

Signature of Student: _____ Date: _____

My signature authorizes National Union Fire Insurance Company to charge my Visa/Mastercard in the amount of \$ _____.

Name of Cardholder: _____ Expiration Date ____/____/____

Last

First

MI

Credit Card #: _____ Visa Mastercard

Signature of Cardholder: _____
 (Line must be signed for charge to be processed)

STUDENT NOTE: By placement of your signature hereon, acknowledgment is made that: 1) You have carefully read, understand, and agree to the terms and conditions of the coverage as detailed in the brochure; 2) you and any covered family member meet the eligibility requirements as described within the insurance brochure; 3) if at any time you, or any covered family member, did not meet the eligibility requirements for this coverage, the only liability the Company has is the refund of premium, subject to any claims for which benefits had been paid prior to discovery of the ineligibility; 4) the Company assumes no responsibility for notification to the Covered Person prior to or at the termination of coverage for any Insured period.