

EXCESS LIMITATION

No benefits are payable for any expense incurred for Accident or Sickness which is paid or payable by other valid and collectible insurance. This plan will cover unpaid balances, deductibles and pay those eligible expenses not covered by other insurance. Benefits will be adjusted so that the total amount paid or payable under the two insurance policies combined does not exceed 100% of the expenses which are incurred.

CONFORMITY WITH STATE STATUTES

Any provision of this Plan 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.

TRAVEL ASSISTANCE SERVICES

For information on Travel Assistance Services, please call Collegiate Risk Management, Inc. at 1-800-922-3420.

EXCLUSIONS AND LIMITATIONS

Benefits are not payable under this Policy for any of the following or loss that results therefrom:

1. Dental care or treatment, other than care of teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy. Such care must be rendered within 12 months of the Accident.
2. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School.
3. Eye examinations; prescription or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
4. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing.
5. Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury or Sickness.
6. Elective Treatments and voluntary testing.
7. Rest cures or custodial care (whether or not prescribed by a Physician), or transportation.
8. The diagnosis and treatment or Infertility.
9. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while he is insured under this Policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect.

10. Elective abortions.
11. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
12. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro rata premium will be refunded for such period of service).
13. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
14. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law (including, but not limited to group type, and individual automobile "No-Fault" coverage).
15. Injury, Sickness or death contributed to by the use of drugs or alcohol, unless administered by a Physician.
16. Treatment, services or supplies provided by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
17. Participation in, practice for, or orthopedic equipment and appliances used for football, club sports (except wrestling), semi-professional and professional athletics.
18. Pre-existing conditions, subject to credit for prior coverage. This does not apply if the Covered Person has been insured under the Policy for 6 months.
19. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Insurance covers you for a Loss as shown below. The Loss must result from an Accident. The Accident must take place while you are an Insured under this policy. Also, the Loss must take place within fifty-two (52) weeks after the Accident.

The following table shows the amounts we will pay:

FOR THE LOSS OF:	BENEFIT AMOUNT
Life	\$ 5,000
Both hands or feet or sight of both eyes	\$ 5,000
One hand and one foot	\$ 5,000
One hand and sight of one eye	\$ 5,000
One foot and sight of one eye	\$ 5,000
One hand or one foot or sight of one eye	\$ 2,500

The most we will pay for all Losses means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

The most we will pay for all Losses as the result of one Accident is \$5,000.

CLAIM PROCEDURE

In the event of Accident or Sickness the student should:

1. If at School, report immediately to Student Health Services so that proper treatment can be prescribed or approved.
2. If away from the School, consult a Physician and follow his/her advice. Notify Student Health Services or the Plan Underwriter within 30 days after the date of the covered Accident or commencement of the covered Illness, or as soon thereafter as is reasonably possible.
3. Pick up a Claim form from Student Health Services or contact the Claims Administrator (see below).
4. Claim forms must be completed and signed. Written proof of loss [itemized bill(s)] must be furnished with your claim within 90 days after the date of the Loss.
5. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by us.
6. Questions concerning claim procedures should be referred to the Claims Administrator. Claim forms are available on our website at: www.collegiaterisk.com.

UNDERWRITTEN BY:

BCS Insurance Company

CLAIMS OFFICE:

For questions regarding claims or claims status:

Administrative Concepts, Inc.
997 Old Eagle School Road
Suite 215
Wayne, PA 19087-1706
1-888-293-9229
www.visit-aci.com

SERVICING AGENT

For policy holder questions or special needs or concerns:

Collegiate Risk Management, Inc.

1-800-922-3420

www.collegiaterisk.com

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the Master Policy which contains complete terms and provisions. A copy of the Master Policy is on file at the University.

BLANKET ACCIDENT AND HEALTH INSURANCE PROGRAM

2006-2007

Designed for the Students of



Fresno Pacific University

1717 South Chestnut Avenue
Fresno, CA 93702

UNDERWRITTEN BY:
BCS Insurance Company

SERVICING AGENT:



Collegiate Risk Management, Inc.

POLICY NUMBER: BSA 00116

INTRODUCTION

Hospitalization, surgery and accompanying medical expenses are at an all time high.

Many students and their parents are not prepared to meet the added cost of unexpected Accidents or Sickness.

The School is vitally concerned with the health and well-being of its students. Student Accident and Sickness Insurance is designed to provide low-cost coverage for unanticipated medical expenses.

Please read the provisions of this plan carefully and retain this brochure for future reference.

ELIGIBILITY

The plan described in this brochure is made available as a service to our students. Participating students may also insure their spouses and dependent children through age 19, or 25, if a student.

Eligible students who do enroll may also purchase Optional Coverage for participation in the following Club Sports: Wrestling.

REFUND PROVISION

In the event a student leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request.

ENROLLMENT DEADLINE

Students must enroll prior to September 15, 2006.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 1, 2005. Coverage becomes effective on that date or the first day of the semester/session for which full premium is received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., August 1, 2006. Coverage terminates on that date or at the end of the period through which payment is made, whichever is earlier. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

CONTINUOUS COVERAGE

In determining whether a Pre-existing Condition provision applies to an eligible person, the Blanket Accident and Health Insurance Policy shall credit the time the person was previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than sixty-three (63) days prior to the effective date of the new coverage. In the case of previous health maintenance organization coverage, any waiting period prior to that previous coverage becoming effective shall also be credited. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage.

DEFINITIONS

Accident means a sudden, unexpected and unintended incident. "Covered Accident" means an Accident that results in Injury or loss covered by this Policy.

Hospital means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call.

Injury means bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

Medically Necessary or Medical Necessity means the services provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury of Sickness and which, as determined by the Company, are: (1) consistent with the symptom or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely be provided. When applied to the card of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient.

Physician means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or his spouse, children, brothers, sisters or parents, or any person residing in his household.

Pre-existing Condition means a condition for which a Covered Person received medical treatment, care or advice within 6 months before being insured under this Policy.

Sickness means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

Usual and Customary Expense - "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness. "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the Company.

EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under this policy ceases on the Expiration Date. However, if on the Expiration Date the Insured is totally disabled for a condition covered by this Policy, benefits will be extended for the condition for up to three (3) months after the Expiration Date. This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the New or Renewal Policy issued to the Policyholder. Benefits paid for a covered condition before the Expiration Date and during the Extension of Benefits will not exceed the limits of this Policy.

DESCRIPTION OF BENEFITS

DEDUCTIBLE - \$100 PER INJURY OR SICKNESS

HOSPITALIZATION AND SURGICAL EXPENSE BENEFITS:

When you suffer a Loss from Injury or Sickness, we will pay 80% of the Usual, Customary and Reasonable charges for the expense incurred up to a maximum of \$1,000, after a \$100 deductible per Injury or Sickness (unless indicated otherwise).

Benefits are allocated as follows:

Hospital Room and Board Expense: When you require Hospital confinement, we will pay the Usual, Customary and Reasonable charges for the Hospital Room and Board Expenses up to the semi-private rate.

Hospital Miscellaneous Expense: We will pay Usual, Customary and Reasonable charges for hospital miscellaneous expenses as defined below, which are incurred by you during a Hospital confinement or as an outpatient for day surgery. Hospital Miscellaneous Expenses include expenses for anesthesia, operating room, laboratory test, x-rays, oxygen tent, drugs, medicines, dressings, and other necessary non-room and board expenses.

Surgical Expense: When you require surgery, we will pay the expense based upon the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile. 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 operation is performed, we will pay the Usual, Customary, and Reasonable charges for the expense incurred up to 25% of the amount payable for the operation.

If the surgery requires the services of an assistant surgeon, we will pay the Usual, Customary, and Reasonable charges for the expense incurred up to 20% of the amount payable for the operation.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, you require the services of a Physician, we will pay the Usual, Customary and Reasonable charges for the expense incurred for such services, limited to one visit per day.

Ambulance Expense: When you require the use of an ambulance or air ambulance, we will pay the Usual, Customary and Reasonable charges for the expense incurred.

Licensed Nurse Expense: If, while confined in a Hospital, you require the services of an R.N. or licensed practical nurse, we will pay the Usual, Customary and Reasonable charges for the expense incurred.

Outpatient Expense: We pay 75% of the Usual, Customary & Reasonable charges for Outpatient Expenses you incur up to a maximum of \$1,000 per Injury of Sickness. We will pay for Physician's services, anesthesia, operating room, emergency room, laboratory test, x-rays, temporary surgical appliances, medicines, dressings, and other medically necessary expenses.

SUPPLEMENTAL EXPENSE BENEFIT:

Hospitalization and Inpatient Surgical Expenses only. Outpatient Expenses are not covered.

If the covered medical Expense for your Injury or Sickness exceeds the Aggregate Maximum we owe under the Hospitalization AND SURGICAL EXPENSE BENEFITS, we will pay 75% of the Usual, Customary and Reasonable charges for Expense up to a maximum of \$25,000.

Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge. The \$25,000 maximum is per Injury or Sickness per lifetime.

OPTIONAL MAJOR MEDICAL

The Base College and Accident and Sickness Plan underwritten by BCS Insurance Co. has a maximum benefit of \$25,000. After the Covered Student has reached the maximum benefit, no further benefits will be provided by BCS Ins. Co. Further benefits are provided under Policy CAS9108467, underwritten by National Union Fire Insurance Company of Pittsburgh, PA with its principal place of business in New York, NY.

The Catastrophic Accident & Sickness Coverage is not an extension of the Base College Accident and Sickness Plan. It contains its own exclusions, provisions, and conditions. Claims under the Catastrophic Accident and Sickness Coverage are administered by Diversified Group Administrators, Inc. at 1-800-427-9308.

For covered students, after \$25,000 of Covered Medical Expenses has been paid under the Base Plan per Injury and Sickness, payment will be made for Covered Medical Expenses incurred per Injury or Sickness under the Catastrophic Accident and Sickness, payable at 80% of the Reasonable and Customary Charges, up to a combined maximum benefit of \$100,000. For covered dependents, after \$25,000 of Covered Medical Expenses has been paid under the Base Plan per Injury and Sickness, payment will be made for Covered Medical Expenses incurred per Injury or Sickness under the Catastrophic Accident and Sickness, payable at 50% of the Reasonable and Customary Charges, up to a combined maximum benefit of \$100,000.

Students may purchase the Optional Catastrophic Accident and Sickness Coverage for themselves, and their family members. To obtain complete information about this coverage, including its terms, conditions and exclusions, please contact the Servicing Agent - Collegiate Risk Management at 1-800-922-3420.