

INTRODUCTION

This insurance plan was designed and is endorsed and recommended by Columbia International University for all eligible students and their eligible dependents. Many students and their dependents will require health care at some time during the school year.

ELIGIBILITY

All students enrolled at Columbia International University are required to purchase this coverage unless proof of comparable coverage is provided, and You complete and return the waiver form to the school no later than September 10, 2004.

REFUND PROVISION

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

TERMS OF COVERAGE

The policy for the current year becomes effective on August 11, 2004 and expires on August 11, 2005. Coverage remains in effect during holiday and vacation periods. Should an Insured student graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

WAIVER DEADLINE

If You have proof of comparable insurance and wish to waive coverage, the deadline to waive out of the plan is September 10, 2004.

ANNUAL PREMIUM RATES

\$618..... Student
\$1,659..... Spouse
\$909Child(ren)

DEFINITIONS

Accident means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under this policy in the event of a Loss.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Hospital means a licensed institution including a tax supported institution of the state which has, on its premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (RN) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a

Hospital, unless such confinement is because of a lack of space in a Hospital's full service wing.

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

Insured means an eligible student or an eligible student's dependent (if dependent coverage is available under this policy).

Loss means medical Expense caused by Injury or Sickness and covered by this policy.

Medically Necessary means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: (a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured person, Physician or other providers; and (d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Pre-Existing Condition means any condition for which medical advice or treatment was received or recommended within the six (6) months immediately preceding Your effective date of coverage. This exclusion applies for twelve (12) months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. This policy shall credit the time You were 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. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; and Peace Corps Act health plan.

Sickness means disease or illness which causes a Loss while the Insured is covered by this policy. Sickness includes normal pregnancy and complications of pregnancy.

Usual and Customary Expense means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

We, Us or Our means Markel Insurance Company.

You, Your or Yours means the Insured.

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 under a Physician's care for a condition covered by this policy, benefits will be extended for the condition for up to nine (9) 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 shall not exceed the limits of this policy.

DESCRIPTION OF BENEFITS

SECTION I

BASIC ACCIDENT & SICKNESS EXPENSE BENEFITS

When You suffer a Loss from Injury or Sickness, We will pay the Expense incurred up to a maximum of \$1,000. Benefits are allocated as follows:

Hospital Room and Board Expense: When You require Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate, not to exceed \$150 per day.

Hospital Miscellaneous Expense: We will pay Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery up to a maximum of \$500. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Surgical Expense: When You require surgery, we will pay 80% of 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 anesthesiologist, who is not employed or retained by the Hospital in which the operation is performed, We will pay the Loss incurred up to a maximum of \$250.

If the surgery requires the services of an assistant surgeon, We will pay the Loss up to a maximum of \$200.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, You require the services of a Physician, We will pay the Expense for such services, up to \$50 per visit.

Outpatient Physician Fees Expense: If You require the services of a Physician, while not confined to a Hospital, We will pay the Expense up to \$60 per visit, after a \$20 co-pay per visit.

Ambulance Expense: When You require the use of an ambulance or air ambulance, We will pay the Expense up to a maximum of \$100.

Outpatient Diagnostic X-ray and Laboratory Expense: If You require diagnostic x-ray or laboratory services, under the Physician's direction, We will pay the Expense up to a maximum of \$300.

Hospital Outpatient Expense: If You require the use of outpatient facilities of a Hospital for an emergency room, under the Physician's direction, We will pay the Expense up to a maximum of \$100.

Outpatient Psychiatric Expense: If, while not confined to a Hospital Your Sickness requires the services of a licensed psychiatrist or licensed psychologist, We will pay the Expense up to a maximum of \$6

0 per visit, up to a maximum of \$300 per policy year.

Outpatient Prescribed Medicines Expense: When You require prescribed medicines, We will pay the Expense up to a maximum of \$40.

ACCIDENTAL DEATH & DISMEMBERMENT

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. 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 Loss Of Amount

Life \$1,000
Both hands or both feet or sight of both eyes \$1,000
One hand and one foot \$1,000
One hand and sight of one eye \$1,000
One foot and sight of one eye \$1,000
The hand or one foot or sight of one eye \$500

The most We will pay for all Losses as the result of one Accident is \$1,000.

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable Loss of sight.

SECTION II

SUPPLEMENTAL EXPENSE BENEFIT

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We owe under the Basic Accident and Sickness Expense benefits, We will pay 80% of the Expense up to a supplemental maximum of \$9,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.

SECTION III

OPTIONAL SUPPLEMENTAL LIMIT

Additional coverage is available to registered students and their dependents who are enrolled in the basic plan. The enclosed enrollment form and premium must be submitted to the Student Health Center no later than September 10, 2004.

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We paid under the Basic Accident and Basic Sickness benefits, We will pay 80% of the Expense up to a supplemental maximum of \$40,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.

MEDICAL EVACUATION

When, as a result of a covered Injury or Sickness, You or Your covered dependent is hospitalized for five (5) consecutive days

State Mandated Benefits: This policy also provides coverage for the following: breast reconstruction, contraceptives, mammogram, maternity inpatient, off label drug use, pap smear, and prostate - PSA. Check with the Claims Administrator for future details.

or more, We will pay, upon the recommendation and approval of the attending Physician, for the evacuation of You or Your dependent to Your home country, or to a facility operated pursuant to the law for the care and treatment of injured or ill persons, the actual Expense incurred, but not to exceed \$10,000 in the aggregate. This benefit is payable in addition to any other benefit of this policy.

REPATRIATION

(Preparation & Transportation of Remains)

When, as a result of a covered Injury or Sickness, You or Your covered dependent dies while insured under this policy, We will pay the actual Expense incurred for preparation and transportation to Your home country (in accordance with the applicable international requirements) the remains of the deceased's body, but not to exceed \$10,000 in the aggregate. This benefit is payable in addition to any other benefit of this policy except Accidental Death & Dismemberment.

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

EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

- ◆ Expenses for dental treatment, except for treatment

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.

resulting from Injury to natural teeth or as specifically provided by a Sickness Dental Benefit, if included in this policy;

- ◆ Services normally provided without charge by the Policyholder's health service, infirmary or Hospital, or employees;
- ◆ Routine eye exams and contacts; replacing eyeglasses or prescription therefor; routine examinations and services related to hearing examinations or hearing aids, or treatment for hearing defects not related to an Injury or Sickness;
- ◆ Routine physical examinations, preventive care; elective surgery and elective treatment; services solely to improve appearance, for personal hygiene; services specifically for dietary control, custodial, sanitarial or rest care or fertility testing;
- ◆ Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children;
- ◆ False labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication of pregnancy;
- ◆ Treatment or supplies for the newborn infant except that required for the treatment of a covered Accident or

Sickness;

- ◆ Voluntary termination of pregnancy;
- ◆ Skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- ◆ Injury or Sickness resulting from any declared or undeclared war;
- ◆ Injury due to participation in a riot; commission of or attempt to commit a felony;
- ◆ Suicide; attempted suicide or intentionally self-inflicted Injury;
- ◆ Injury or Sickness while in the armed forces of any country;
- ◆ Injury or Sickness covered by any workers' compensation or occupational disease law;
- ◆ Injury or Sickness resulting from the Insured being drunk or under the influence of alcohol or any narcotic unless taken on a Physician's advice;
- ◆ Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
- ◆ Injury resulting from the practice or play of intercollegiate sports;
- ◆ Pre-Existing Conditions.

CLAIM PROCEDURE

To file a claim under the Accident and Health Plan, the student should;

1. Complete a claim form, which is available online at Our website, www.markelmedical.com.
2. The claim form must be completed and signed. Attach all itemized medical and Hospital bills. Itemized bills must be furnished with the claim form within 90 days from the date of Loss.
3. Questions should be referred to the Claims Administrator or the Student Health Center.
4. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
5. Claim filing procedures are available online at Our website also.

Underwritten by:

Glen Allen, VA 23058-2039

Markel Privacy Policy

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities. We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so. Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information. If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at:

Phone (800) 431-1270 or www.markelmedical.com.

Mail claims to the Claims Administrator:

Pioneer Management Systems, A Markel Business Partner

Holyoke, MA 01041-6600
Phone: 1-866-653-6600
Fax: 1-413-534-0687

PO Box 6600
MARKEL
INSURANCE
COMPANY

Email: student@pioneerhealth.com

Local Agent:

James L Shull, CLU
221 Springwater Drive
Columbia, SC 29223
Phone: 803-788-4058

IMPORTANT

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage 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 Plan

Designed for the Students of:



7435 Monticello Road
Columbia, SC 29230

2004 - 2005

Policy No: 04200496

Please keep this outline of coverage for
future reference.

