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; f) use of an ambulance, the Plan will pay the Covered Expenses incurred to a maximum of $1,000. This benefit includes coverage for treatment of injury to natural teeth. Dental injury is limited to $50 per occurrence.

SECTION II
BASIC ILLNESS BENEFITS

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

Hospital Daily Room & Board: When hospital confined, the Plan will pay the hospital semi-private room rate for a maximum of six (6) days.

Miscellaneous Hospital Expense: When your illness requires a) treatment by a doctor, other than the surgeon while not confined to a hospital, the Plan will pay the hospital expense up to a maximum of $200 for any one illness. Treatment must begin within 48 hours of the onset of the illness.

Hospital Outpatient Expense: If a Covered Student’s illness requires the use of outpatient facilities of a hospital or (a) diagnostic x-rays; (b) laboratory services; (c) an emergency room; or (d) operating room, under the doctor’s direction, the Plan will pay the hospital expense up to a maximum of $200 for any one hospital visit. 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 illness.

Diagnoitic X-Ray and Laboratory Expense: If a Covered Student’s illness requires diagnostic x-rays or laboratory services, under the doctor’s direction, the Plan will pay the expense thereof not to exceed $50 per visit (limited to one visit per day).

Out of Hospital Physician’s Fee Expense: When your illness requires the services of a doctor, other than the surgeon while not confined to a hospital, the Plan will pay the expense thereof not to exceed $50 per visit (limited to one visit per day).

Hospital Expense: When your illness requires a treatment by a doctor, the Plan will pay for anesthesia, operating room, laboratory tests, x-rays, drugs, medicines, dressings and other necessary non-room and board hospital expenses.

Surgical Expense: When your illness requires surgery, the Plan will pay up to a maximum of $1,000 per operation. If the surgery requires the services of an anesthesiologist, who is not employed or retained by the hospital in which the operation is performed, the Plan will pay the amount incurred up to 25% of the amount payable for the operation. If two or more operations are performed through the same incision or in immediate succession at the same operating session, the maximum amount paid will not exceed the benefit for one of such procedures for which the largest benefit is payable.

Hospital Physician’s Fee Expense: When your illness requires the services of a doctor other than the surgeon and the Plan will pay the expenses for such services up to $75 per visit (limited to one visit per day).

Effective August 1st To July 31st

CLAIMS ADMINISTRATOR
ARC ADMINISTRATORS
P.O. Box 12290
Lexington, Kentucky 40582
(877) 306-2995

CLAIMS PROCEDURE

The Student Health Plan is a self-funded plan sponsored by Brescia University and is administered by ARC Administrators. The Student Health Plan is a self-funded plan sponsored by Brescia University and is administered by ARC Administrators. The Student Health Plan is a self-funded plan sponsored by Brescia University and is administered by ARC Administrators. The Student Health Plan is a self-funded plan sponsored by Brescia University and is administered by ARC Administrators.

EXCLUSIONS

- Normal health check-ups, preventive treatment or treatment, screening exams or testing in the absence of injury.
- Eye examinations, prescriptions or the fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a Covered Expense associated with an illness or injury covered by the Plan.
- Dental treatment, except as specifically provided for by the Plan.
- War or any act of war, declared or undeclared, or while in the armed forces of any country.
- Participation in a_mod or civil disorder, commission or an attempt to commit felony, or fighting, except as self-defense.
- Intentionally self-inflicted injury, suicide or any attempt of such.
- Injury to any Covered Student sustained while participating in any school, professional or organized sports contest or competition, or playing or from such sport, contest or competition, during participation in any practice or conditioning program for such sport, contest or competition unless specifically provided for by the Plan.

To appeal a claim, please send letter containing your name, phone number, member identification number, address, name of school attended and all address stating the issues of the appeal to ARC Administrators - Claim Appeals. Claims will be reviewed and responded to within sixty (60) days by ARC Administrators.
# Brescia University Student Health Plan

## Benefit Summary Quick Reference

<table>
<thead>
<tr>
<th>Schedule of Benefits</th>
<th>Maximum Benefit</th>
<th>Plan Maximum Benefit Paid at 100%</th>
<th>Plan Maximum Benefit Paid at 80%</th>
<th>Plan Maximum Benefit Paid at 60%</th>
<th>Plan Maximum Benefit Paid at 40%</th>
<th>Plan Maximum Benefit Paid at 20%</th>
<th>Plan Maximum Benefit Paid at 10%</th>
<th>Plan Maximum Benefit Paid at 5%</th>
<th>Plan Maximum Benefit Paid at 1%</th>
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</thead>
<tbody>
<tr>
<td>Injury</td>
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<tr>
<td>Hospital Room &amp; Board</td>
<td>$1,000 PER PLAN YEAR</td>
<td>$5,000 PER PLAN YEAR</td>
<td>$500 FOR FIRST $1,000</td>
<td>$500 TO A MAXIMUM OF $5,000</td>
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<tr>
<td>Surgical Services</td>
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<td>$5,000 PER PLAN YEAR</td>
<td>$500 FOR FIRST $1,000</td>
<td>$500 TO A MAXIMUM OF $5,000</td>
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<td>Laboratory &amp; X-Ray Services</td>
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<td>Emergency Room Services</td>
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<td>Accident &amp; Sickness</td>
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</tr>
</tbody>
</table>

The Benefits Payable Are As Defined In And Subject To Limitations Of This Plan And Any Endorsements. If Covered Medical Expenses For Any Injury Or Sickness Exceed The Aggregated Maximum Of $1,000, Then The Plan Will Pay 80% Of Additional Expenses Up To An Aggregated Maximum Of $5,000.