INTRODUCTION
This information provides a brief description of important features of this Insurance Plan. It is not a contract. Terms and conditions of coverage are set forth in policy number BSA-00123 issued in Pennsylvania to Messiah College, the Policyholder. The Policy is available for review at the College. Please keep this material with your important papers.

ELIGIBILITY
All Messiah College International Students are automatically charged for and enrolled in this Student Accident and Sickness Insurance plan.

POLICY TERM
Annual coverage begins at 12:01 a.m. on August 1, 2008, and continues until 12:01 a.m. on August 1, 2009.

COST OF INSURANCE
The annual charge for the Accident and Sickness Medical Expense Benefit is:

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
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<tbody>
<tr>
<td></td>
<td>8/1/08 to 8/1/09</td>
</tr>
<tr>
<td>Student</td>
<td>$446</td>
</tr>
<tr>
<td>Spouse or Dependent Child</td>
<td>$630</td>
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<tr>
<td>Spouse &amp; Dependent Children</td>
<td>$1,674</td>
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Students must return the completed enrollment card to the Business Office by September 12, 2008.
DEFINITIONS

Covered Person means any eligible person who makes application for (or for whom application is made), and who is approved to participate in the benefit plans issued under the Policy, provided the required premium for such person's insurance is paid when due.

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

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, Customary, and Reasonable Charges - 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.

OUTPATIENT PRESCRIPTION DRUGS

medco

After a co-payment of $10 for generic or $30 for a brand name drug (per prescription), the cost of prescription drugs is payable in full, up to $600 for the policy year, including oral contraceptives.

Not all medications are payable. The following is a partial list of those excluded: smoking deterrents, fertility medications, acne treatments, and vitamins.

Prescriptions must be filled at a Medco Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the pharmacy as proof of coverage. A directory of participating pharmacies is available at the Messiah College Health Service or by calling Collegiate Insurance Resources (800-322-9901).

Before you receive your insurance ID card, if you need to have a prescription filled, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID Card will include instructions on how to file for reimbursement for prescriptions filled before you received your card. Reimbursement will be at the Medco contracted discount rate and will be less than the rate charged by the pharmacy.
After you receive your insurance ID card, no claim forms need to be completed. After you receive the card you may call the Medco toll-free customer service number (800-400-0136) listed on your card for exclusions, covered medications, and assistance with pharmacy locations. Have your ID card handy because you will need the group number and your fifteen digit member number that is printed on the card.

Home Delivery Pharmacy Service is available for medication taken to treat ongoing health conditions. Instructions on how to order will be included with your insurance ID card.

BEECH STREET NETWORK

Please see Important Numbers on page 14.

Persons insured under this plan may choose to be treated within or outside of the Beech Street Network. Beech Street consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. As part of the student health insurance program, an arrangement has been negotiated with the Beech Street Network to treat insured students for a reduced fee over the customary fees of non-Network Providers. Reimbursement rates will vary according to the source of care as described under the Plan Summary herein.

In order to use the services of a participating provider, you must present an Identification Card which is provided to all students insured under the plan.

Assignment of a network physician does not guarantee eligibility or right to student health benefits. Providers may be periodically added or deleted as participants in the provider organization. It is the insured's responsibility to verify that a provider is a Participating Provider prior to services being rendered.

A list of participants can be reviewed at the College Health Center or at: www.BeechStreet.com

PROVIDER ARRANGEMENTS

Persons insured under this plan may choose to be treated within or outside of the Beech Street Network. Beech Street consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

Using facilities which are part of the Beech Street Network may provide savings to insured students.

You will be responsible for all out-of-pocket expenses in excess of the insurance policy benefits based on the limitations contained in the Plan Summary.

COLLEGE HEALTH CENTER

When at College, in the absence of a medical emergency, and during Messiah College Health Center's normal business hours, the student's first visit should be to the College Health Center.

If away from College, secure treatment at the nearest medical facility. Obtain a copy of the bill.

PLAN SUMMARY

- ACCIDENT MEDICAL EXPENSE BENEFITS
  When hospital or medical care is medically necessary for treatment of Injury, payment will be made up to $2,500 for such Injury. Dental Treatment of Injury to sound, natural teeth is covered up to $250 per tooth.
  Benefits will be paid for expenses incurred within 52 weeks from the date of the Accident, provided the first such Covered Expense is incurred within 90 days after the date of the Accident.

- SICKNESS MEDICAL EXPENSE BENEFIT
  When hospital or medical care is medically necessary for treatment of Sickness, payment will be made up to $2,500 for such Sickness per policy year, according to the schedule below for Covered Expenses incurred while insured.
  Benefits will be paid for expenses incurred within 52 weeks from the date of first treatment for Sickness, up to the allocations listed below, provided the first such Covered Expense is incurred within 90 days after the commencement of the Sickness.
Maximum Benefit Per Condition .................................. $2,500

- Hospital Room and Board Expense .......... $400/day limited to ......................... 30 days
- Miscellaneous Hospital Expense .......... $700
- Hospital Outpatient Expense .......... $400
- Surgical Expense ......................... $2,500
- Assistant Surgeon Expense ..................... 20% of payment We make for surgical operation, maximum benefit ..................... $200
- Anesthesia Expense ..................... 20% of payment We make for the surgical operation, maximum benefit ..................... $200
- Physician Visit Expense (inpatient) .......... $45/visit maximum benefit ..................... $300
- Physician Visit Expense (outpatient) starting with 2nd visit (If referred by Messiah College Student Health Center, if the Center is closed, or if away from campus, starting with 1st visit) .......... $60/visit maximum benefit ..................... $180
- Consultant Expense ..................... $75
- Diagnostic X-Ray & Laboratory Expense .......... $600
- Ambulance ........................ $250
- Nurse Expense per visit ..................... $50 maximum benefit ..................... $500
- Physiotherapy Expense per visit ..................... $60 maximum benefit ..................... $240
- Mental and Nervous Disorders Expense, Outpatient when Insured is referred to A Psychiatric Consultant initial visit payable to ..................... $200 subsequent visits ..................... $50 maximum benefit ..................... $500
- Mental and Nervous Disorders Expense, Inpatient when Insured is referred to A Psychiatric Consultant ..................... 70% of UCR maximum benefit ..................... $3,000

SUPPLEMENTAL MEDICAL EXPENSE BENEFIT

When an Insured Person incurs Covered Medical Expense in excess of $2,500 per Injury or Sickness, We will pay, after a $100 deductible, 80% of the Usual, Customary, and Reasonable Charges incurred up to an additional maximum of $47,500 per Injury or Sickness. The Per Condition Aggregate Maximum is $50,000 per Injury or Sickness.

The following Expenses will be paid under the Supplemental Accident and Sickness Expense Benefit: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) assistant surgeon; (f) inpatient and outpatient Doctor visits; (g) consultant; (h) licensed nurse; (i) hospital outpatient department; (j) emergency room; (k) diagnostic x-ray and laboratory tests; (l) inpatient prescription drugs; (m) ambulance; and (n) other Covered Medical Expense incurred for the treatment of an Injury or Sickness. Hospital Room and Board Benefits are limited to the average semi-private room rate.

Benefits will be paid for expenses incurred within 52 weeks from the date of the Accident or date of first treatment for Sickness.

DESCRIPTION OF BENEFITS

Covered Medical Expenses consist of the following:

Ambulance Expense Benefit - When you require local ambulance transportation for treatment at a hospital.

Anesthetists Expense Benefit - If, when you have a surgical operation, you are anesthetized and charges are not made by the hospital for the services of an anesthetist or anesthesiologist, we will pay for those services not to exceed 20% of the payment we make for the surgical operation.

Childhood Immunization Benefit - Benefits will be paid for the eligible expenses incurred for child immunizations, including the immunization agents which are determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Centers for Disease Control, U.S. Department of Health and Human Services. This benefit is exempt from the deductible and any dollar limits set forth under this Insurance Plan.

Consultant Expense Benefit - While you are covered by the policy and the attending physician recommends a consulting physician solely for the purpose of diagnosis.

Cytologic Screening Benefit - Benefits will be paid for the usual and customary expense incurred for annual gynecological exams including a pelvic exam, a clinical breast exam and a routine pap smear in accordance with the recommendation of the American College of Obstetricians and Gynecologists. No deductible or dollar limit shall apply.
Diabetes Expense Benefit - If, by reason of Sickness, a Covered Person incurs Expenses for the following equipment and supplies for the treatment of diabetes, BCS will pay benefits on the same basis as any other Sickness. Such equipment and supplies must be recommended or prescribed by a Doctor. The covered Expense includes but is not limited to: lancets and automatic lancing devices; glucose test strips; blood glucose monitors; blood glucose monitors for the visually impaired; control solutions used in blood glucose monitors; diabetes data management systems for management of blood glucose; urine testing products for glucose; oral anti-diabetic agents used to reduce blood sugar levels; alcohol swabs; syringes; injection aids; cartridges for the visually impaired; disposal insulin cartridges and pen cartridges; insulin preparations; insulin pumps; insulin infusion devices; oral agents for treating hypoglycemia; glucagon for injection to increase blood glucose concentration. Coverage is provided for Medically Necessary diabetes self-management education and education relating to diet.

Diagnostic X-ray and Laboratory Expense Benefit - for outpatient x-rays or laboratory tests when referred by the health care provider. This benefit does not apply to emergency treatment.

Emergency Hospital Outpatient Expense Benefit - for emergency care in the outpatient department of a hospital when treatment is rendered within 72 hours from the date of accident or the commencement of the sickness.

Home Health Care Expense - When by reason of sickness or injury, a Covered Person incurs expenses for covered home health care services, BCS Insurance Company will pay the Reasonable and Customary charges, subject to the following conditions: the service must be: (a) Medically Necessary; (b) furnished by, or under arrangements made by, a licensed Home Health Agency; c) covered under a home care plan, (d) this plan must be established pursuant to the written order of a doctor and the doctor must renew that plan monthly; (e) delivered in the patient's place of residence on a part-time, intermittent, visiting basis while the patient is confined as a result of Injury or Sickness.

Benefits will be provided for no more than 60 home health care visits in any period of 12 consecutive months. The amount payable will not exceed the Hospital Room and Board Benefit rate for the first three visits or one-half the Hospital Room and Board Benefit rate for subsequent visits. Payment of this benefit is subject to all other terms and conditions of the Policy.

Hospital Miscellaneous Expense Benefit - When you are confined as a hospital inpatient and treatment includes: x-ray examination, laboratory tests, medicines, surgical dressings, anesthetic, use of operating room or other necessary hospital treatment. Miscellaneous expenses do not include expenses for telephones, radio or television, extra beds or cots, meals for guests, take home items or other convenience items.

Hospital Room and Board Benefit - When you are confined as an inpatient in a hospital, we will pay the average semi-private room rate per day for room and board.

Mammography Benefit - We will pay the actual expense incurred by a Covered Person for periodic mammography examinations on the following schedule: one baseline mammogram for women; an annual screening mammogram for women.

Maternity Expense Benefit - We will pay the same hospital and physician benefits for maternity as for any other Covered Sickness. Services by a licensed mid-wife are included.

Nurse Expense Benefit - When you are hospital confined and require the full-time employment of a registered graduate nurse.

Nutritional Supplement Benefit - Expenses incurred by a Covered Person for Medically Necessary nutritional supplements used in the therapeutic treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria, are considered Covered Expenses. Benefits payable for Medically Necessary nutritional supplements will be payable under this Policy to the same extent as any other Covered Expense incurred for the treatment of a Sickness covered under this Policy, except no deductible will be applied to expenses incurred for such supplements.

Physician Visit Expense Benefit - When you receive non-surgical medical treatment from a physician, both in and out of the hospital.

Preventive and Primary Care Benefit - Expenses incurred by Covered Dependent Children up to 18 years of age for Preventive and Primary Care services will be payable to the same extent as any other Covered Expenses incurred for the treatment of a covered Injury or Sickness.

Reconstructive Breast Surgery Benefit - Expenses incurred by a Covered Person for Reconstructive Breast Surgery are considered Covered Expenses and will be payable to the same extent as any other covered surgery, provided such Reconstructive Surgery is incident to a mastectomy.

Substance Abuse Benefit - We will pay Covered Medical Expenses for inpatient or outpatient services the same as any other Sickness.

Surgical Expense Benefit - When you have a surgical operation, we will pay the surgeon’s fee.
EXCLUSIONS
Except as otherwise indicated, the Policy does not cover loss nor provide benefits for:
1. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of injury or sickness;
2. Eye examinations; prescriptions or fitting of eyeglasses and 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 which does or can impair normal vision;
3. Dental care or treatment other than for the care of sound, natural teeth and gums required due to an injury resulting from an accident while the covered person is insured under the policy and rendered within 12 months of the accident;
4. 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);
5. Participation in a riot or civil disorder; fighting or brawling, except in self defense; commission of or attempt to commit a felony;
6. Participation in, practice for, or orthopedic equipment and appliances used for intercollegiate sports; semi-professional sports; or professional sports;
7. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly scheduled airline;
8. 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;
9. Cosmetic surgery, except cosmetic surgery which the covered person needs as the result of an accident which happens while he is insured under the 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 treatments and voluntary testing;
11. 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, group type, and individual automobile No Fault coverage);
12. Treatment, services or supplies provided by the school's infirmary or its employees, or physicians who work for the school for which the Covered Student is not specifically charged;
13. Rest cures or custodial care (whether or not prescribed by a physician) or transportation;
14. The diagnosis and treatment of infertility;

MEDICAL EVACUATION AND REPATRIATION

► Emergency Medical Evacuation
In the event a Covered Person requires treatment as a result of a covered injury or sickness and the appropriate medical facility is not locally available for Medically Necessary treatment or if the local medical facility can no longer provide the Medically Necessary treatment, the covered person will be evacuated to the nearest appropriate medical facility. Expenses for evacuation, accompanying Physician or nurse, services or supplies which are directly Medically Necessary for evacuation, and fees necessary to arrange for the evacuation, are covered up to $7,500. The attending Physician must certify in writing that the evacuation is Medically Necessary. Any expenses with respect to the medical evacuation require prior approval of the Company. The initial air or ground ambulance to a medical facility is not included in this benefit.

► Repatriation of Remains
In the event of the death of an Insured Person, We will pay the actual charges up to a maximum of $7,500 for preparing and transporting the Insured Person's remains to his or her home country. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

► Worldwide Assistance Services, Inc.
In addition to the insurance provided by this Plan, ACI has arranged with Worldwide Assistance Services, Inc. to provide you with access to its 24-hour travel assistance services. Contact Worldwide Assistance Services, Inc. 800-368-7878 for a complete description of the program services. These services are included:
- referral to the nearest, most appropriate medical facility and/or provider;
- medical monitoring by board certified emergency doctors in the United States;
- urgent message relay between family, friends, personal doctor, school, and insured;
- assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations and Repatriation of remains;
- referral to legal assistance;
- assistance in locating lost or stolen items including lost ticket application processing.
15. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as required as a result of a covered injury. Hearing defects means any physical defect of the ear which does or can impair normal hearing;
16. Treatment or services provided by any member of the covered person's immediate family; or for which no charge is normally made;
17. Charges used to meet any deductible, or in excess of the coinsurance, or in excess of those considered Usual, Customary and Reasonable Charges;
18. The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia;
19. Injury sustained as a result of riding in or on a two or three-wheeled motor vehicle, or riding in or on a snowmobile;
20. Birth Control, including surgical procedures and devices, except as specifically provided within the Outpatient Prescription Drug Benefit;
21. Acne;
22. Acupuncture;
23. Allergies, including allergy testing;
24. Routine foot care, including the treatment of corns, calluses and bunions;
25. Circumcision;
26. Impotence, organic or otherwise;
27. Sleeping disorders, including testing thereof;
28. Breast reduction or breast augmentation other than as specifically provided by the policy;
29. Nonmalignant warts, moles or lesions.

CLAIM PROCEDURE

In the event of an accident or a sickness:
1. The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to the address below.
2. Complete a claim form and mail it to ACI within 30 days of the date of the Injury or commencement of the Sickness, or as soon thereafter as possible. Mail the claim form to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
3. Claim forms are available on line at www.visit-aci.com or by calling 888-293-9229. If the providers have given you bills, attach them to the claim form.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI. On line claim status is available at www.visit-aci.com or by calling 888-293-9229. Select option “2” for Customer Service.
5. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to ACI. No additional claim forms are needed as long as the Insured Person’s name and identification number are included on the bill.

IMPORTANT NUMBERS

Messiah College Health Center
Phone.................................................................717-691-6035
Email .................................................................JGroop@messiah.edu

MARKETING & MANAGEMENT
For Enrollment Questions, Travel Insurance or Other Products:

Collegiate Insurance Resources
172 Bechtel Road, Collegeville, PA 19426-2830
Student Health Division ...........................................800-322-9901
Fax .....................................................................610-489-9325
Website ................................................................www.visitSRC.com

CLAIM ADMINISTRATOR
For claim and benefit questions and online claim status:

Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
Website.................................................................www.visit-aci.com
Phone.................................................................888-293-9229

PARTICIPATING PHARMACY
For pharmacy locations after you receive your ID Card. (Number is effective for enrolled members only. You will need your insurance ID card.)

medco
Phone.................................................................800-400-0136
Website.................................................................www.medco.com

PARTICIPATING PROVIDER
Beech Street.
A VISANT NETWORK
Phone.................................................................800-432-1776
Monday through Friday..........................8:00 a.m. to 8:00 p.m.
Website.................................................................www.beechstreet.com

TRAVEL ASSISTANCE
For Medical Evacuation and Repatriation Information and Travel Assistance, Lost Passports & Luggage, etc.
World Wide Assistance Services, Inc .........800-368-7878