

BCS Insurance Company

Oakbrook Terrace, Illinois

MASTER POLICY BLANKET HEALTH POLICY

This Master Policy (hereafter referred to as Master Policy or Policy) is issued to the Policyholder named in the Policy Schedule. It takes effect on the effective date shown in the Policy Schedule.

In return for the payment of premium, We will pay the benefits which this Master Policy provides for persons insured hereunder for certain losses, as specified in the DESCRIPTION OF BENEFITS, for loss due to Injury or Sickness that occurs while this Policy and the Covered Person's coverage are in force. The Master Policy is delivered in and is subject to the laws of the District of Columbia.

We and the Policyholder have agreed to all of the terms of this Master Policy.

This is a legal contract between the Policyholder and Us.
READ THIS MASTER POLICY CAREFULLY.

Signed for the BCS Insurance Company.


SECRETARY


PRESIDENT

POLICY SCHEDULE

POLICYHOLDER:	IEES Insurance Trust
SUBSCRIBER(S):	The Regents of the University of Colorado Study Abroad Program
POLICY NUMBER:	IES-00040
POLICY EFFECTIVE DATE:	May 1, 2016
POLICY TERM:	The period beginning on the Policy Effective Date and ending at 12:01 A.M. on May 1, 2017.
PREMIUM DUE DATE:	The Policy Effective Date and each succeeding interval
ADMINISTRATOR:	ASRM, LLC
RENEWABILITY:	Non-Renewable

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Amendatory Riders attached: 28.805 A (DC) (rev. 01/07), 28.807

ELIGIBILITY

The Eligible Persons are:

<u>Eligible Class</u>	<u>Description</u>
Class 1	Students, Faculty and Staff of the University of Colorado at Boulder, under age 80 at the time of enrollment, who (1) have become participants in the University's Study Abroad Program engaged in international educational activities on a full-time basis; (2) are temporarily located outside their home countries or countries of regular domicile as non-resident aliens; and (3) have not obtained permanent residency status.
Class 2	Spouses of Class 1 Insureds who (1) have similar visas or passports; (2) accompany Class 1 Insureds while they are engaged full time in international educational activities; (3) are temporarily located outside their home countries or countries of regular domicile as non-resident aliens; and (4) have not obtained permanent residency status.
Class 3	Dependent Children of Class 1 Insureds who (1) have similar visas or passports; (2) accompany Class 1 Insureds while they are engaged full time in international educational activities; (3) are temporarily located outside their home countries or countries of regular domicile as non-resident aliens; and (4) have not obtained permanent residency status.

Eligible Classes may be afforded the following Coverages and Benefits:

<u>Coverage</u>	<u>Eligible Classes</u>
24 Hour Accident & Sickness Coverage	All Classes
 <u>Benefits</u>	 <u>Eligible Classes</u>
Medical Expense Benefit	All Classes
Accidental Death & Dismemberment Benefit	All Classes
Return Air Fare Expense Benefit	All Classes

PREMIUM SCHEDULE

Monthly Rate per Covered Person*

<u>Eligible Classes</u>	<u>Under Age 65</u>	<u>Age 65 - 74</u>	<u>Age 75 - 79</u>
Student	\$13.50	\$42.50	\$75.00
Student & Spouse	\$68.76	\$156.26	\$280.26
Student, Spouse & Children	\$101.76	\$189.26	\$313.26
Student & Children	\$40.26	\$69.26	\$101.76

SCHEDULE OF BENEFITS

BENEFITS

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto.

I. Medical Expense Benefit - Injury & Sickness

Benefits are payable on the following basis: Primary.

Maximum Benefit for All Covered Expenses (per Injury or Sickness): \$500,000

Deductible Amount (per Injury or Sickness): \$0

Coinsurance: 100%, except as otherwise stated in the table below

Maximum Amounts Payable for Specific Covered Expenses:

(Subject to the Maximum Benefit per Injury or Sickness.)

- | | |
|--|---|
| • Hospital Room & Board: | The Hospital's normal charge for semi-private accommodation |
| • Intensive Care Unit: | 2 times the daily semi-private room rate |
| • Assistant Surgeon: | 20% of surgery allowance |
| • Inpatient Hospital/non-Hospital Residential Facility for mental illness: | 45 days* |
| • Inpatient Hospital/non-Hospital Residential Facility for substance abuse: | 28 days* |
| • Drugs/Alcohol Detoxification | 12 days |
| • Physiotherapy including acupuncture: | |
| ○ Inpatient: | \$10,000 |
| ○ Outpatient: | \$50/visit, 10 visits |
| • Outpatient Substance Abuse: | 30 visits |
| • Outpatient Psychotherapy: | First 40 visits - 75%; subsequent visits - 60%* |
| • Ground or Air Ambulance: | \$1,000 |
| • Dental Treatment for Injury only: | \$250 per tooth |
| • Other Expenses - the following will be considered Covered Expenses: | |
| ○ Emergency Dental Treatment or Extractions to alleviate pain:
(Exclusion #4 does not apply to such dental treatment to the extent covered under this benefit.) | \$500 during the Covered Person's entire period of coverage |
| ○ Routine Newborn Baby Care: well baby nursery and physicians visits, when related to a covered pregnancy:
(Exclusion #1 does not apply to such expenses to the extent covered under this benefit.) | \$500 |

*This provision applies only to Covered Persons who reside in Colorado

Coverage provided for treatment of Biologically Based Mental Illnesses and Mental Disorders is the same as for a physical illness. Such Illnesses or Disorders will be covered at the following minimum levels:

- 45 inpatient (90 partial hospitalization) days in any 12 month period;
- 20 outpatient visits or no less than \$1,000 payable for outpatient visits in any 12 month period;
- Copayments or Coinsurance payable by the Covered Person shall not exceed 50%

"Biologically Based Mental Illness" means: schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder and panic disorder.

"Mental Disorder" means posttraumatic stress disorder, drug and alcohol disorders, dysthymia, cyclothymia, social phobia, agoraphobia with panic disorder, and general anxiety disorder. The term includes anorexia nervosa and bulimia nervosa to the extent those diagnoses are treated on an outpatient, day treatment, and in-patient basis, exclusive of residential treatment.

Benefits must be provided at the more generous of the physical illness or mental illness benefits through the 20th visit. Thereafter, only the copayment or coinsurance protections continue to apply to Biologically Based Mental Illness and Mental Disorders.

SCHEDULE OF BENEFITS (continued)

I. Medical Expense Benefit - Injury & Sickness (continued)

Other Benefit Maximums

- Therapeutic or Elective Abortion \$500
- Treatment of Injury resulting from participation in and practice for club sports: \$10,000
- Covered Expenses in the Covered Person's home country or country of regular domicile: \$25,000 per Injury or Sickness

II. Accidental Death or Dismemberment; Accidental Loss Of Sight, Speech And Hearing Benefit

Principal Sum: (see Table of Benefits on page 11)

- Class 1: \$25,000
- Class 2: \$5,000
- Class 3: \$1,000

III. Return Air Fare Expense Benefit

Maximums: See Return Air Fare Expense Provisions on page 11.

IV. Escort of Mortal Remains

In the event of the death of a Covered Person, a benefit will be provided for the round trip economy air fare for one family member to escort the Covered Person's mortal remains to his or her home country.

DEFINITIONS

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

Covered Person means any Eligible Person and, where applicable, Eligible Dependents who makes application for, or for whom application is made and who is approved to participate in the benefit plans issued under this Policy, provided the required premium for such Person's and Dependents' insurance is paid when due.

Hospital means a legally constituted institution that (1) has 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 of one or more licensed Physicians and (2) provides 24-hour nursing service by Registered Nurses on duty or call.

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 this Policy is in force.

Inpatient means confinement for which the Covered Person is charged at least one full day's room and board.

Intensive Care Unit means a section, ward, or wing within a Hospital which is separated from other Hospital facilities and (1) is operated exclusively for the purpose of providing professional Treatment for critically ill patients; (2) has special supplies and equipment necessary for such Treatment which are available on a standby basis for immediate use; (3) provides room and board, and constant observation by registered graduate nurses or other specially trained Hospital personnel; and (4) is not maintained for the purpose of providing normal post-operative recovery Treatment or service.

Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptoms 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 provided. When applied to the care 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.

Nurse means a person who has been registered or licensed to practice by the State Board of Nurse Examiners or other state authority in the state where he works, and who is practicing within the scope and limitation of that license. The term Nurse will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

Outpatient Surgical Facility means a surgical or medical center, which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate nurses; and (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under that law.

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.

School means any facility under the management of the Subscriber which operates for the purpose of educating its students.

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.

Treatment means a specific in-office or Hospital physical examination of, or care rendered to, the Covered Person.

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.

INDIVIDUAL INSURING PROVISIONS

Eligible Persons. The persons eligible for coverage are all persons denoted in the classifications described in the Eligibility Section.

Enrollment Period. Eligible Persons may enroll prior to departure to, or within 30 days of arrival in the country of assignment, or within 30 days of matriculation. Such participants are eligible for coverage under the Policy subject to the particular types and amounts of insurance as specified in the enrollment form.

When Coverage Begins. Any such Eligible Person will automatically become a Covered Person with respect to the coverage under this Policy at 12:01 A.M. on the latest of the following dates:

1. the effective date of this Policy; or
2. the date such Person comes within a classification of Eligible Persons, or
3. the date that a completed enrollment form (if any) and the required premium payment for such Person's coverage are received by the Company.

When Coverage Ends. Coverage with respect to any Covered Person will end at 12:01 A.M. on the earliest of the following dates:

1. the date this Policy is terminated; or
2. the premium due date, if the required premium is not paid within 31 days following such premium due date; or
3. the date such Student ceases to come within any classification of Eligible Persons; or
4. the Coverage Expiration Date contained in the applicable COVERAGE DESCRIPTION.

In the event a Covered Person enters the armed forces, unearned premium will be returned, but the amount returned will only be for the number of full months of the unexpired term of coverage, less any administrative fees.

Coverage ending will not affect a claim for: (1) a covered accidental death or dismemberment loss due to an Accident that occurred while coverage was in effect as to the Covered Person; and (2) a Covered Expense due to an Injury or Sickness provided such expense was incurred while coverage was in effect as to the Covered Person.

Dependent Coverage. A Covered Person for whom Accident and Sickness coverage is in force under this Policy may also make application to insure his Eligible Dependents.

Eligible Dependents. Eligible Dependents are such Covered Person's legal spouse and/or dependent children who are under age 19, or 25 if a full-time student, and who are not self-supporting and who reside with the Covered Person.

Enrollment Period. A Covered Person may enroll his Eligible Dependents on the date that the Covered Person enrolls for coverage, or within 31 days from the date that the Eligible Dependent arrives in the country of assignment.

A Covered Person's legal spouse may be enrolled within 31 days of the date they were legally married. Newborn children must be enrolled within 31 days after their date of birth or placement for adoption.

When Coverage Begins. An Eligible Dependent's coverage will begin at 12:01 A.M. on the latest of the following dates:

1. the effective date of the Covered Person's coverage; or
2. the date the dependent meets the eligibility requirements; or
3. the date that a completed enrollment form (if any) and the required premium payment for dependent coverage are received by the Company.

When Coverage Ends. Coverage with respect to any covered dependent will end at 12:01 A.M. on the earliest of the following dates:

1. the date the Covered Person is no longer insured under this Policy; or
2. the premium due date, if the required premium for dependent coverage is not paid within 31 days following such premium due date; or
3. the date such dependent ceases to meet the dependent eligibility requirements. However, coverage will continue for any child who reaches the age limit and is both:
 - (a) totally incapable of self-sustaining employment due to a physical or mental handicap; and
 - (b) chiefly dependent on the Covered Person for support and maintenance.

The Covered Person must give the Company proof of the child's incapacity and dependency within 31 days of the child reaching the age limit. The Company may require proof again from time to time but not more often than once a year after the 2 years that follow the child reaching the age limit.

Premium will be refunded in full or pro-rated if it is later determined that the dependent is not eligible for coverage or if the enrollment form and/or subsequent renewal forms (if any) contained inaccurate or misleading information.

Coverage ending will not affect a claim for: (1) a covered accidental death or dismemberment loss due to an Accident that occurred while coverage was in effect as to the Covered Person; and (2) a Covered Expense due to an Injury or Sickness provided such expense was incurred while coverage was in effect as to the Covered Person.

Coverage of a Newborn Child. A child of the Covered Person born while Sickness coverage under this Policy is in force as to the Covered Person will automatically be insured from the moment of birth until 31 days following the date of birth or placement for adoption. Such child will be insured, including the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and prematurity, subject to the particular Coverages and amounts of insurance as specified in the Schedule of Benefits.

In order to continue coverage for the newborn child beyond the first 31 days, the Covered Person must, within 31 days after the date of birth, provide written notice of the birth to the Company and pay the required premium (if any). If this is not done, coverage for the newborn child will end 31 days after the date of birth.

COVERAGE DESCRIPTIONS

Unless otherwise stated, we will pay benefits for a covered loss only once, even if coverage was provided under more than one Coverage Description.

24-HOUR ACCIDENT AND SICKNESS COVERAGE

Effective Term: This coverage will be in effect with respect to a Covered Person from the effective date of the policy, or as described in the applicable provision titled When Coverage Begins (in the section titled INDIVIDUAL INSURING PROVISIONS), whichever is later, and ending with the Coverage Expiration Date.

Coverage Expiration Date: The date described in the applicable provision titled When Coverage Ends in the section titled INDIVIDUAL INSURING PROVISIONS.

Description of Hazards: All Covered Expenses incurred as a result of the same or related cause (including any complications) shall be considered as resulting from one Injury or Sickness.

DESCRIPTION OF BENEFITS

MEDICAL EXPENSE BENEFIT – INJURY AND SICKNESS

When Benefits are Payable: The Company will pay benefits for those Covered Expenses incurred by the Covered Person for Injury sustained or Sickness commencing while insured under this Policy and in accordance with the COVERAGE DESCRIPTION to which this Benefit applies.

Covered Expenses must be incurred during the Policy Term, and while the Covered Person remains continuously insured under this Policy. A Covered Expense will be deemed to have been incurred when the service or Treatment to which it relates is provided.

Amount of Benefits Payable: The amount of the benefit payable will be the eligible Covered Expenses incurred in excess of the Deductible Amount (if any) shown on the Schedule of Benefits, subject to:

1. any coinsurance amount applicable to such Covered Expense;
2. any maximum amount payable for a specific Covered Expense; and
3. any Maximum Benefit amount payable for all such Covered Expenses.

These amounts, if applicable, are as shown on the Schedule of Benefits.

Payment of this benefit is subject to all other terms and conditions of this Policy.

Covered Expenses: Covered Expenses will be limited to the Usual, Customary and Reasonable Charges incurred by the Covered Person for Medically Necessary care and Treatment. Covered Expenses include:

1. Room and Board Expense: (a) daily semi-private room rate when confined in a Hospital as an Inpatient; and (b) general nursing care provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2. Hospital Miscellaneous Expenses: (a) while confined in a Hospital as an Inpatient; or (b) as a precondition for being confined in a Hospital as an Inpatient. Benefits will be paid for services and supplies such as: the cost of an operating room; laboratory tests; X-ray examinations (not treatment); anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies.
3. Inpatient Physiotherapy.
4. Inpatient Surgery: Physician's fees for Inpatient surgery. Covered Expenses for surgery will be paid under this Inpatient surgery benefit or under the outpatient surgery benefit, but not both.
5. Inpatient Anesthetist Services: in connection with Inpatient surgery.
6. Inpatient Registered Nurse's Services: (a) private duty nursing care only; (b) while confined in a Hospital as an Inpatient; (c) ordered by a licensed Physician; and (d) a Medical Necessity. General nursing care provided by the Hospital is not covered under this benefit.
7. Inpatient Physician's Visits: when confined in a Hospital as an Inpatient, benefits are limited to one visit per day. Benefits do not apply when related to surgery. Covered Expenses for Physicians' visits will be paid under this Inpatient Physician's visits benefit or under the outpatient Physician's visits benefit, but not both on the same day.
8. Pre-admission Testing: limited to routine tests such as completed blood count; urinalysis; and chest X-rays. If otherwise payable under this Policy, major diagnostic procedures such as cat-scans and blood chemistries will be paid under the "Hospital Miscellaneous" benefit. Pre-admission testing must occur within 3 working days prior to Hospital admission for this benefit to be payable.
9. Inpatient Psychotherapy: as noted on the Schedule of Benefits.
10. Outpatient Surgery: Physician's fees for outpatient surgery. Covered Expenses for surgery will be paid under this outpatient surgery benefit or under the Inpatient surgery benefit, but not both.
11. Scheduled Outpatient Surgery Miscellaneous: in connection with outpatient surgery that is scheduled prior to its being performed. Benefits will be paid for services and supplies such as: the cost of the operating room; anesthesia; drugs or medicines; therapeutic services; and supplies, for such surgery performed in a Hospital, an Outpatient Surgical Facility, or Physician's office. Non-scheduled surgery is not covered under this benefit.
12. Outpatient Anesthetist Services: in connection with scheduled outpatient surgery.
13. Outpatient Physician's Visits: benefits are limited to one visit per day. Benefits do not apply when related to surgery or physiotherapy.
14. Outpatient Physiotherapy: benefits are limited as shown on the Schedule of Benefits. Service must be prescribed by a licensed physician for a stated number of visits.
15. Outpatient Medical Emergency Expenses: benefits will be paid for the use of the emergency room and supplies.
16. Outpatient Diagnostic X-ray Services: if so noted in the Schedule of Benefits, separate maximums apply to positive and negative X-rays. Diagnostic X-rays are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 70000 - 79999 inclusive.
17. Outpatient Radiation Therapy.
18. Outpatient Laboratory Procedures: laboratory procedures are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 80000 - 89999 inclusive.
19. Outpatient Tests and Procedures: diagnostic services and medical procedures when performed by a Physician (excluding Physician's visits; physiotherapy; X-rays; and laboratory procedures).
20. Outpatient Injections when: (a) administered in a Physician's office; and (b) charged on the Physician's statement.

21. Outpatient Chemotherapy.
22. Outpatient Prescription Drugs.
23. Outpatient Psychotherapy: as noted in the Schedule of Benefits. Benefits are limited to one visit per day.
24. Ambulance Services.
25. Outpatient Braces and Appliances: when (a) prescribed by a Physician; and (b) a written prescription accompanies the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment, which is equipment, that: (a) is primarily and customarily used to serve a medical purpose; (b) can withstand repeated use; and (c) generally is not useful to the person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price.
26. Inpatient and outpatient Consultant Physician Fees: when requested and approved by the attending Physician.
27. Dental Treatment: when (a) performed by a Physician and (b) made necessary by Injury to sound, natural teeth. Routine dental care and treatment to the gums are not covered.
28. Other Expense: if applicable and as noted on the Schedule of Benefits.

**ACCIDENTAL DEATH OR DISMEMBERMENT;
AND ACCIDENTAL LOSS OF SIGHT, SPEECH AND HEARING BENEFIT**

When Benefits Are Payable: If, within 365 days of an Accident covered under this Policy in accordance with the COVERAGE DESCRIPTION to which this benefit applies, bodily Injury results in any of the following losses, the Company will pay the benefit amount shown opposite such loss in the Table of Benefits. If the Covered Person sustains more than one such loss as the result of any one Accident, the Company will pay only the one largest amount to which the Covered Person is entitled.

Table of Benefits

<u>Covered Loss</u>	<u>Benefit Amount</u>
Loss of Life	The Principal Sum
Loss of Both Hands	The Principal Sum
Loss of Both Feet	The Principal Sum
Loss of Entire Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and Entire Sight of One Eye	The Principal Sum
Loss of One Foot and Entire Sight of One Eye	The Principal Sum
Loss of Speech and Hearing in Both Ears	The Principal Sum
Loss of One Hand	One-Half The Principal Sum
Loss of One Foot	One-Half The Principal Sum
Loss of Entire Sight of One Eye	One-Half The Principal Sum
Loss of Speech	One-Half The Principal Sum
Loss of Hearing in Both Ears	One-Half The Principal Sum
Loss of Thumb and Index Finger of the Same Hand	One-Quarter The Principal Sum

Loss of hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of Entire Sight means the total, permanent loss of sight of the eye. The loss of sight must be unrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

"Severance" means the complete separation and dismemberment of the part from the body.

This benefit will be payable in addition to any other benefit payable under this Policy, subject to all the terms and conditions of this Policy.

RETURN AIR FARE EXPENSE

The Company will pay, up to \$2,500, if the Insured is hospitalized for at least seven (7) days due to an Accident or Sickness. The benefit will be provided for round trip airfare (tourist class) expenses to the host country for a parent, spouse, sibling (over age 21) or legal guardian and their hotels and meals to a maximum of \$75 per day.

In the event of death, or life-threatening accident or illness of a parent, spouse, child, sibling, or legal guardian, requiring the Insured to return home after arriving at their placement, the Company will arrange, and pay for their returning airfare (tourist class) from the host country to their home country point of departure. The Administrator must be advised and approve the flight which must be arranged through the Administrator. Retroactive claims will not be accepted. This benefit is limited to \$2,500.

MANDATED BENEFITS

Reconstructive Breast Surgery Benefits

Expenses incurred by a Covered Person for Reconstructive Breast Surgery as described below are considered Covered Expenses and will be payable under this Policy to the same extent as any other covered surgery, provided such Reconstructive Surgery is required as a result of a covered Sickness. Covered Expenses for reconstructive breast surgery will also include the cost of prostheses.

If this Policy provides outpatient x-ray or radiation therapy, then the cost of outpatient chemotherapy following reconstructive breast surgery that is performed in connection with the treatment of breast cancer also will be included as a Covered Expense.

Payment of this benefit is subject to all other terms and conditions of this Policy.

Mammography Benefit

We will pay the actual expense incurred by a Covered Person for periodic mammography examinations on the following schedule:

1. one baseline mammogram for women;
2. an annual screening mammogram for women

Cytologic Screening Benefit

We will pay the actual expense incurred by a Covered Person for cytologic screening as described below:

1. an annual cervical cytologic screening for women
2. a Cervical cytologic screening for women upon certification by an attending physician that the test is medically necessary.

Home Health Care Benefits

Expenses incurred by a Covered Person for Home Health Care as described below are considered Covered Expenses and will be payable under this Policy to the same extent as any other Covered Expenses incurred for the Treatment of a covered Injury or Sickness.

"Home Health Care" means those nursing and other home health care services rendered to a Covered Person who is the patient in his place of residence, under the following conditions:

1. on a part-time and intermittent basis, except when full-time or 24-hour services are needed on a short-term (no more than 3 days) basis; and
2. if continuing hospitalization would have been otherwise required if home health care were not provided; and
3. pursuant to a Physician's written order and under a plan of care established by the responsible Physician working with a Home Health Care Provider. The physician must review the plan monthly and certify monthly that continued confinement in a Hospital would otherwise be required. That Physician may not be related to the Home Health care provider by ownership or contract. All care plans must be established within 14 days following commencement of home health care.

"Home Health Care Provider" means an agency that is licensed as a home health agency.

"Home Health Care Services" means any of the following services which are Medically Necessary to achieve the plan of care referred to in condition (3) above and are provided for the care of the Covered Person: nursing care (furnished by or under the supervision of a Registered Nurse); physical therapy; occupational therapy; medical social work; nutrition services; speech therapy; home health aide services; medical appliances and equipment,

drugs and medications, laboratory services and special meals, to the extent such items and services would be covered by this Policy if the Covered Person were in a Hospital; and any diagnostic or therapeutic service, including surgical services performed in a Hospital outpatient department, a Physician's office or any other licensed health care facility, to the extent such service would be covered by this Policy if performed while the Covered Person was confined in a Hospital as an Inpatient, provided that service is performed as part of the plan of care.

Limitations - Home Health Care Benefits are subject to the following limitations:

1. services must follow a Hospital confinement of at least 3 consecutive days. Services must begin not more than 3 days after the end of that confinement.
2. any visit by a member of a home health care team on any day will be considered one home health care visit. Benefits will be provided for no more than 60 home health care visits in any period of 12 consecutive months.
3. the amount payable for a home health care visit will not exceed for each of the first three days on which services are provided the daily room and board benefit provided by this Policy during the prior Hospital confinement; for each subsequent day of such services, the amount payable will not exceed one-half of the daily room and board benefit provided by this Policy during the prior Hospital confinement.
4. the services and supplies must be furnished and charged for by a Home Health Care Provider.

Payment of this benefit is subject to all other terms and conditions of this Policy.

Preventive And Primary Care Benefit

Expenses incurred by Covered Dependent Children up to 18 years of age for preventive and primary care services as described below are considered Covered Expenses and will be payable under this Policy to the same extent as any other Covered Expenses incurred for the Treatment of a covered Injury or Sickness.

"Preventive and Primary" care services include physical examinations, measurements, sensory screening, neuropsychiatric evaluation, and development screening. Services also include, as recommended by the physician, heredity and metabolic screening at birth, immunizations, urinalysis, tuberculin tests, and hematocrit, hemoglobin, and other appropriate blood tests, including tests to screen for sickle hemoglobinopathy. Coverage shall include unlimited visits for children up to the age of 12 years, and 3 visits per year for minor children ages 12 years up to 18 years of age.

EXCLUSIONS

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

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; 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.
3. 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.
4. Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident.
5. 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).
6. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
7. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
8. Participation in, practice for, or orthopedic equipment and appliances used for; intercollegiate tackle football; intercollegiate sports; semi-professional sports; or professional sports, (except as specified in the Coverage Descriptions).
9. 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.

10. 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.
11. 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.
12. Elective Treatments and voluntary testing.
13. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Usual, Customary, and Reasonable Charges.
14. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
15. Rest cures or custodial care (whether or not prescribed by a Physician), or transportation.
16. Nasal or Sinus Surgery (unless required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy).
17. Organ Transplants.
18. Birth Control, including surgical procedures and devices.
19. Treatment of congenital anomalies and conditions arising or resulting directly there from.
20. The diagnosis and treatment of acne.
21. The diagnosis and treatment of Infertility.
22. The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia.
23. Treatment that is not incurred by an Insured Person while insured hereunder.
24. Routine foot care, including the treatment of corns, calluses and bunions.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy (including any endorsement or amendments), the signed application of the Policyholder (a copy of which will be attached to this Policy at issue), and the individual applications of Covered Persons, if any, constitute the entire contract. All statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement will void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application. To be valid, any change or waiver must be in writing, must be signed by our President or Secretary and must be attached to this Policy. No agent has authority to change this Policy or to waive any part of this Policy.

CLERICAL ERROR: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the terms of this Policy.

EXAMINATION OF RECORDS AND AUDIT: The Company will be permitted to examine and audit the Policyholder's books and records at any time during the Policy Term and within two years after the final termination of this Policy, insofar as they relate to premium or subject matter of this insurance.

CONFORMITY WITH STATE LAWS: On the effective date of this Policy, any provision that is in conflict with laws in the state in which it is issued is amended to conform to the minimum requirements of such laws.

NOT IN LIEU OF WORKERS' COMPENSATION: This Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.

GRACE PERIOD: A grace period of 31 days is granted for the payment of each premium due after the first premium, during which time the Policy continues in force. When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

POLICY TERMINATION: The Policy will continue in force while the required premiums are paid until either the Company or the Policyholder terminates the policy. At least 31 days advance written notice is required to terminate this Policy by either party.

CERTIFICATES: When required by applicable law, the Company will issue to the Policyholder, for delivery to each Covered Person, a certificate containing the principal terms of this Policy.

SUBROGATION

(NOT APPLICABLE TO CALIFORNIA OR ARIZONA RESIDENTS)

If the covered person is injured or becomes ill through the act or commission of another person, and if benefits are paid under this Policy due to that injury or Sickness, then to the extent the Covered Person recovers for the same Injury or Sickness from a third party, his insurer, or the Covered Person's uninsured motorist insurance, BCS Insurance Company will be entitled to a refund of all benefits it has paid up to the amount of such recovery. Further, BCS Insurance Company has the right to offset subsequent benefits payable to the Covered Person under the Policy against such recovery.

CLAIM PROVISIONS

NOTICE OF CLAIM: A claimant must give the Company or our authorized representative written notice of claim within 90 days after the date any loss occurs which is covered by this Policy. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

CLAIM FORMS: Upon receiving written notice of claim, the Company will send claim forms to the claimant within fifteen days. If the Company does not furnish such forms, the claimant will satisfy the requirements of written proof of loss by sending the written proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

WRITTEN PROOF OF LOSS: Written proof of loss must be sent to the agent authorized to receive it. Written proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity should proof of loss be sent later than one year from the time proof is otherwise required.

TIME PAYMENT OF CLAIMS: When the Company receives written proof of loss, any benefits due will be paid.

PAYMENT OF CLAIMS: If the Covered Person dies, any death benefits or other benefits unpaid at the time of death of the Covered Person will be paid to the beneficiary. If no beneficiary is on record with the Company or our authorized agent, payment will be made to the estate of the Covered Person. All other benefits will be paid to the Covered Person. If the Covered Person is (1) a minor; or (2) in our opinion, unable to give a valid release because of incompetence, we may pay any amount due to a parent, guardian, or other person actually supporting him. Any payment made in good faith will end our liability to the extent of the payment.

BENEFICIARY: The Covered Person may designate a beneficiary and he has the right to change the beneficiary at any time by written notice. If the Covered Person is a minor, his parent or guardian may exercise this right for him. The Covered Person will be the beneficiary for any covered dependents. If changed, the new beneficiary designation will be effective when the Company or the Administrator receives it. When received, the effective date is the date the notice was signed. The Company is not liable for any payments made by the Company before the change was received. The Company cannot attest to the validity of a change.

ASSIGNMENT: At the request of the Covered Person or his parent or guardian, medical benefits may be paid to the provider of these services. Any payment made in good faith will end our liability to the extent of the payment.

PHYSICAL EXAMINATIONS AND AUTOPSY: The Company has the right to have a Physician of our choice examine the Covered Person as often as is reasonably necessary. This section applies while a claim is pending or while benefits are being paid. The Company also has the right to request an autopsy in case of death, unless the law forbids it. The Company will pay the cost of any examination or autopsy.

LEGAL ACTIONS: No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was furnished to the Company; (2) after three years following the date proof of loss is required.

BCS Insurance Company

AMENDATORY RIDER

(Applicable only to Covered Persons who are either employed or reside in the District of Columbia)

This rider amends the policy and any applicable certificate to which it is attached, and takes effect and expires concurrently with the policy.

The following provisions are added to the section titled “**MANDATED BENEFITS**” in the Part titled “**DESCRIPTION OF BENEFITS**”:

Substance Abuse Benefit

Expenses Incurred by a Covered Person for the treatment of clinically significant substance abuse disorders identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association as described below, are considered Covered Expenses and will be covered to the same extent as any other Covered Expenses incurred for the Treatment of a Covered Sickness.

Benefits and benefit maximums are as follows:

1. the process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body, while keeping the physiological risk to the patient at a minimum, shall be covered for up to 12 days annually.
2. Inpatient or Outpatient Services or any combination of those certified as necessary by a physician, psychologist, advanced practice registered nurse, or social worker and provided by a hospital, a non-hospital residential facility, an outpatient treatment facility, or a physician, a psychologist, an advanced practice registered nurse or a social worker shall be covered as follows:
 - (a) up to 28 days per year for inpatient or residential care, in a hospital or non-hospital residential facility; and
 - (b) up to 30 outpatient visits per year.
3. treatment regimens which include psychiatric, psychological, and other prescribed interventions shall be a covered benefit.

Mental Illness Benefits

Expenses Incurred by a Covered Person for the treatment of clinically significant mental illness identified in the most recent edition of the International Classification of Diseases or of the Diagnostic and Statistical Manual of the American Psychiatric Association as described below, are considered Covered Expenses and will be covered to the same extent as any other Covered Expenses incurred for the Treatment of a Covered Sickness.

Benefits and benefit maximums are as follows:

1. treatment for inpatient or residential or residential care in a hospital or non-hospital residential facility, for up to 45 days per year;
2. outpatient benefits shall be 75% of covered expenses for the first 40 visits per year, and 60% of covered expenses for any outpatient visits thereafter for that year.

Inpatient and Outpatient Mental Illness Benefits shall be payable up to the Maximum Benefit (per Sickness) for all Covered Expenses as indicated in the Schedule of Benefits.

Colorectal Cancer Screening

Expenses Incurred by a Covered Person for colorectal cancer screenings, performed in accordance with the latest screening guidelines issued by the American Cancer Society, are considered Covered Expenses and will be covered to the same extent as any other Covered Expenses incurred for the Treatment of a Covered Sickness.

Nothing contained in this rider will alter, waive or extend the provisions, conditions or limitations of the policy, except as expressly stated above.

BCS Insurance Company

HFBlocham, III
PRESIDENT

BCS Insurance Company

AMENDATORY RIDER

This rider amends the policy and any applicable certificate to which it is attached, and takes effect and expires concurrently with the policy.

The Part titled **EXCLUSIONS** is hereby amended as follows:

Exclusion 3, related to hearing examinations, is hereby deleted and replaced with the following:

3. 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 that does or can impair normal hearing.

Nothing contained in this rider will alter, waive or extend the provisions, conditions or limitations of the policy, except as expressly stated above.

BCS Insurance Company


PRESIDENT