

**2008-2009**

**STUDENT  
INJURY AND SICKNESS  
INSURANCE PLAN**

Designed Especially  
for the Students of

**Earlham  
College**

Visit us on the Web:  
[www.BollingerColleges.com/earlham](http://www.BollingerColleges.com/earlham)

Policy # CIN204E

## **To Earlham Students and Parents:**

Earlham College is concerned about the health needs of its students. In addition to providing a Health Services Center, arrangements have been made with Monumental Life Insurance Company to offer Injury and Sickness coverage to all Earlham students.

The Policy has been especially designed as a cost effective plan for students who are not adequately covered under a family or individual health insurance plan. The Plan should not be viewed as a comprehensive plan to cover catastrophic medical claims.

### **ELIGIBILITY AND PREMIUM**

All students taking 12 or more credit hours (super seniors taking 6 or more credit hours) are eligible for coverage under the Plan: the annual premium is \$180.00. The College assumes that every fulltime student will want this coverage. The College will automatically add the \$180.00 to the student's first semester bill. If such coverage is not desired, the parent, guardian, or student must request to be excluded from the Plan in writing and must provide evidence of comparable coverage prior to August 31, 2008.

A premium of \$102 may be added to the Spring Semester registration fee (which also includes coverage to August 1, 2009), for those students insuring for the first time at the beginning of the Spring Semester.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (tv) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of premium.

### **EFFECTIVE AND TERMINATION DATE**

The Master Policy on file at the school becomes effective at 12:01 a.m., June 1, 2008 for Master of Arts and Teaching students as well as Early Arriving Freshman, and August 1, 2008 for all other students. The individual student's coverage becomes effective on that date if enrolling in the Fall. For new students entering Spring Semester, coverage is effective 12:01 a.m., January 9, 2009. The Master Policy terminates at 12:01 a.m., August 1, 2009. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Refunds of premiums are allowed only upon entry into the armed forces.

### **EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## **MATERNITY TESTING**

The following maternity-related routine tests and screening exams will be considered, if all other policy provisions have been met: a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, PH Blood Antibody Screen, Urinalysis, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: AFP Blood Screening; Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Prenatal vitamins are not covered.

## **DEFINITIONS**

**INJURY** means bodily harm caused by an accident which requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**SICKNESS** means an illness or disease of the body which requires examination and treatment by a Physician. A loss that results from an illness or disease of the body, which worsens or becomes acute prior to the effective date of this policy is not a Sickness as defined herein and is not covered by this policy. It also includes Pregnancy and Complications of Pregnancy.

**USUAL AND CUSTOMARY CHARGE** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile and the Anesthesia Relative Value Guide.

**ELECTIVE SURGERY** means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supply that is deemed by us to be research or experimental; or is not recognized as generally accepted medical practice in the United States. Elective Surgery and Elective Treatment do not include any procedures deemed a Medical Necessity. Elective Surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under this Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vials, including allergy testing; bio-feedback type services; birth control; breast implants; breast reduction; circumcision corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this Policy, and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under this Policy; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; fertility tests; hair growth or removal; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom (including hernia or any kind), except for the treatment of an underlying cov-

## BASIC MEDICAL EXPENSE BENEFITS

### Up to \$1,000 Maximum Benefit Paid As Specified Below (For Each Injury or Sickness)

The Policy provides benefits for the Usual and Customary, and Reasonable Charges (U&C) incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$1,000 for each Injury or Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT	SICKNESS	INJURY
<b>Room and Board Expense</b> , daily semi-private room rate; and general nursing care provided by the Hospital.	\$75 per day	U&C to a maximum of \$75 per day
<b>Hospital Miscellaneous Expenses</b> , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	\$200 maximum	U&C
<b>Physiotherapy</b>	Paid under Hospital Misc.	U&C
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	\$500 maximum	U&C
<b>Anesthetist</b>	25% of Surgery allowance	30% of Surgery allowance
<b>Registered Nurse's Services</b> , private duty nursing care	One 8-hour shift per day	U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	\$30 first day / \$15 each subsequent day	U&C
<b>Pre-Admission Testing</b>	Paid under Hospital Misc.	U&C
<b>Psychotherapy</b> \$1,000 maximum per policy year	Paid as any other Sickness	Not Applicable
<b>OUTPATIENT</b>		
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix, Inc. using a coefficient of \$40 for Sickness. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	\$500 maximum	U&C
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a hospital including the cost of the operating room, laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	\$200 maximum	U&C
<b>Anesthetist</b>	25% of surgery allowance	30% of surgery allowance
<b>Outpatient Miscellaneous Benefit</b> , includes benefits designed as Paid under Outpatient Miscellaneous	\$200 maximum	No Benefit
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery.	\$30 first day / \$15 each subsequent day / 4 days maximum	U&C
<b>Physiotherapy</b> , benefits are limited to one visit per day	Paid under Physician's Visits	U&C
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies	Paid under Outpatient Misc.	U&C
<b>Diagnostic X-Ray Services &amp; Laboratory Services</b>	Paid under Outpatient Misc.	U&C
<b>Tests and Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's visits, Physiotherapy, x-rays, and lab procedures.	Paid under Outpatient Misc.	U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement.	No benefits	U&C
<b>Prescription Drugs</b>	Paid under Outpatient Misc.	U&C
<b>Psychotherapy</b>	\$50 maximum per visit/20 visits per year	
<b>Psychiatric Evaluation</b>	\$300	
<b>OTHER</b>		
<b>Ambulance Services</b>	\$25 maximum	U&C
<b>Braces and Appliances</b> , a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	No benefits	U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending Physician.	\$20 maximum / Inpatient Only	U&C
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth	Not Applicable	U&C/ \$100 per tooth / \$300 maximum
<b>Dermatology</b>	\$25 maximum (Outpatient Only)	No Benefit
<b>Maternity/Complication of Pregnancy</b>	Paid as any other Sickness	No Benefit

#### TRAVEL ASSISTANCE PROGRAM (Provided by On Call International)

Each Insured Student and his/her enrolled Dependents are eligible for travel assistance services when traveling 100 miles or more away from their home and campus address. Travel Services are only available for medical claims that are covered under the Student Accident and Sickness Insurance Plan. Services provided include:

- Medical Consultation and Evaluation
- Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Medication Dispatching
- Emergency Message Transmission
- Family/Friend Transportation

Within North America Call 1-800-407-7307

Outside North America Call 1-603-898-9159

**Note: The Travel Assistance program is not insurance. It is not connected with or provided by Monumental Life Insurance Company. On Call International Benefits are available 24 hours a day, 7 days a week, 365 days a year.**

ered Sickness; premarital examinations; preventive medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; [sleep disorders, including testing; [smoking cessation; temporomandibular joint dysfunction (TMJ); tubal ligation; vasectomy; and weight loss or reduction.

**MEDICALLY NECESSARY** means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the Covered Person's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the Insured.

### **PRE-EXISTING CONDITION LIMITATION**

No benefits will be payable for the Insured's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Insured noticed symptoms or was medically diagnosed, treated (including medication), or advised by a Physician within the six months immediately prior to his/her Effective Date of Coverage under this Policy.

Covered Medical Expenses resulting from a Pre-existing Condition will not be covered unless:

- (1) Six consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
- (2) The Insured has been insured under this Policy and the University's prior policies for 6 months; or
- (3) The Insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

### **MAJOR MEDICAL**

\$3,500 Maximum Benefit

(For Each Injury or Sickness)

The Major Medical Benefit begins payment after the Basic Maximum Benefit of \$1,000 has been paid by the Company. The Company will pay 80% of additional Covered Medical Expenses incurred up to the Major Medical Maximum of \$3,500. The total benefit payable under Major Medical is \$3,500 in addition to the Basic Benefits already paid.

No benefits will be paid under Major Medical for:

1. Room and Board Expenses which exceed the semiprivate room rate;
2. Expense incurred which is paid or payable by: a) other valid and collectible insurance; or b) under an automobile insurance policy. This exclusion will not be applied to the first \$100 of medical expenses incurred. Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with Policy provisions or requirements;
3. Psychotherapy.

### **STATE MANDATED BENEFITS**

The Policy will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Indiana insurance laws: Mastectomy Breast Reconstruction and Protheses; Pervasive Developmental Disorders; Diabetes Supplies, Equipment and Self-Management Training; Inherited Metabolic Disease; Maternity Length for Postpartum; Newborn Testing; and Newborn Examinations.

## **INTERCOLLEGIATE SPORTS**

Insured student athletes who are members of and are participating in intercollegiate football, baseball, basketball, volleyball, soccer, tennis, field hockey, track and field, and cross country sponsored by the Policyholder are covered for sports injuries under a separate Policy, number CIN304E. If the student is covered under the Student Injury and Sickness Plan (CIN204E), the Intercollegiate Sports Deductible of \$250 will be waived. For further information regarding the Sports Plan, please see the Brochure designed especially for Intercollegiate Athletes.

## **EXCLUSIONS and LIMITATIONS**

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Services that are provided normally without charge by the Student Health Service or Infirmary or Hospital; or by any person employed by the University;
2. Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations including routine care of a newborn infant, well baby nursery and related Physician charges, other than Hospital nursery expense of a newborn baby, and any associated laboratory work, not including mammograms and routine Papanicolaou cytology test;
3. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
4. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
5. Injury sustained or Sickness contracted while in the service of the armed forces of any country. When an Insured enters the armed forces, we will refund any unearned pro-rata premium with respect to such person;
6. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
7. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury (except in Colorado and Missouri, while sane);
8. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate contest or competition sponsored by the University, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
9. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for University credit;
10. Injury resulting from racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
11. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
12. Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
13. Elective Surgery or Elective Treatment;
14. Elective abortion;
15. Congenital conditions, except for Newborn Children insured under this Policy;

16. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance;
17. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
18. Organ transplants;
19. Expenses incurred within the Covered Person's home country or country of regular domicile other than the United States.

In the event of Non-emergency Injury or Sickness, the student should report to the Student Health Service.

### CLAIM PROCEDURE

1. A company claim form is not required in the event of Injury or Sickness for filing a claim. Mail to the Claims Administrator all medical and hospital bills along with the patient's name and Insured student's name, address, Social Security number and name of the College under which the student is insured.
2. File claim within 30 days of Injury or first treatment for a Sickness. Bills must be received by the Company within 90 days of service to be considered for payment.
3. You may check the status of your claim at:

[www.BollingerColleges.com/earlham](http://www.BollingerColleges.com/earlham)



**101 JFK PARKWAY  
SHORT HILLS, NJ 07078  
(866) 267-0092 (Claims/Coverage)  
(800) 526-1379 (Other Questions)**

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the College contains all of the provisions, limitations, exclusions, and qualifications of your insurance benefits. Some of which may not be included in this Brochure. If any discrepancy exists between the Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

This Brochure is based on Policy: CIN204E  
Policy Form: SH5000GPM.IN

3711818

**CUT OUT THE CARD BELOW AND KEEP IN YOUR WALLET.**

### Earlham College

#### Student Medical Benefit Plan - I.D. Card

This is to certify that as of August 1, 2008, insurance coverage is provided in accordance with the terms and provisions of Policy No. CIN204E issued to the above named college for the student named below.

Name

Social Security No.

Street Address

Town

State

Zip Code

This coverage expires August 1, 2009.

UNDERWRITTEN BY:

ADMINISTERED BY:

**Monumental Life  
Insurance Company**  
Cedar Rapids, Iowa



101 JFK Parkway  
Short Hills, NJ 07078  
1-866-267-0092

PREFERRED PROVIDER NETWORK:

