2008 - 2009
STUDENT INJURY AND SICKNESS INSURANCE PLAN

Visit us on the web at:

www.BollingerColleges.com/Tulsa

Underwritten By:
Monumental Life
Insurance Company
Cedar Rapids, Iowa
(the "Company")

Please read this brochure
to understand your coverage.

Policy Number: COK201E

IMPORTANT NOTICE

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage is set forth in the Master Policy number COK201E issued to The University of Tulsa. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.

Policy Form: SH5000GPM.OK 4793092

ELIGIBILITY

All registered International Students taking credit hours and research scholars taking no credits are required to purchase this insurance plan, unless proof of comparable coverage is furnished. All undergraduate students taking 9 or more credit hours (3 or more credit hours in summer), all graduate students taking 6 or more credit hours (3 or more credit hours in the summer), and thesis or dissertation students taking 2 or more credit hours are eligible to enroll in this insurance plan.

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 coverage 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. Eligible students who do enroll may also enroll their dependents.

Eligible dependents are the spouse and unmarried children Including adopted children from the date of placement with the student, who are under 19 years of age who are not self-supporting. Dependent eligibility expires concurrently with that of the student.

The plan protects all students twenty-four hours a day, at school, at home or while traveling including all vacation periods. Identification Cards for students are attached to the enrollment card.

EFFECTIVE AND TERMINATION DATES

The Policy becomes effective at 12:01 A.M. Standard Time, August 11, 2008. Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Policy terminates At 12:01 A.M. standard time, August 11, 2009. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student. Refunds of premium are allowed only upon entry into the Armed Forces and the Company receives proof of active duty.

If paying premiums semi-annually, Fall coverage expires February 11, 2009. You must meet the eligibility requirements listed above each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 30 days after the premium termination date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. After the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

PREMIUM RATES
Annual 08/11/08 - 08/11/09

Student . . . . $ 940.00
Spouse $3,129.00
Children $2,086.00
Spouse & Children. $5,216.00

See Enrollment Form for payment options.

STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED

The student must use the services of the Alexander Health Center first where treatment will be administered or referral issued. A referral is not required under the following conditions:

1) Medical Emergency: The student must return to the SHC for necessary follow-up care;
2) When the Student Health Center is closed;
3) When service is rendered at another facility during break or vacation periods;
4) Medical care received when the student is more than 25 miles away from campus;
5) Medical care obtained when a student is no longer able to use the SHC due to change in student status;
6) Maternity care; or
7) Psychiatric care.

Dependents are not required to use the SHC, and therefore, are exempt from the above limitations and requirements.

ACCIDENTAL DEATH BENEFIT

If a Covered Person's injury results in loss of life within 180 days after The covered accident, the Principal Sum of $3,000 will be payable.

MANDATED BENEFITS

The Plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Oklahoma insurance laws: Diabetes, Mammography Benefits, Child Health Supervision Services Benefits, Hearing Aid Coverage for Children, Dental Anesthesia, Mastectomy, Osteoporosis, Bone Density, Severe Mental Illness, Wigs and Scalp Prostheses, Colorectal Cancer, Prostate Cancer Screening, Immunizations, Newborn Child Coverage, Routine Nursery Care, Well Baby Care, and Maternity Length of Stay.

OUTPATIENT PRESCRIPTION DRUG BENEFIT

Prescription Drug claims are paid via the Bollinger, Inc. prescription drug plan in conjunction with Caremark, a nationwide network of participating pharmacies. Co-payments per prescription are as follows: $10 for generic drugs: $20 for preferred name brand drugs: $40 for non-preferred drugs: There is a $1,000 Prescription Drug benefit maximum per Policy year.

Caremark participating pharmacies must be used. A listing of participating Caremark pharmacies can be found on line at www.Caremark.com. Present your Caremark ID card to the pharmacy. Eligibility status is available on-line at the pharmacy. However, eligibility status may not be available on-line for approximately 2 months after the coverage begins for the semester. Until the information is available on line, you will

need to pay for the prescription at the pharmacy and be reimbursed by submitting a completed claim form. Claim forms are available from Student Health Services or on line at www.BollingerColleges.com/Tulsa. Not all medications are payable. The following drugs will be considered for coverage subject to exclusions: Federal Ledger Drugs, State Restricted Drugs, and Compound Medications. The amount of the drug dispensed per prescription or refill will be in quantities prescribed up to a 30 day supply. The following drugs are excluded from coverage under this benefit: Retin-A, oral contraceptives, diaphragms, contraceptive jellies, fertility medications, non-federal legend drugs, smoking deterrents, immunization agents, biological sera, blood or blood plasma, therapeutic devices or appliances, drugs for hair growth (Rogaine), insulin needles and syringes, OTC diabetic supplies and medications, allergy serums, drugs labeled "Caution-Limited by Federal Law to Investigational Use," experimental drugs, drugs for which no charge is made or drugs received as a patient in a licensed hospital or similar institution.

EXTENSION OF BENEFITS

The coverage provided under the Policy ceases on the termination date. However, if a Covered Person 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 until the completion of his hospital confinement, but not to exceed 30 days from the expiration date of coverage, or the maximum policy benefit, whichever occurs first.

If the Insured is also an Insured under the succeeding policy issued to the Policyholder, this "Extension of Benefits" provision will not apply. After the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made. The total payments made in respect of the Covered Person for each condition both before and after the termination date will never exceed the maximum benefit.

MENTAL OR NERVOUS BENEFITS

While hospital confined, for a mental or nervous condition benefits will be paid as any other sickness not to exceed $5,000 maximum per Policy year. No benefits will be paid for mental or nervous conditions on an outpatient basis. The benefit is subject to the deductible.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is "creditable coverage" under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact Bollinger, Inc. at (800) 526-1379.

MEDICAL EXPENSE BENEFITS

Up to $100,000 per Condition Aggregate Maximum (For Each Covered Injury or Sickness)
Deductible $250 per Insured (Per Policy Year)
(The deductible will be waived for treatment rendered at the Alexander Health Center)

After a $250 Deductible per Policy Year has been satisfied, benefits will be paid for 90% of covered medical expenses incurred up to $10,000. After the Company has paid $10,000, benefits will be paid for 100% up to the per condition aggregate maximum of $100,000 per Covered Injury or Sickness. Charges in excess of the insurance payment are the Covered Person's responsibility.

INPATIENT

Benefit	Payment
Room and Board Expense, daily semi-private room rate; and general nursing care provided by the hospital.	90% of Usual and Customary Charge
Nursery Newborn Expense	90% of Usual and Customary Charge
Miscellaneous Hospital Expenses, 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.	90% of Usual and Customary Charge
Physical Therapy Expense	90% of Usual and Customary Charge
Surgical Expense, in accordance with data provided by Ingenix when injury or Sickness requires multiple Surgical Procedures through the same incision, the Company will pay an amount less than that for the most expensive procedure being performed.	90% of Usual and Customary Charge
Licensed Nurse Expense, private duty nursing care.	90% of Usual and Customary Charge
Hospital Doctor Visits Expense, benefits are limited to one visit per day.	90% of Usual and Customary Charge
Pre-Admission Testing Expense	90% of Usual and Customary Charge
Anesthetist Expense	90% of Usual and Customary Charge

OUTPATIENT

Benefit	Payment
Surgical Expense, in accordance with data provided by Ingenix when injury or Sickness requires multiple Surgical Procedures through the same incision, the Company wil pay an amount less than that for the most expensive procedure being performed	90% of Usual and Customary Charge
Day Surgery Miscellaneous Expense, related to major scheduled surgery performed in a hospital, including the cost of the operating room, laboratory tests and X-ray examination, including professional fees; anesthesia, drugs or medicines, and supplies. Usual and Customary Expense for the Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of Usual and Customary Charge
Anesthetist Expense	90% of Usual and Customary Charge
Doctor Visits Expense, benefits are limited to one visit per day and do not apply when related to surgery	90% of Usual and Customary Charge
Physical Therapy Expense, up to one visit per day; (10 Days maximum per Policy year)	90% of Usual and Customary Charge
Medical Emergency Expense, use of the Emergency Room and Supplies; ($50 Emergency Room co-pay per visit)	90% of Usual and Customary Charge
Diagnostic X-ray and Laboratory Test Expense.	90% of Usual and Customary Charge
Radiation therapy and Chemotherapy Expense	90% of Usual and Customary Charge
Tests & Procedures, diagnostic services and medical procedures performed by a Doctor, other than Doctor's visits, physical therapy, X-rays, and lab procedures.	90% of Usual and Customary Charge
Injections, when administered in the Doctor's office and charged on the Doctor's statement.	90% of Usual and Customary Charge
Prescription Drugs Expense ($10 co-pay for generic, $20 co-pay for preferred brand, and $40 co-pay for non-preferred brand)	$1,000 maximum per Policy Year

OTHER

Benefit	Payment
Ambulance Services Expense ($1000 maximum per condition)	90% of Usual and Customary Charge
Braces and Appliances Expense, a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	90% of Usual and Customary Charge
Consultant Doctor Expense, when requested and approved by the attending Doctor	90% of Usual and Customary Charge
Dental Treatment Expense, made necessary by Injury to sound, natural teeth	90% of Usual and Customary Charge

REPATRIATION

Upon receipt of due proof of a Covered Person's death, we will pay the allowable charges for the preparation of the deceased's body for burial or cremation in the Country of Assignment, Home Country or Insured's place of residence including the cost of embalming and coffin; and transportation of the deceased's body to his or her Home Country or Country of Assignment. The benefit payable is not to exceed the Maximum Benefit shown on the Schedule, and is subject to the following condition:

(1) Approval of the Claims Administrator of this Policy;
(2) death must occur at least 100 miles away from the Covered Person's city of residence;
(3) provided that the Covered Person's death occurred outside the territorial limits of his or her Home Country or Country of Assignment ; and
(4) expenses incurred under this coverage have been approved by the Claims Office before the body is prepared for transportation.

MEDICAL EVACUATION

Upon receipt of due proof that a Covered Person incurred expenses for Physician ordered emergency medical evacuation, including medically appropriate transportation and Medically Necessary Care en route to the Covered Person's home country, when the Covered Person is critically ill or Injured and has been Hospital Confined for at least 5 days, and appropriate local care is not available, we will pay the allowable charges incurred not to exceed $10,000, subject to the prior approval of the Plan Administrator for the Policy and the attending Physician.

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 was medically diagnosed, treated (including medication), or advised by a Physician within the twelve months immediately prior to his effective date of coverage under the Policy.

Covered medical expenses resulting from a Pre-existing Condition will not be covered unless:

(1) twelve 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 the Policy and the University's prior policies for the immediately prior year; 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.

NON-DUPLICATION OF BENEFITS

The Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Covered Person is covered by other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid by the Policy. The Policy is the second

payor to any other insurance having primary status or no coordination or non-duplication of benefits provision.
If the Covered Person is insured under group or blanket insurance which is also excess to other coverage, the Policy pays a maximum of 50% of the benefits otherwise payable.

Benefits paid by the Policy will not exceed: (1) any applicable Policy maximums; and (2) 100% of the compensable expenses incurred when combined with benefits paid by any other valid and collectible insurance.

DEFINITIONS

ELECTIVE SURGERY and ELECTIVE TREATMENT 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 does 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 the Policy.
Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; bio-feedback type services; birth control; breast implants; breast reduction; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the 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; obesity, except for the treatment of an underlying covered 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.

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under the Policy. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single covered Injury. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, permanent place-

ment of the Covered Person's health in jeopardy, serious impairment of bodily functions or serious and permanent dysfunction of any body organ or part. Expenses incurred for a medical emergency will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor sicknesses.

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.

SICKNESS means an illness, disease, or trauma related disorder due to Injury which first manifests, or causes a loss while the Policy is in force and which results in covered medical expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. 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.

EXCLUSIONS

Benefits will not be paid under the Policy for any expenses which result from:

1. Services that are provided normally without charge by the University's health center, infirmary or Hospital; or by any person employed by the University;
2. Expenses for preventative medicines, vaccines except anti-toxins administered within twenty-four (24) hours after an accident, or prescription drugs, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition;
3. Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, and any associated laboratory work not including mammograms and routine Papanicolaou Cytology test;
4. 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;
5. 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;
6. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance;

7. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident;
8. 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;
9. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
10. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
11. Expense incurred for treatment of temporomandibular joint dysfunction (TMJ), and associated myofacial pain;
12. Experimental/Investigative procedures; services of no scientifically proven medical value; and services not in accordance with generally accepted standards of medical practice;
13. Declared or undeclared war, riot;
14. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
15. Homemaking, Companion or chronic (custodial) care services. Charges of a home health aide who is a member of your household. Charges of any care provided by relatives (by blood, marriage or adoption);
16. Elective Surgery and Elective Treatment;
17. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
18. Well-baby care other than Hospital nursery and related Physician's charges for a newborn, except as specifically provided;
19. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
20. 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;
21. Treatment for mental or emotional disorders, except as specifically provided;
22. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane (in Colorado and Missouri, while sane);
23. Elective abortion;
24. Services and supplies not Medically Necessary for the diagnosis recommended by the attending Physician;
25. Treatments, procedures, facilities, equipment, drugs, devices, supplies or services that are experimental or investigative; and
26. Orthopedic appliances and devices, including orthopedic shoes, for treatment of the foot or conditions relating to the foot, except for repair or replacement that is required by a changed condition due to a covered Sickness or Injury.

CLAIM PROCEDURE

In the event of an Injury or Sickness, the student should:

1) In a non-emergency situation, report at once to the Alexander Health Center for treatment or Referral, or when not in school, to the nearest Doctor or hospital;
2) Secure a Bollinger, Inc. claim form from one of the offices below. Fill in the necessary information, attach all medical and hospital bills and mail to the address below.
3) **File claims 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.**

Claim forms are available in the offices of:

Alexander Health Center and
Wilcox, Jones, & McGrath, Inc.
and online at:
http://www.BollingerColleges.com/Tulsa

24-HOUR NURSE ADVICE LINE and TRAVEL ASSISTANCE PROGRAM
(Administered by On Call International)

On Call shall provide Students enrolled in this Plan with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Student's ailments.

Each Insured Student and his/her enrolled Dependents are also 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 College's Student Accident and Sickness Insurance Plan. Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance.

U.S. & Canada Toll Free: 866-525-1955
International Collect: 603-328-1955

Note: The 24-Hour Nurse Advice Line and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

This Plan is Administered By:

Bollinger
Insurance Solutions

101 JFK Parkway
Short Hills, NJ, 07078

All questions should be directed to Bollinger at
1-866-267-0092
Or to our website at www.BollingerColleges.com/Tulsa

Locally Serviced By:
Wilcox, Jones, & McGrath, Inc.
5591 South Lewis • Tulsa, OK 74105-7132
(918) -747-4100

Preferred Provider Organization:

First Health, a national network of hospitals and physicians is available for your use. Use of the PPO is not mandatory, however, use of the First Health network will help minimize your out-of-pocket costs. To find a network provider in your area, log on to the First Health provider link from the student health insurance website at:

www.BollingerColleges.com/Tulsa