

Student Accident and Sickness Plan for



2008-2009

THIS PLAN UNDERWRITTEN BY:

**MONUMENTAL LIFE
INSURANCE COMPANY**

Home Office: Cedar Rapids, Iowa

ELIGIBILITY AND COST

All full time registered students taking 12 or more credit hours and attending on campus classes are automatically enrolled in the insurance plan at registration. The premium for coverage is included in their comprehensive fees, unless proof of coverage (copy of both sides of valid Health Insurance Card) is furnished to the Treasurer's Office by Thursday, September 22, 2008.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If the Company discovers the eligibility requirements have not been met, its only obligation is to refund the premium.

Eligible students who enroll may also insure their Dependents. Applications for Dependent coverage are available at the Student Wellness Center. Eligible Dependents are the spouse and unmarried children under 19 years of age, who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured Students.

	Full Year 8/15/08-8/15/09	Spring Semester 1/18/09-8/15/09
Student	\$165	\$110

EFFECTIVE AND TERMINATION DATES

Coverage is in effect 24 hours a day. For students enrolled during the Fall Semester, coverage will be in effect from either August 15, 2008 or the date of premium payment, whichever is later, until August 15, 2009. For students enrolled only during the Spring Semester, coverage will be in effect from either January 18, 2009, or the date of premium payment whichever is later, until August 15, 2009. Coverage under the plan expires at 12:01 A.M. August 15, 2009.

EXTENSION OF MAXIMUM BENEFIT

After paying \$3,000 in basic benefits under either the accident or sickness provision of the Plan for any one accident or sickness, this Plan will pay 80% of the expenses incurred in excess of \$3,000, up to, but not exceeding \$22,000 for Covered Medical Expenses for any one accident or sickness. Expenses must be incurred within the Policy Term.

MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with New Jersey insurance laws: Alcoholism Treatment Benefit, Audiology and Speech language Pathology Benefit,

MEDICAL EXPENSE BENEFIT SCHEDULE

Benefits are provided up to \$3,000 for Covered Medical Expense incurred, inpatient or outpatient, as the result of a covered accidental injury or sickness subject to a **\$250 deductible per Insured per Policy Year**. Benefits for a covered injury or sickness are limited to treatment received during the term of the Policy. The Company will pay for the reasonable and necessary services in accordance with the Usual and Customary Charge (U&C) normally made for such services as follows:

Inpatient

	<u>For Accidents</u>	<u>For Sickness</u>
Room/Board/ICU	80% U&C Semi-Private	80% U&C Semi-Private
Hospital Misc	80% of U&C, Up to \$1,000 Max	80% of U&C, Up to \$1,000 Max
Surgery	80% of U&C, Up to 1,200 Max	80% of U&C, Up to \$1,200 Max
Anesthetist	30% of Surgery Allowance	30% of Surgery Allowance
Private Duty RN	Included in Hospital Miscellaneous	Included in Hospital Miscellaneous
Physician's Visits	80% of U&C	80% of U&C
Physiotherapy	Included in Hospital Miscellaneous	Included in Hospital Miscellaneous

Outpatient

Surgery	80% of U&C, Up to \$1,200 Max	80% of U&C, Up to \$1,200 Max
Day Surgery Misc.	80% of U&C, Up to \$1,000 Max	80% of U&C, Up to \$1,000 Max
Anesthetist	30% of Surgery Allowance	30% of Surgery Allowance
Outpatient Misc.	80% of U&C, Up to \$1,000 Max	80% of U&C, Up to \$1,000 Max
Physician's Visits	80% of U&C, after \$20 Co-pay	80% of U&C, after a \$20 Co-pay
Physiotherapy	80% of U&C, one visit per day	80% of U&C, one visit per day
Emergency room	80% of U&C, after a \$50 Co-pay	80% of U&C, after a \$50 Co-pay
X-rays/Lab Tests	Included in "Outpatient Misc."	Included in "Outpatient Misc."
Tests & Procedures	Included in "Outpatient Misc."	Included in "Outpatient Misc."
Radiation Therapy	No Benefit	No Benefit
Injections	No Benefit	No Benefit
Chemotherapy	No Benefit	No Benefit
Psychotherapy (other than Biologically Based)	No Benefit	Included in "Physician's Visits"
Misc. Supplies	Included in "Outpatient Misc."	Included in "Outpatient Misc."

Other

Prescription Drugs	\$20 Co-pay, up to \$300 max per Policy Year	\$20 Co-pay, up to \$300 max per Policy Year
Ground Ambulance	80% of U&C	80% of U&C
Braces & Appliances	No Benefit	No Benefit
Consultant	80% of U&C	80% of U&C
Home Health Care	80% of U&C Basic Policy	80% of U&C Basic Policy
Extended Care	80% of U&C Basic Policy	80% of U&C Basic Policy
Dental	80% of U&C, Up to \$500 Max	No Benefit

NOTE: Psychotherapy benefits include coverage for services rendered by Psychiatrists, Psychologists, Licensed Clinical Social Workers, or any other Counselor working within the scope of their license.

Biological-based Mental illness Benefit, Blood Products and Blood Infusion Equipment Benefit, Certain Dental Services Benefit, Colorectal Cancer Screening Benefit, Diabetes Treatment Benefit, Home Health Care Benefit, Infertility Diagnosis and Treatment Benefit, Inherited Metabolic Diseases Benefit, Inpatient Coverage for Mastectomies and Reconstructive Breast Surgery Benefits, Mammography Benefit, Maternity Length of Stay Benefit, Pap Smear Benefit, Prostate Cancer Screening, Prosthetics and Orthotics Benefit, Treatment of Wilm's Tumor Benefit, Wellness Health Examinations Benefit, Off-Label Drug Use Benefit, Prescription Female Contraceptive, Dose-Intensive Chemotherapy, Childhood Immunization, Lead Poisoning Screening, Non-Standard Infant Formulas and Newborn Hearing Loss

WELLNESS BENEFIT

Benefits will be provided for expenses incurred in a health promotion program through health wellness examinations and counseling. Benefits shall include, but not be limited to, the following tests and services: (1) for all Insureds 20 years of age or older, annual tests to determine blood hemoglobin, blood pressure, blood glucose level, and blood cholesterol level or, alternatively, low-density lipoprotein (LDL) level and blood high-density lipoprotein (HDL) level; (2) for all Insureds 35 years of age or older, a glaucoma eye test every 5 years; (3) for all Insureds 40 years of age or older, an annual stool examination for presence of blood; (4) for all Insureds 45 years of age or older, a left-sided colon examination of 35 to 60 centimeters every 5 years (this examination is subject to a limit of \$164.00); (5) for all female Insureds 20 years of age or older, a pap smear; (6) for all female Insureds 40 years of age or older, a mammogram examination; (7) for all adult Insureds, recommended immunizations; and (8) for all Insureds 20 years of age or older, an annual consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being including, but not limited to, smoking control, nutrition and diet recommendations, exercise plans, lower back protection, weight control, immunization practices, breast self-examination, testicular self-examination, and seat belt usage in motor vehicles. Benefits payable under this section shall not exceed the following maximums for any one year: (1) \$208.00 for Insureds between the ages of 20 and 39, inclusive; (2) \$241.00 for all male Insureds ages 40 and over; (3) \$391.00 for all female Insureds ages 40 and over; and (4) \$248.00 for a left-sided colon examination.

Vaccines: The expense actually incurred for the administration of vaccines includes, but is not limited to, MMR, Hepatitis, Meningitis, PPD or Tetanus/Diphtheria Toxoid. The benefit is subject to the annual maximums shown above under Wellness Health Examinations.

EXCLUSIONS

Benefits will not be paid under this plan for expenses which result from:

1. Surgical, medical or other services received in a facility primarily designed to care for students, faculty or employees of a college or other institution of learning, with the exception of some services performed at College Health Center;
2. Routine screenings or tests which are not Medically Necessary for the diagnosis or treatment of your condition or which are not specifically ordered by the admitting Physician, except as mandated by law and specifically provided under this Policy;
3. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law;
4. Elective abortion;
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a 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 school credit);
6. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
7. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
8. Elective Surgery or Elective Treatment;
9. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, contest or competition sponsored by the school, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
10. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
11. Injury sustained or Sickness contracted as a result of the misuse of drugs, medicines, or narcotics or hallucinogen, unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician;
12. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
13. 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;

14. Treatment for mental or emotional disorders, except for Biologically Based Mental Illness covered under this Policy;
15. Expenses resulting from a motor vehicle accident if the Covered Person is operating and is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy);
16. Expenses incurred after the termination date except as provided under the Extension of Benefits;
17. Psychiatric treatment after it has been determined according to medically accepted standards, the condition will not respond to treatment.

**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.

CLAIM PROCEDURES

In the event of injury or illness students should contact the Student Wellness Center at once to obtain a claim form. All claim payments are made from the Short Hills office of BOLLINGER INC. **Proofs of loss must be submitted within 90 days following the date of accident or start of sickness.**

THIS PLAN IS ADMINISTERED BY:



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

PREFERRED PROVIDER NETWORK PROVIDED BY:



For a more complete description of
Benefits visit us on the web at
www.BollingerColleges.com/felician

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF INSURANCE. The Master Policy on file at the College contains all of the policy 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 Master Policy, the Master Policy will govern and control the payment of benefits.