

**STUDENT INJURY & SICKNESS  
INSURANCE PLAN**

*Designed Especially for the Students of*

**MILLSAPS  
COLLEGE**

**MILLSAPS COLLEGE  
JACKSON, MISSISSIPPI**

**2008-2009**

**NON-RENEWABLE ONE YEAR  
TERM INSURANCE**

**Read Your Brochure Carefully**

**Plan Underwritten By:  
MONUMENTAL LIFE  
INSURANCE COMPANY  
Cedar Rapids, Iowa  
(the "Company")**

**Policy #: CMS309E**

**Visit us on the web:  
[www.BollingerColleges.com/Millsaps](http://www.BollingerColleges.com/Millsaps)**

## **STUDENTS MEDICAL EXPENSE INSURANCE PROGRAM**

The following is a brief description of the Injury Medical Expense, Sickness Medical Expense and Major Medical Expense benefits for students at Millsaps College *Eligible persons must enroll in the insurance plan at or prior to the time they enroll in school. Eligible persons desiring to purchase the insurance at other times may only do so as the result of a change in their insurance coverage status such as being dropped from parent's coverage when turning 21, loss of coverage at work etc. Written proof must be provided prior to insurance coverage acceptance.* Students must actively attend classes for 45-days following the date of enrollment in this insurance program, except during school authorized breaks. Home study, auditing scholars and other non-traditional students do not qualify as a student for the purposes of purchasing this coverage. The Company maintains the right to investigate student status and attendance records to verify if eligibility requirements have been met. If eligibility requirements have not been met, the Company's only obligation is a pro-rated refund of premium.

### **COVERAGE**

All full-time students taking 12 or more credit hours will be insured for the period for which premium has been paid., including interim vacations. Coverage begins August 20, 2008 and continues until August 20, 2009. For new students entering the second semester the effective date will be January 16, 2009.

*Coverage is not automatically renewed. No billing notices are sent. Eligible persons must re-enroll prior to coverage terminating to maintain continuous coverage. A gap in coverage may reduce or void benefits.*

### **DEFINITIONS**

**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.

**SICKNESS** means an illness, or disease 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.

**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 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 the 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 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 the 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 of any kind), 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; sleep disorders, including testing; smoking cessation; tubal ligation; vasectomy; and weight loss or reduction.

### **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 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 two continuous years; or 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.

## **BASIC MEDICAL EXPENSE**

After a \$25 deductible, payment will be made up to a maximum of \$1,000.00 for medical expense resulting from each Injury or Sickness occurring during the term insured. Benefits are payable at 100% in-network and 80% out-of-network. Expenses include physician's and surgeon's fees, hospital confinement, x-rays, laboratory tests, nurse expense, medicines, and other reasonable and necessary expenses incurred within 52 weeks from the date of the Injury or Sickness. Dental expenses are paid up to a maximum of \$250 per tooth for Covered Medical Expenses resulting from Injury to sound, natural teeth.

## **MAJOR MEDICAL EXPENSE**

After a \$100.00 deductible has been paid, payment will be made for medical expenses incurred in excess of \$1,000.00 for an Injury or Sickness, up to a combined maximum of \$10,000 payable under this benefit for each Injury or Sickness. Benefits are payable at 70% in-network and 50% out-of-network. Covered expenses include physician's and surgeon's fees, x-rays, laboratory tests, nurse expense, prescription medicines, plaster casts, surgical dressings, use of ambulance and other reasonable and necessary medical expense incurred within 52 weeks from the date of the Injury or commencement of the Sickness. Under Major Medical, you cannot collect benefits for expenses above \$1,000.00 which is paid or payable by other group insurance.

## **OPTIONAL CATASTROPHIC**

Optional catastrophic may be purchased by completing the enclosed enrollment form and paying an additional premium. Optional coverage (dependent and/or catastrophic) must be purchased at the same time as the Basic & Major Medical coverage. After charges are paid under the Basic and Major Medical benefits, the plan will then pay 100% of all remaining charges up to a \$50,000 per Injury or Sickness (including Basic and Major Medical benefits). If this benefit is purchased coverage for Medical Evacuation and Repatriation are included.

## **PSYCHOTHERAPY**

The Usual and Customary expense will be paid for the treatment of mental disorders, nervous disorders including seizures, alcoholism, and drug addiction while hospital confined to a maximum of \$2,000. Usual and Customary expense will be paid on an outpatient basis at 50% up to \$30 per visit, to a maximum of \$750 per policy year. Psychiatric drugs are not covered.

## **MANDATED BENEFITS**

The Plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Mississippi insurance laws: Alcoholism; Child Immunization (first 24 months of life); Newborn Benefits, Congenital Defects; and Off-Label Drugs.

## **MEDICAL EVACUATION**

Upon receipt of due proof that a Covered Person incurred expenses for Physician ordered Emergency Medical Evacuation, including med-

ically appropriate transportation and Medically Necessary Care, en route to the nearest suitable Hospital or to the Covered Person's home country, when the Covered Person is critically ill or Injured, 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. Payment of a benefit under the terms of this benefit is in lieu of all benefits otherwise payable under the Policy and any Riders. Insurance for the Covered Person ends upon the evacuation.

### **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 home country including the cost of embalming and coffin; and transportation of the deceased's body to his or her home country. The benefit payable is not to exceed \$10,000, and is subject to the following condition: expenses incurred under this coverage have been approved by the Plan Administrator before the body is prepared for transportation.

### **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.

### **EXCLUSIONS & LIMITATIONS**

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

1. International Students Only – expenses incurred within the Covered Person's home country or country of regular domicile other than the United States;
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. Expenses incurred as the result of dental treatment,

- except as specifically provided for treatment resulting from Injury to natural teeth;
4. 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);
  5. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician;
  6. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
  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. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of the Policy;
  8. Expenses incurred for experimental infertility procedures and fertility tests unless caused by Sickness or Injury;
  9. Expenses incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures, exams, and devices;
  10. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
  11. 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.
  12. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
  13. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate or club sport, contest or competition sponsored by the University, any professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
  14. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
  15. Treatment provided in a government hospital except that portion or percent of the benefits that have been assigned as payment in whole or in part for services rendered by such institution;
  16. Expenses resulting from a motor vehicle accident if the Covered Person 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);
  17. Services rendered or supplied furnished after the coverage expiration date;
  18. Expenses for allergy testing, allergy injections, vials, and allergy serum;

19. Committing or attempting to commit an assault or felony; or fighting, except in self- defense;
20. Elective abortion;
21. Elective Surgery or Elective Treatment;
22. Treatment for acne; warts; obesity and any condition resulting therefrom (including hernia of any kind);inguinal hernia; sleep disorders;
23. 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;
24. Expenses incurred for the treatment of and supplies for weight reduction, hair growth or removal, birth control, or smoking cessation.

### **ALTERNATIVE COVERAGE**

If you do not meet the eligibility requirements of this plan, please call 1-800-222-5780 for information on alternative insurance plans.

### **CLAIM PROCEDURE**

In the event of Injury or Sickness in a non-emergency situation, the Insured should:

- a. If in the Jackson area, report at once to the Student Health Center. The coverage under this Policy is designed to supplement, not to repalce the services of the College's Student Health Center. The Insured must use the resources of the College's Student Health Center Services when first seeking medical treatment. Treatment will be either administered at the Student Health Center or a referral to another facility will be given. The written referral issued by the Student Health Center must accompany the written notice of the claim when it is submitted.  
  
Student Health Center referral will not be required under the following conditions: (1) a Medical Emergency (the student must return to the Student Health Center for any needed follow-up care); (2) when the Student Health Center is closed; (3) when Necessary Medical care is obtained and the Insured is no longer able to use the Student Health Center due to a change in student status.
- b. If away from school, secure treatment from a Hospital or Physician. The Student Health Services will provide necessary instructions for filing claims. **THIS ALSO APPLIES TO DEPENDENTS NOT ELIGIBLE TO USE THE STUDENT HEALTH SERVICES.**
- c. Prompt notification of claims for Injury or Sickness should be furnished to Bollinger, Inc. Completed claim forms and medical bills must be submitted within 90 days from the date of service. Additional bills must be received within 90 days of the date of service to be considered for payment.
- d. You must fill out a claim form. They will be made available at Student Health Services.

SUBMIT ALL CLAIMS & INQUIRIES TO:



P.O. Box 727

Short Hills, NJ 07078-0727

1-866-267-0092 (Claims/Coverage questions only)

1-800-526-1379 (All other questions)

THIS PLAN IS UNDERWRITTEN BY:

**MONUMENTAL LIFE  
INSURANCE COMPANY**

Cedar Rapids, Iowa

PLEASE SUBMIT ENROLLMENT AND PAYMENTS TO:

**LOCAL BROKER**

*Collegiate Risk Management*

110 Athens Street

Tarpon Springs, FL 34689

Phone: 1-800-222-5780

Fax: 727-939-8323

[www.Collegiaterisk.com](http://www.Collegiaterisk.com)

PREFERRED PROVIDER NETWORK:



[www.FirstHealth.com](http://www.FirstHealth.com)

1-800-226-5116

Note: Your canceled check or money order is your receipt. This is a brief description of coverage. The Master Policy will prevail on any discrepancies between this brochure and the Master Policy.

**Should an insured student graduate or withdraw from the school, the insurance shall remain in effect until the end of the period for which premium has been received. No return of premium will be made unless the insured enters the armed forces of any country. The Company will refund the unearned pro-rated premium upon request.**

A verbal explanation of benefits does not guarantee payment of claims.

**Policy # CMS309E**

Policy Form: SH1000GPM(Rev. 2000).MS

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