

Student Limited Injury & Sickness Insurance Plan 2008-2009

**Designed Especially
for the Students of**



PARK
UNIVERSITY SM

Parkville, Missouri 64152

**This Plan Is Underwritten By:
Monumetal Life
Insurance Company**

**Cedar Rapids, Iowa
(the "Company")**

Visit us on the web at:
www.BollingerColleges.com/Park

Policy No: CM0107E

PARK UNIVERSITY STUDENT LIMITED INJURY & SICKNESS INSURANCE PLAN

The following are the essential provisions of this Plan. The Master Policy is held by the University and is underwritten by Monumental Life Insurance Company.

ELIGIBILITY

This plan is mandatory for all full-time residential students, international students, with F1 status, nursing program students and student-athletes, **unless proof of other insurance coverage is submitted to the Student Assistance Center within the first 8 days of the semester.** All other students enrolled in the School of Arts and Science may choose to enroll on an optional basis. Coverage will become invalid for students who leave school within 31 days of their effective date of their coverage. At that time, the student should notify the Student Assistance Center at 1-816-584-6800. All students, except Accelerated Programs Students who enroll in this coverage, may also enroll their eligible dependents in this coverage. Eligible dependents are the spouse residing with the Insured Student, and unmarried children under twenty-three (23) years of age who are not self-supporting and reside with the Insured Student.

TO APPLY FOR COVERAGE

Complete the Enrollment Form and return it to the Student Assistance Center, Park University PMB 15.

Only the above office is authorized to accept and process your completed enrollment form; do not send it elsewhere. **Refunds are allowed only upon entry into the armed forces. No other refunds will be given.**

EFFECTIVE & TERMINATION DATES

Your coverage becomes effective on the later of: the Policy Effective Date of August 1, 2008; the first day of the term for which the proper premium has been paid, or 12:01 a.m. CST following the date the proper premium is received by the University. **All coverage expires on July 31, 2009 at 11:59 p.m. CST, or when payment is due and unpaid. Refunds are allowed only upon entry into the armed forces. No other refunds will be given.**

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 in excess of \$250 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 this 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.

CONTINUOUS COVERAGE

If an Insured person was covered to the expiration date of the prior student health insurance policy of the Policyholder, he or she will not be denied benefits under this Policy for an Injury or Sickness which was the basis of a covered claim under the prior policy. The student must be enrolled in this policy and pay the Premium within 31 days of the expiration date of the prior student health insurance policy. For purposes of this provision, Benefits for the aggravation of an old Injury, will be paid on the same basis as any other Sickness.

ANNUAL RATES

08/01/08 to 07/31/09

Student Only	\$520.00
Student & Spouse	\$1,633.00
Student, Spouse & Children	\$2,318.00
Student & Children	\$1,633.00

Students in Park University's Accelerated Programs can enroll in this coverage by contacting Richard Liedtke at (816)584-6800.

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.

EMERGENCY 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 nearest suitable Hospital or 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 the Maximum Benefit of \$25,000, subject to the prior approval of Bollinger, Inc., the Plan Administrator for the Policy, and the attending Physician.

REPATRIATION OF REMAINS

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 the Maximum Benefit of \$25,000, and is subject to the following condition: Approval of Bollinger, Inc., the Plan Administrator of the Policy.

EXCLUSIONS

1. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
2. Services that are provided normally without charge by the University's health center, infirmary or Hospital; or by any person employed by the University;
3. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits while your coverage is in force for the Usual & Customary Charge (U&C) scheduled below to a Maximum Benefit of \$50,000 for each Injury or Sickness.

COVERED SERVICES - INPATIENT

INJURY OR SICKNESS BENEFIT LIMITS

Hospital Room and Board Expense (semi-private room)	up to \$400/day
Hospital Miscellaneous (Inpatient) , such as the cost of the operating room, laboratory tests, x-ray, anesthesia, physiotherapy, 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.	up to \$3000
Surgical Treatment (per MDR survey, 80th percentile)80% of U&C up to \$4000 Maximum
Anesthetist25% of Surgical Allowance
Physician's Visits, Non-Surgical	\$.50 a visit, 1 visit a day
Substance Abuse	Same as any Sickness
up to a Maximum per Policy Year	
Mental Nervous Disorder	Same as any Sickness

COVERED SERVICES-OUTPATIENT

Day Surgery Miscellaneous , related to major scheduled surgery in a hospital or licensed outpatient surgery center, including the cost of operating room, anesthesia, drugs, medicines and supplies.	Up to \$3000 maximum
Surgical Treatment (per MDR survey, 80th percentile)80% of U&C up to \$4000 Maximum
Anesthetist25% of Surgery Allowance
Physician's Visits, Non-Surgical	\$.50 a visit, 1 visit a day/5 visit Maximum
Use of Emergency Room or Hospital Outpatient Department Miscellaneous including drugs, medicines and medical supplies used there, exclusive of diagnostic X-rays, imaging and lab test.	Up to \$1000 Maximum
Physiotherapy , benefits are limited to one visit per day.	Paid under Emergency Room
Diagnostic X-Rays & Laboratory Services	Up to \$1000 maximum
Prescription Drugs , including contraceptives	100% of U&C up to \$500 Maximum per Policy Year
Substance Abuse	Same as any Sickness
up to 20 visits Maximum per Policy Year	
Mental Nervous Disorders	Same as any Sickness

OTHER SERVICES

Ambulance Services (Ground and Air Service)	Up to \$400 Maximum
Consultant Physician , at request of attending Physician	\$.50
Orthopedic Appliances , in or outpatient, when prescribed by a Physician	Up to \$250 Maximum
Dental Treatment , injury to sound, natural teeth (Injury only)	Up to \$500 Maximum
Maternity , conception must occur after coverage effective date	Same as any Sickness
Intercollegiate Sports Injury	Same as any Injury up to \$500

STATE MANDATED BENEFITS

The Plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Missouri insurance laws: Mammography; Mastectomy and Breast Reconstruction; Immunizations for Children; Inherited Metabolic Disease; Newborn Hearing Screening; Dental Anesthesia; Chiropractic; Prostate Cancer Screening; Pap Smears; Colorectal Cancer Screenings; Second Opinion for Cancer Diagnostic; Human Leukocyte Antigen Testing; Coverage for Child Health Supervision Services; Mental Illness and Alcoholism; Maternity Inpatient Care; Scalp Hair Protheses; Clinical Trials-Routine Patient Cost; Newborn Coverage; OB/GYN; Osteoporosis; and Contraceptive Coverage.

4. Elective Surgery or Elective Treatment;
5. 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.
6. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
7. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane (in Colorado and Missouri, while sane);
8. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
9. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, 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 (except as specifically stated in the Medical Benefits Schedule);
10. Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
11. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
12. Services or supplies which are experimental or investigative in nature: including the treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice and any such items requiring federal or other governmental agency approval not received at the time services were rendered;
13. Organ transplants;
14. 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; and
15. 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, not including routine care of a newborn infant, well baby nursery and related Physician charges.

DEFINITIONS

COVERED MEDICAL EXPENSES are usual, customary, and Medically Necessary charges that are:

- 1) not in excess of the maximum amount payable for services as specified in the Schedule;
- 2) in excess of any deductible amount; and incurred while the Covered Person's coverage under the Policy is in force.

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 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; devi-

ated 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 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.

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 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.

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 twelve months; or
- 3) The insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of Injury or Sickness, whichever occurs first.

CLAIM PROCEDURE

1. Secure a Claim Form from the Plan Administrator or from the Student Assistance Center at 816-584-6800. No claim will be processed without a completed Claim Form. Claim Forms can also be obtained online at: www.BollingerColleges.com/park

2. Follow the instructions on the back of the Claim Form. The Claim Form must be completed on both sides, including the "Statement of Other Insurance".

3. Bills must be received by the Plan Administrator within 90 days of service or as soon as reasonably possible to be considered for payment.

4. Upon receipt of properly documented Claim Forms, the Plan Administrator will determine the amount of any benefits payable or will notify you of any additional information needed. Benefit payments will be sent directly to your health care provider(s) unless you have specified otherwise in writing.

PLAN ADMINISTRATOR:



P.O.Box 727

Short Hills, NJ 07078-0727

website: www.BollingerColleges.com/park

LOCAL BROKER

Beth Schupp

Aon Consulting

P.O. Box 26725

Kansas City, MO 64196

800-892-5974 ext. 249

SCHOOL CONTACT

Student Assistance Center

816-584-6800

PREFERRED PROVIDER NETWORK:



By enrolling in this insurance program, you have the First Health Provider Network available to you and your dependents. Use of a Provider in the First Health Network may reduce your out of pocket expenses, as network providers have negotiated to accept lower fees as payment for their services. You are not required to use a First Health Provider. There will be no decrease in benefits if you do not use a First Health Provider. You can obtain a listing of participating providers on the Internet at: www.FirstHealth.com

Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University 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.

Policy Form: SH5000GPM.MO

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