

**Certificate of Coverage
BASIC INJURY AND SICKNESS
INSURANCE PLAN**

**There is a more comprehensive plan
available, policy # CLA608E.
Please see Student Health Services
to inquire about enrollment and to
pick up a plan brochure to consider it.**

A NON-RENEWABLE POLICY
FOR **DOMESTIC** STUDENTS ATTENDING



UNIVERSITY
OF
LOUISIANA
L a f a y e t t e

2008 - 2009

**This Plan Underwritten By:
Monumental Life
Insurance Company**

Cedar Rapids, IA
(the "Company")

**Administered By:
Bollinger, Inc.**

Visit us on the web:
www.BollingerColleges.com/ULLafayette

Policy Form: SH5000GPM.LA

Policy#: CLA508E

Dear Student:

The administration is making available to the students and their dependents, a plan of Blanket Injury and Sickness Insurance (hereinafter called the "Plan"). The coverage is designed to provide benefits for medical expenses arising from an Injury or Sickness including those which occur off campus and during interim vacations. Any questions about the Policy should be directed to:

Bollinger, Inc.
P.O. Box 727
Short Hills, NJ 07078
866-267-0092 (Claims/Coverage)
800-526-1379 (Other Questions)

ELIGIBILITY

All registered undergraduate students taking 7 or more credit hours in the spring and fall (4 hours in summer) and all registered graduate students taking 6 or more credit hours (3 hours in summer) are automatically enrolled in this insurance plan at registration and the premium for coverage is added to their tuition billing. **International Students are not eligible for this coverage, but are eligible for a separate plan.** The insurance coverage described in this brochure is available to part-time students on an optional basis. On-line correspondence, or television courses are not eligible to enroll in the Plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Plan Administrator should be notified at that time by the student. Students who enroll in the spring and are planning to continue in the following fall semester may be covered in the period between the spring semester and fall semester by paying the appropriate premium during the summer semester enrollment period. Students who enroll in the Plan may secure family coverage. Eligible dependents are the spouse residing with the Insured Student, and unmarried children and grandchildren under twenty-four years of age who are not self-supporting and reside with the Insured Student.

EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the later of the Policy Effective Date (08-15-08); the first day of the term for which the proper premium has been paid; or 12:01 A.M. following the date the envelope containing the completed Enrollment Form and proper premium for the period of coverage is postmarked by the U.S. Postal Service. All coverage expires on 08-19-09 or when payment is due and unpaid. Newborn children will be covered at birth until 31 days old or until well enough to be discharged from the hospital, if the Plan Administrator

is notified within 30 days of birth and receives proper premium.

MANDATED BENEFITS

The Plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Louisiana insurance laws: Annual Pap Smears/Cervical Cancer Screening; Mammography; Annual Prostate Cancer Screening; Mastectomy, Breast Reconstruction and Prosthesis; Bone Mass Measurement/Osteoporosis Screening; Off-Label Drugs; Inherited Metabolic Disease; Diabetes Equipment, Supplies and Outpatient Self-Management Training and Education; Transliteration Services; Cancer Clinical Trials; Well-Child Care/Immunizations; Cleft Lip and Cleft Palate; Dental Anesthesia; and ADD/Hyperactivity.

CREDIT FOR PRIOR COVERAGE

The Policy provides portability of coverage as it relates to "pre-existing conditions". The pre-existing condition limitation set forth in the Policy will be reduced to the extent an Insured Person was covered under a qualifying previous coverage if: 1) the person is not a late enrollee; and 2) the prior coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage, exclusive of any applicable waiting period.

Any pre-existing limitation is reduced by the aggregate of the periods of creditable coverage, if any, applicable to the Covered Person as of the enrollment date, for similar services covered under the Policy and the prior coverage.

EXCLUSIONS

Benefits will not be paid under the Policy and any attached Rider 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. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
3. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
4. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
5. Elective Surgery or Elective Treatment;

6. Elective abortion;
7. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate or interscholastic 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;
8. 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;
9. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
10. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
11. Organ transplants;
12. Committing or attempting to commit an assault or felony; or fighting, except in self defense; and
13. Injury sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics, unless taken in the dosage and or the purpose prescribed by the Covered Person's 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 noticed symptoms or was medically diagnosed, treated (including medication), or advised by a physician within the six 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) 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 the Policy and the University's prior policies for six continuous 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.

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 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, this 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 means any surgery or treatment that is not Medically Necessary which includes but is not limited to: circumcision; tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; removal of non-malignant warts and moles; orthognathic surgery, including mandibular retrognathia; and submucous resection and/or other surgical correction for deviated nasal septum.

Elective surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under the Policy.

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under the Policy. A Covered Person must begin receiving services, supplies or treatment within 90 days from the time of the accident in order for it to be considered an Injury. 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 itself 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.

CLAIM PROCEDURES

Secure a claim form from the Student Health Service, from the Plan Administrator, or from the website listed below, fill in the necessary information, attach all itemized doctor and hospital bills and send to:

BOLLINGER, INC.
P.O. Box 727 • Short Hills, NJ 07078

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness. To check the status of your filed claim, please call the Claims Office from 7:00 A.M. to 4:30 P.M. (Central Time), Monday through Friday. The telephone number is 866-267-0092. The website is:

www.BollingerColleges.com/ULLafayette

TO ENROLL FOR COVERAGE

To enroll eligible dependent(s), a student insured with this plan must complete an Enrollment Form with the required premium made payable to:

Bollinger, Inc.
P.O. Box 398
Short Hills, NJ 07078

The above office is authorized to accept and process your completed Enrollment Form. Do not send it elsewhere. No refunds except as provided in the Master Policy.

Bollinger
Insurance Solutions

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

PREFERRED PROVIDER NETWORK:

 **First Health**
Network

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

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