

**Certificate of Coverage  
OPTIONAL INCREASED  
COVERAGE INJURY AND  
SICKNESS INSURANCE PLAN**

**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.**

**This Plan Contains A Deductible**

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

Policy For: SH5000GPM.LA

Policy#: CLA608E

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 domestic students, age 65 and younger, taking 7 or more credit hours are eligible to enroll in the Plan. Students must be physically and actively attending classes on campus to enroll in this Plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in this 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 Plan may secure family coverage. Dependents must enroll in the Plan when the student first enrolls in the Plan, and must enroll for the same coverage as the student. 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 Prostheses; 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 Insured 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

## MEDICAL BENEFITS SCHEDULE

### PART A: BASIC INJURY AND SICKNESS BENEFITS

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 and Customary Charges (U&C) scheduled below, up to a Maximum Benefits of \$15,000, less a \$100 deductible for each Injury or Sickness. The Policy will allow benefits only for expenses not covered by Other Medical Coverage. Benefits will not be provided for services which are not listed under the Medical Benefits Schedule.

#### COVERED SERVICES ..... INJURY or SICKNESS BENEFIT LIMITS

##### I. INPATIENT

a. HOSPITAL ROOM AND BOARD .....	\$800/day
b. INTENSIVE CARE .....	\$400 Additional
c. HOSPITAL MISCELLANEOUS INPATIENT (services and supplies including but not limited to: the cost of the operating room; laboratory tests; x-ray examinations; anesthesia; drugs-excluding take home drugs or medications; therapeutic services) .....	Included in I.a.
d. SURGICAL TREATMENT .....	\$2,000
e. ANESTHETIST .....	25% of Surgical Treatment
f. PRIVATE DUTY NURSE (when medically necessary) .....	U&C
g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day-not paid day of surgery) .....	U&C
h. PHYSICAL THERAPIST .....	Paid under I.c.
i. PATHOLOGY and RADIOLOGY .....	Paid under I.c.
j. PRE-ADMISSION TESTS (within 5 days before admission) .....	Paid under I.c.
k. MATERNITY BENEFITS .....	Same as any Sickness
l. MENTAL AND NERVOUS DISORDERS/SUBSTANCE ABUSE .....	Same as any Sickness up to \$4,000

##### II. OUTPATIENT

a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS .....	U&C
b. SURGICAL TREATMENT .....	\$2,000
c. ANESTHETIST .....	25% of Surgical Treatment
d. OUTPATIENT MISCELLANEOUS SERVICES .....	100% of 1st \$500; then 80% of U&C, up to \$1,500 Maximum
(1) Physician's Non-Surgical Visits (1 visit/day-not paid day of Surgery) .....	U&C
(2) Physical Therapist, (following hospital confinement or surgery for the covered Injury or Sickness, 1 visit/day) .....	U&C
(3) Hospital Emergency Room or Hospital Outpatient Department (when medically necessary) .....	U&C
(4) Diagnostic, X-ray, and Lab Services .....	U&C
(5) Miscellaneous Tests and Procedures (not paid by other policy benefits) .....	U&C
(6) Outpatient Prescription Drugs (prescribed by a Physician) .....	\$50
e. MATERNITY BENEFITS .....	Same as any Sickness
f. MENTAL AND NERVOUS DISORDERS/SUBSTANCE ABUSE .....	Same as any Sickness, up to \$500

##### III. OTHER

a. AMBULANCE SERVICES (ground services only) .....	\$250
b. DENTAL TREATMENT (injury Only, Includes X-rays) .....	U&C
c. MOTOR VEHICLE INJURY .....	Same as any Injury

#### PART B: SUPPLEMENTAL MEDICAL BENEFITS ..... \$50,000 Maximum Each Injury and Each Sickness

After the Company has paid \$15,000 under Basic Benefits (PART A), the Company will then pay 80% of the Usual and Customary Charges incurred for covered services listed under the Basic Benefits, up to a maximum of \$50,000. This maximum includes both benefits paid under the Basic and Major Medical Benefits (PART A and PART B). No benefits are payable for Dental Treatment.

#### PART C: PREMIUMS

	Fall Semester 08-15-08 to 01-13-09	Spring Semester 01-14-09 to 06-02-09	Summer Semester 06-03-09 to 08-19-09
Student Only - Under Age 30	\$295.00	\$295.00	\$190.00
Spouse	\$470.00	\$470.00	\$296.00
Each Child	\$490.00	\$490.00	\$309.00
Student Only - Over Age 30 to Age 65	\$369.00	\$369.00	\$238.00
Spouse	\$920.00	\$920.00	\$595.00
Each Child	\$550.00	\$550.00	\$360.00

**All Full Time Students:** the Basic Injury and Sickness Insurance Plan premium has been added to your fee bill. If you elect not to purchase the Optional Comprehensive plan, you must request a refund of the Basic Plan premium from the Student Health Services. Dependents must enroll in the plan when the student enrolls and must enroll for the same coverage and plan as the student. If purchasing partial year coverage, the same plan must be selected for the subsequent coverage periods.

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

**DEDUCTIBLE** means the dollar amount of Covered Medical Expenses that must be paid as an out-of-pocket expense by each Covered Person per Injury or Sickness before benefits are payable under this Policy. The Deductible amount is shown on the Schedule. Under certain conditions, the Deductible amount may be lowered or waived by the Company.

**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. Notice of claim must be provided to the address above within 30 days after the Injury or commencement of Sickness. Proof of loss must be submitted to the address above within 90 days from the date if due to Injury or Sickness.

To check the status of your filed claim, please call the Plan Administrator from 7:00 A.M. to 4:00 P.M. (Central Time), Monday through Friday. The telephone number is 866-267-0092. The website is:

**[www.BollingerColleges.com/ULLafayette](http://www.BollingerColleges.com/ULLafayette)**

## ENROLLMENT INSTRUCTIONS

1. Read and Retain this Brochure.
2. Complete the Enrollment Form. Be sure to indicate the term of coverage, and if you are purchasing dependent coverage.
3. Enclose your check made payable to Bollinger, Inc. for the full premium. There is no reduction in premium for late enrollees. Only premium amounts indicated on the Enrollment Form will be accepted. Timely payment of subsequent premiums is the student's responsibility.
4. Return the Enrollment Form and payment to Bolinger, Inc., P.O. Box 398, Short Hills, NJ 07078.



**101 JFK PARKWAY  
SHORT HILLS, NJ 07078  
(866) 267-0092 (Claims/Coverage)  
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PREFERRED PROVIDER 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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