

**STUDENT
INTERCOLLEGIATE
SPORTS
INJURY ONLY
INSURANCE PLAN**

Designed Especially
for the Students of

**Earlham
College
2009-2010**

THIS PLAN UNDERWRITTEN BY:
**Monumental Life
Insurance Company**
Cedar Rapids, Iowa

Policy # CIN304F

Visit us on the Web:
www.BollingerColleges.com/earlham

ELIGIBILITY

All Intercollegiate student athletes participating in Football, Baseball, Basketball, Volleyball, Soccer, Tennis, Field Hockey, Track and Field, and Cross Country are eligible and covered under the Intercollegiate Sports Policy. The Policy covers injuries that occur during the play or practice of a covered sport and when traveling as a member of a supervised group or on an authorized team trip.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (tv) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of premium.

EFFECTIVE AND TERMINATION DATE

The Master Policy on file at the school becomes effective at 12:01 a.m., August 1, 2009. Coverage becomes effective on that date or the date application and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., August 1, 2010. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury will continue to be paid as long as the condition continues, but not to exceed 90 days after the Termination Date. The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

NON-DUPLICATION OF BENEFITS

This 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 \$100 will be determined before benefits will be paid by this Policy. This 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, this 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.

**MEDICAL EXPENSE BENEFITS
Up to \$75,000 Maximum Benefit Paid As Specified Below (For Each Injury)
Deductible \$250 (For Each Injury)**

**NOTE: If the student is covered under the Injury and Sickness Plan (CIN204F)
the \$250 Deductible will be waived.**

The Policy provides benefits for the Reasonable and Customary, (R&C) incurred by an insured Person for loss due to a covered Injury up to the Maximum Benefit of \$75,000. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Benefits will be paid for up to 52 weeks from the date of the injury. Covered Medical Expenses include:

INPATIENT

Room and Board Expense , daily semi-private room rate; and general nursing care provided by the Hospital	Semi-private room rate
Intensive Care	R&C
Hospital Miscellaneous Expenses such as the cost of operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home 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	R&C
Physiotherapy , benefits are up to a maximum of one visit per day	R&C/30 days maximum
Surgeon's Fees , in accordance with data provided by Medical Data Research, Inc.	R&C
No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	
Anesthetist	R&C
Assistant Surgeon	R&C
Registered Nurse's Services , private duty nursing care	R&C
Physician's Visits , benefits are up to a maximum of one visit per day for non-surgical visits.	R&C
Pre-Admission Testing	R&C

OUTPATIENT

Surgeon's Fees , in accordance with data provided by Medical Data Research, Inc.	R&C
No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital	R&C
including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Reasonable and Customary charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	
Anesthetist	R&C
Assistant Surgeon	R&C
Physician's Visits , benefits are up to a maximum of one visit per day for non-surgical visits.	R&C
Physiotherapy , benefits are up to a maximum of one visit per day	R&C 30 days maximum
Medical Emergency Expenses , use of the emergency room and supplies	R&C
Diagnostic X-Ray Services	R&C
Laboratory Services	R&C
Injections , when administered in the Physician's office and charged on the Physician's statement	R&C
Tests and Procedures	R&C

OTHER

Ambulance Services	R&C
Braces and Appliances , a written prescription must accompany the claim when submitted	R&C
Replacement braces and appliances are not covered.	
Consultant Physician Fees , when requested and approved by the attending Physician	R&C
Dental Treatment , made necessary by Injury to Sound, Natural Teeth	R&C

DEFINITIONS

Reasonable and Customary Charges – means a charge which: (1) is made for treatment, supplies or Medical Services deemed Medically Necessary to treat the Insured's condition; and (2) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the expense is incurred.

Earlham College

Intercollegiate Sports Injury Plan - I.D. Card

This is to certify that as of August 1, 2009, insurance coverage is provided in accordance with the terms and provisions of Policy No. CIN304F issued to the above named college for the student named below.

Name

Social Security No.

Street Address

Town

State

Zip Code

This coverage expires August 1, 2010.

UNDERWRITTEN BY:

ADMINISTERED BY:

**Monumental Life
Insurance Company**

Cedar Rapids, Iowa

Bollinger
Insurance Solutions

101 JFK Parkway
Short Hills, NJ 07078
1-866-267-0092

PREFERRED PROVIDER NETWORK:



CLAIMS INSTRUCTIONS

File claim within 90 days of Injury. Bills must be received by the Company within 90 days of service to be considered for payment. Mail all medical and hospital bills along with the patient's name, address, and Social Security number to:

Bollinger Inc./Att: College Claims

101 JFK Parkway

Short Hills, NJ 07078

866-267-0092

www.BollingerInsurance.com/earlham

EXCLUSIONS AND LIMITATIONS

The insurance under this Policy does not provide benefits for:

1. Injury due to: acts of war; suicide or intentionally self-inflicted Injury, while sane or insane; active service in the armed forces of any country; violating or attempting to violate the law, the taking part in any illegal occupation; fighting or brawling except in self defense, or loss in consequence of being legally intoxicated as defined by the laws of the state in which the loss occurs; or under the influence of any drugs or narcotic unless administered by or on the advice of a Physician;
2. An Insured having a blood alcohol level of .10% (by weight or volume) or the applicable prohibited blood alcohol level in the state in which the loss occurs;
3. Any sickness or bodily illness (Bacterial infections resulting from an accident are covered.);
4. Committing or attempting to commit any illegal activity;
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a covered Injury, which are not recommended and approved by the attending Physician, or are in excess of the Reasonable and Customary Charges;
6. Expenses incurred for dental implants or for dental care, treatment, repair or replacement of sound natural teeth, except as provided under Covered Medical Services;
7. Expenses incurred for eye examinations, eyeglasses, contact lenses or hearing aids or the fitting, repair or replacement of these items, except as provided under Covered Medical Services;
8. An Injury that is caused by: (a) flying in an aircraft except as a fare-paying passenger; (b) hang-gliding or parachuting; (c) travel in or upon (i) a snowmobile; (ii) any two-wheeled motor vehicle; or (iii) any off-road motorized vehicle not requiring licensing as a motor vehicle; or (d) any accident where the Insured is the operator and does not hold a valid motor vehicle operator's license (except in a Driver's Education Program);
9. Care, treatment or services provided by persons retained or employed by the Policyholder, the School, or any Insured's Immediate Family Member; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder or the School, or for which a charge is not made;
10. Medical expenses for which the Insured is entitled to benefits under any (1) Worker's Compensation act; or (2) mandatory no-fault automobile insurance contract;
11. Personal comfort or convenience items including but not limited to telephone charges, television rental, and guest meals, or for items taken away or home from the Hospital, including but not limited to crutches, wheel chairs, and walkers.

CLAIM PROCEDURE

In the event of a non-emergency Injury, students should contact the Student Health Service or Infirmary at once to obtain a claim form and for full instructions. 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 Injury.

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:



PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure and the Master Policy. The Master Policy will govern and control the payment of benefits.

Policy #CIN304F

Policy Form SSA2000GPM

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