



June, 2011

Dear Student:

The State of New Jersey now requires health insurance coverage for all full-time students (12 credits or more). All Cumberland County Students will be required to purchase health insurance through the college or verify that they are covered under another insurance plan. Students covered under other plans will be required to sign a waiver form.

Full academic year coverage (September 2011 to September 2012) will cost you \$100.00. Full-time students enrolling in the Spring 2012 semester will be subject to an insurance premium of \$75.00 which covers the period beginning the January 2012 semester to the beginning of the September 2012 semester.

Please note that even if you currently have health insurance, this policy is an excellent buy. Most policies do not pay all bills in full, as there may be deductibles and co-insurance percentage limits. The policy pays in addition to other coverage you have, therefore, it can help you reduce or eliminate the deductibles or co-insurance on your present policy. We therefore urge all students to give this policy serious consideration even if you are currently covered by other medical insurance.

Should you have any questions regarding the insurance plan, please contact Bollinger at 1-866-267-0092.

### ELIGIBILITY AND ENROLLMENT

All students who: 1) are enrolled for the full academic year and/or for the Spring Semester at Cumberland County College; and 2) carry 12 or more credit hours; and have paid all registration and tuition fees are Eligible to Enroll.

### CUMBERLAND COUNTY COLLEGE

#### Student Medical Benefit Plan - I.D. Card

This is to certify that as of September 1, 2011, insurance coverage is provided in accordance with all terms and provisions of Policy No. C521H issued to the above named college for the student named below.

Name		Student ID #	
Street Address			
Town	State	Zip Code	

This coverage expires September 1, 2012

UNDERWRITTEN BY:

**Monumental Life Insurance Company**  
Cedar Rapids, Iowa

ADMINISTERED BY:

**Bollinger**  
Insurance Solutions

PREFERRED PROVIDER NETWORK:



PO Box 727  
Short Hills, NJ 07078  
1-866-267-0092

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Students are covered within the first 30 days of coverage if a medical leave of absence is taken due to a covered Sickness or Injury. We maintain the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever we discover that the Policy eligibility requirements have not been met, our only obligation is refund of premium.

### MEDICAL BENEFIT PLAN

Coverage is in effect 24 hours a day. For students enrolled during the Fall Semester, coverage will be in effect from either September 1, 2011 or the date of Premium Payment, whichever is later, until September 1, 2012. For students enrolled during the Spring Semester, coverage will be in effect from either January 1, 2012, or the date of Premium Payment, whichever is later, until September 1, 2012. The plan covers Injuries sustained and Sickness contracted and causing loss commencing during the coverage period. The policy expires September 1, 2012. (Please note that this policy cannot establish physician's fees, and therefore, cannot guarantee that payments made by Monumental Life Insurance Company, hereafter referred to as the Company, will cover all physician and surgeon charges in full.)

### INJURY MEDICAL EXPENSE BENEFITS

Benefits are provided up to \$2,500 for accidental Injuries for which medical treatment by a physician, surgeon, dentist, registered nurse, hospital services, ambulance services, or x-rays are rendered. The initial treatment must be rendered within 90 days of the accident and benefits are limited to treatment rendered within 52 weeks of the date of accident. Specific benefit levels are as shown below:

**Hospital Room and Board:** The expense actually incurred is allowed not to exceed the semi-private rate per day.

**Hospital Inpatient Miscellaneous Expense:** The expenses actually incurred are allowed not to exceed \$500 as the result of any one Injury.

**Surgical Expense:** The expense actually incurred is allowed not to exceed \$2,500 in total for all surgical operation(s) performed for any one Injury.

**Ambulance Expense:** The expense actually incurred is allowed not to exceed the Usual and Customary Charge for any one Injury.

**Physician's Expense:** The Usual and Customary Charge is allowed not to exceed \$2,500 for any one Injury. Second surgical opinions will be covered up to the expense incurred subject to a maximum of the Usual and Customary Charge.

**Registered Graduate Nurse Expense:** The expense actually incurred is allowed subject to a maximum benefit of the Usual and Customary Charge per 24-hour period.

**Outpatient Miscellaneous Expense:** The expense actually incurred is allowed subject to a maximum \$2,500 as the result of any one Injury.

**Dental Expense:** The Company will pay up to the Usual and Customary Charge per tooth with a maximum of \$500 per

Injury for treatment to sound and natural teeth injured in a covered accident.

**Physiotherapy Benefit:** Up to the Usual and Customary Charge per visit is allowed subject to a maximum of \$2,500 for any one Injury.

**Prescription Drug Expense:** The expense actually incurred is allowed up to a maximum of \$25.00 per covered Injury.

**Anesthesia Expense:** The expense actually incurred is allowed up to 30% of the surgeon's charge under the policy subject to a maximum of \$2,500 for any one Injury.

**Medical Consultant's Expense:** The expense actually incurred is allowed up to \$2,500 per covered Injury.

### ACCIDENTAL DEATH BENEFIT

\$1,000 payable when Injury results in the loss of life within 180 days of the accident.

### ACCIDENTAL DISMEMBERMENT BENEFIT

\$1,000 payable per the schedule as shown in the Master Policy.

### SICKNESS MEDICAL EXPENSE BENEFITS

Sickness benefits will be paid up to \$2,500 for medical expenses incurred within 52 weeks of the date of the first medical treatment subject to the following:

**Hospital Room and Board:** The expense actually incurred is allowed not to exceed \$60 per day.

**Hospital Inpatient Miscellaneous Expense:** The expenses actually incurred are allowed not to exceed \$500 as the result of any one Sickness.

**Surgical Expense:** The expense actually incurred is allowed not to exceed \$600 in total for all surgical operation(s) performed for any one Sickness.

**Ambulance Expense:** The expense actually incurred is allowed not to exceed \$25 for any one Sickness.

**Physician's Expense:** The expense actually incurred is allowed not to exceed \$200 for any one Sickness subject to the following limitations: Payment will begin with the first call when confined to a hospital as a bed patient or beginning with the second call when hospital confinement is not required. The allowance will be \$10 for the first qualifying call and \$8 for each subsequent call. Second surgical opinions will be covered up to the expense incurred subject to a maximum of \$10.

**Registered Graduate Nurse Expense:** The expense actually incurred is allowed subject to a maximum benefit of \$24 per 24-hour period or \$100 as the result of any one Sickness.

**Outpatient Miscellaneous Expense:** The expense actually incurred is allowed subject to a maximum \$50 as the result of any one Sickness.

**Prescription Drug Expense:** The expense actually incurred is allowed up to a maximum of \$25 per covered Sickness.

**Anesthesia Expense:** The expense actually incurred is allowed up to 30% of the surgeon's charge under the policy subject to a maximum of \$600 for any one Sickness.

**Medical Consultant's Expense:** The expense actually incurred is allowed up to the Usual and Customary Charge per covered Sickness.

**Wellness Health Examinations:** Benefits will be provided for expenses incurred in a health promotion program through health wellness examinations and counseling. Benefits shall include, but not be limited to, the following tests and ser-

vices: (1) for all Insureds 20 years of age or older, annual tests to determine blood hemoglobin, blood pressure, blood glucose level, and blood cholesterol level or, alternatively, low-density lipoprotein (LDL) level and blood high-density lipoprotein (HDL) level; (2) for all Insureds 35 years of age or older, a glaucoma eye test every 5 years; (3) for all Insureds 40 years of age or older, an annual stool examination for presence of blood; (4) for all Insureds 45 years of age or older, a left-sided colon examination of 35 to 60 centimeters every 5 years (this examination is subject to a limit of \$164.00); (5) for all female Insureds 20 years of age or older, a pap smear; (6) for all female Insureds 40 years of age or older, a mammogram examination; (7) for all adult Insureds, recommended immunizations; and (8) for all Insureds 20 years of age or older, an annual consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being including, but not limited to, smoking control, nutrition and diet recommendations, exercise plans, lower back protection, weight control, immunization practices, breast self-examination, testicular self-examination, and seat belt usage in motor vehicles. Benefits payable under this section shall not exceed the following maximums for any one year: (1) \$236.00 for Insureds between the ages of 20 and 39, inclusive; (2) \$269.00 for all male Insureds ages 40 and over; (3) \$436.00 for all female Insureds ages 40 and over; and (4) \$276.00 for a left-sided colon examination for each person 45 years of age and older, which shall be in addition to the amounts otherwise specified in Items 2 and 3 above.

### STATE MANDATED HEALTH BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with New Jersey insurance laws: Alcoholism Treatment Benefit, Audiology and Speech language Pathology Benefit, Biological-based Mental illness Benefit, Blood Products and Blood Infusion Equipment Benefit, Certain Dental Services Benefit, Colorectal Cancer Screening Benefit, Diabetes Treatment Benefit, Home Health Care Benefit, Infertility Diagnosis and Treatment Benefit, Inherited Metabolic Diseases Benefit, Inpatient Coverage for Mastectomies and Reconstructive Breast Surgery Benefits, Mammography Benefit, Maternity Length of Stay Benefit, Pap Smear Benefit, Prostate Cancer Screening, Prosthetics and Orthotics Benefit, Treatment of Wilm's Tumor Benefit, Wellness Health Examinations Benefit, Off-Label Drug Use Benefit, Prescription Female Contraceptive, Dose-Intensive Chemotherapy Cancer Treatment, Autism, and Maternity Claims-Installments.

### EXTENSION OF MAXIMUM BENEFIT

#### For Both Injury and Sickness

After the Company pays \$2,500 in basic benefits under either the Injury or Sickness provision of the policy for any one Injury or Sickness, this policy will pay 80% of the expenses incurred in excess of \$2,500 up to but not exceeding \$32,500 for physician's services, hospital confinement, nursing services, X-Rays, operating room, emergency room, anesthesia, laboratory service, dressings, prescription medicines, casts, use of wheel chair, crutches, or ambulance for any one covered Injury or Sickness. Expenses must be incurred within two years from the date of Injury or Sickness.

## LIMITATIONS AND EXCLUSIONS

This Policy does not cover:

1. Services that are provided normally without charge by the College Health Center, infirmary or Hospital; or by any person employed by the College;
2. Routine screenings or tests which are not Medically Necessary for the diagnosis or treatment of your condition or which are not specifically ordered by the admitting Physician, except as mandated by law and specifically provided under this Policy;
3. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law;
4. Elective abortion;
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a 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 school credit;
6. Eyeglasses, radial keratotomy, contact lenses, hearing aids (except for dependent children ages 15 and under), or prescriptions or examinations except as required for repair caused by a covered Injury;
7. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
8. Elective Surgery or Elective Treatment;
9. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, interscholastic, or club sport, contest or competition sponsored by the school, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
10. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
11. Injury sustained or Sickness contracted as a result of the misuse of drugs, medicines, or narcotics or hallucinogen, unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician;
12. 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;
13. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
14. Treatment for mental or emotional disorders, except for Biologically Based Mental Illness covered under this Policy.

## GENERAL PROVISIONS

Benefits under this plan are payable in addition to those paid under any personal policy, with the exception of Worker's Compensation claims. Please see Exclusion #3. If student graduates or leaves school, coverage will continue to expiration date of Master Policy.

### STUDENT ASSISTANCE SERVICES

(Administered by On Call International)

**Nurse Helpline:** 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 a Student's ailments.

**Travel Assistance Services:** Each Insured Student and his/her enrolled Dependents are 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.

**Bedside Visit:** In the event that a covered student will be hospitalized 7 days or longer, On Call International will provide a benefit of up to \$2,500 for a parent or family member to join the hospitalized student. The benefit can go towards transportation and accommodations. In all cases On Call International must make and pay for the travel and accommodations arrangements. There is no reimbursement for transportation or accommodations if made by the family or school.

**Emergency Return Home:** If a parent or sibling of a covered student dies or is hospitalized for a life threatening illness while the student is away at school (100 miles or more), On Call International will provide a benefit of up to \$2,500 for the student to return home. In all cases On Call International must make and pay for the travel arrangements. There is no reimbursement for transportation if made by the student, family or school.

**U.S. & Canada Toll Free: 866-525-1955**

**International Collect: 603-328-1955**

Note: The On Call related services listed above are not insurance and are not connected with or provided by Monumental Life Insurance Company.

## CLAIM PROCEDURES

In the event of an Injury or Sickness, students should contact the College Health Office at once for full instructions and to obtain a claim form. 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 or start of Sickness.

Additional information may be obtained from our website:  
[www.BollingerColleges.com/cumberland](http://www.BollingerColleges.com/cumberland)

THIS PLAN IS ADMINISTERED BY:

**Bollinger**  
Insurance Solutions

PO BOX 727  
SHORT HILLS, NJ 07078  
(866) 267-0092 (Claims/Coverage)  
(800) 526-1379 (Other Questions)

PREFERRED PROVIDER NETWORK PROVIDED BY:

**CHN**  
SOLUTIONS  
www.CHN.com

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. Your certificate, which contains information concerning your coverage, as well as full procedures for filing an inquiry, grievance or appeal can be obtained at [www.BollingerColleges.com/cumberland](http://www.BollingerColleges.com/cumberland). 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. If any discrepancy exists between the Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Policy Form SHI5000GPM.NJ

23429675

# Injury & Sickness Insurance Summary of Coverage



## 2011-2012

THIS PLAN UNDERWRITTEN BY:

**MONUMENTAL LIFE  
INSURANCE COMPANY**

Cedar Rapids, Iowa  
an AEGON company

Visit us on the Web:

[www.BollingerColleges.com/cumberland](http://www.BollingerColleges.com/cumberland)

**THIS CERTIFICATE IS SUBJECT TO THE  
LAWS OF THE STATE OF NEW JERSEY**

**"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."**