

Dear Student:

Northern Kentucky University is concerned that its students have access to adequate medical insurance coverage at an affordable cost. Monumental Life Insurance Company through their Administrator, Bollinger, Inc., offers coverage for the expense of Injury and Sickness during the time you are enrolled at the University. You can obtain this voluntary coverage by completing the enclosed Enrollment Form and mailing it with the proper premium to the address indicated. You have the option to pay the premium either annually or each semester. Either way, you can be covered throughout the year.

I encourage you to review your current health insurance coverage. If you are not covered by either your parent's, spouse's or your own insurance, please consider the insurance coverage explained in this brochure.

Sincerely,

Barbara J. Sween, Psy.D.  
Licensed Clinical Psychologist  
Director, Health, Counseling, And Prevention Services

<b>Northern Kentucky University</b>			
<b>Student Medical Benefit Plan - I.D. Card</b>			
This is to certify that as of August 14, 2011, insurance coverage is provided in accordance with the terms and provisions of Policy No. CKY505H issued to the above named university for the student named below.			
Name _____			
Street Address _____			
Town _____	State _____	Zip Code _____	
This coverage expires August 14, 2012.			
UNDERWRITTEN BY:		ADMINISTERED BY:	
<b>Monumental Life Insurance Company</b> Cedar Rapids, Iowa		<b>Bollinger</b> Insurance Solutions	
PREFERRED PROVIDER NETWORK:		PO Box 727 Short Hills, NJ 07078 1-866-267-0092	
			
Claim forms and plan benefits available on website: WWW.BollingerColleges.com/nku			

### ELIGIBILITY

All students enrolled for at least 6 hours of course work attending Northern Kentucky University are eligible to participate in this insurance program.

Students may also purchase dependent coverage. Eligible dependents are the spouse (residing with the insured student) and child(ren) up to 26 years of age, who are not self-supporting or "Newborn" child(ren) who are covered for treatment of an Injury or Sickness (excluding routine hospital, nursery and Physician charges) from birth until 31 days old. Coverage for newborns will continue provided Monumental Life Insurance Company, hereafter referred to as the Company, is notified in writing within 31 days from the date of birth and by payment of the additional premium.

### EFFECTIVE DATE OF COVERAGE

This plan, subject to the benefits and exclusions outlined in this brochure, protects the Insured Student and his or her insured dependents at home, at school, or while traveling - 24 hours a day - anywhere in the world during the period for which premium has been paid, including all interim vacation periods. Benefits become effective August 14, 2011, or the date following the postmark on the envelope containing your payment, whichever last occurs, and continue during the period for which the premium has been paid. The Master Policy expires at 12:01 AM on August 14, 2012.

Students purchasing coverage by Semester must submit another enrollment form to renew coverage for each Semester. In order to maintain continuous coverage, payment must be received prior to the start date of each Semester.

### TERMINATION DATE

Coverage for an Insured Student shall terminate on the earliest of:

- 1) the last day of the period for which premium has been paid; or
- 2) 12:01 AM on August 14, 2012.

Coverage for any dependent shall terminate as indicated above or on the time and date the Insured Student's insurance terminates, whichever is later.

In the event a student enters military service, coverage will cease and a pro-rata refund of premium will be made upon request.

### NO OTHER REFUNDS WILL BE MADE

### CONTINUATION OF COVERAGE

An Insured whose coverage terminates may continue coverage for an additional 9 months by securing an enrollment form from the Health Service Office (UC440) or the Plan Administrator (Bollinger). The enrollment form and premium must be received by the Plan Administrator (Bollinger) within 30 days after coverage for the Insured has terminated.

### PREMIUM RATES

	Annual Term	Fall Semester	Spring Semester	Summer Semester
	8/14/11-8/14/12	8/14/11-1/01/12	1/01/12-5/08/12	5/08/12-8/14/12
Student Only	\$ 740.00	\$269.00	\$269.00	\$204.00
Student & Spouse	\$2,681.00	\$970.00	\$970.00	\$753.00
Student, Spouse, & Children	\$4,175.00	\$1,534.00	\$1,534.00	\$1,196.00
Student & Children	\$2,235.00	\$831.00	\$831.00	\$643.00

### MEDICAL EXPENSE BENEFITS SCHEDULE

Benefits are payable for eligible Usual and Customary medical expenses resulting from a covered accidental bodily Injury, when the first treatment is received within 30 days after the Injury, or resulting from treatment for a covered Sickness treated while the Insured's coverage is in effect, and any follow-up covered expense incurred within the term of the Policy. Covered expenses, as listed below, must be for treatment by or under the order of a licensed Physician and will not exceed the aggregate or maximum allowed by the policy **per covered Injury or per covered Sickness**, as described below. Payments will be made at 90% of the Usual & Customary charge in network and 90% of the Usual & Customary charge out of network on the Base Plan of coverage.

### SICKNESS MEDICAL EXPENSE

#### INPATIENT BENEFITS

**Room & Board Expense:** including general nursing care - up to the semi-private room rate/45 Days Maximum

**Hospital Miscellaneous Expenses:** for services and supplies such as: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take home drugs); 6) therapeutic services; 7) pre-admission testing; etc. . . . . \$600.00 Maximum

**Surgery:** . . . . . \$1,000.00 Maximum

**Physician's Visits:** One visit per day when a surgery benefit is not paid, up to . . . . . \$40.00 Per Visit to an \$800.00 Maximum

**Anesthetist Services:** Covered under Hospital Miscellaneous Expenses when in conjunction with surgery.

**Psychotherapy:** treatment prescribed by a legally qualified psychiatrist or clinical psychologist for mental disorders, nervous disorders, alcoholism or drug addiction will be covered as any other Sickness/\$1,000.00 Maximum

### OUTPATIENT BENEFITS

**Physician Visits** . . . . . \$40.00 per visit Beginning with the second visit (first visit when referred by NKU Health Services Nurse Practitioner) for each episode of sickness/injury, up to a Maximum of \$1,000.00

**Surgery:** Physician's fees for a surgical procedure will be paid in accordance with the Medicare, Inc. Schedule, having \$100.00 Conversion Factor to a . . . . \$1,000.00 Maximum

**Day Surgery Miscellaneous:** when surgery is performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic, for services and supplies such as: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines; and 6) therapeutic services (excluding physiotherapy); etc. . . . . \$750.00 Maximum

**Anesthetist Services:** in conjunction with surgery - Paid under Day Surgery Miscellaneous.

**Outpatient Miscellaneous Benefit:** includes Medical Emergency Expenses incurred in a hospital emergency room, surgical center, or clinic; Diagnostic X-ray Services and Laboratory procedures, when prescribed by the attending physician . . . . . \$500.00 Maximum

**Mental & Nervous, Alcoholism:** maximum of 30 days per Benefit Period, covered as any other Sickness . . . . .up to \$1,000.00 Maximum

**Ambulance Service:** for transportation to or from a hospital . . . . . \$250.00 Maximum

### OTHER BENEFITS

**Prescription Drug:** . . . . . \$500.00 Maximum per Sickness or Injury

### INJURY MEDICAL EXPENSE

Paid on an unallocated basis for each covered Injury for expenses incurred for treatment by a legally qualified Physician, dentist or surgeon, Hospital confinement, the services of registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory service, surgical dressings, medications, physiotherapy, plaster casts, use of wheelchair, crutches, or ambulance, an Aggregate Maximum of \$2,000.00 will be paid.

**Dental Injury:** Payments will be made only for Injury to sound, natural teeth. . . . . up to a maximum of \$1,000.00 per tooth

### MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with Kentucky insurance laws: Mammography Benefits, Mastectomy, Edometriosis and Osteoporosis, Mental Health and Illness, Bone Marrow Transplants, Maternity, Postdelivery Care and Routine Nursery Care, Colorectal Cancer Detection, and Coverage for Therapeutic Food Formulas, Supplements, Low Protein Modified Food Products, and Cancer Clinic Trials Benefit.

### MAJOR MEDICAL SUPPLEMENT

When benefits of at least \$2,000 have been paid under the Base Plan, and after a \$200 deductible per Sickness or Injury, the Company will pay 70% of the Usual and Customary medical expenses which exceed the benefits paid under the Base Plan and which are incurred during the Benefit Period. A maximum of \$20,000 for all benefits under both the Base Plan and this Major Medical Supplement will be allowed. Hospital room and board benefits are limited to the semi-private rate.

### ACCIDENTAL DEATH AND DISMEMBERMENT

For accidental death within 100 days of the date of the accident, or dismemberment within 100 days from the date of covered Injury, the Plan will pay, in addition to the medical benefits provided herein, one of the following:

**Accidental Death** . . . . . \$2,000.00

#### Accidental Loss of:

Both Hands, Feet or Eyes . . . . . \$1,000.00  
 One Hand and One Foot . . . . . \$1,000.00  
 Hand or Foot and One Eye . . . . . \$1,000.00  
 Either Hand or Foot . . . . . \$500.00  
 Sight of One Eye . . . . . \$500.00

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. Loss shall mean in regard to Hand or Hands or Foot or Feet, actual severance through or above the wrist or wrists or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

### DEFINITIONS

**Dependent** means the Insured's spouse unless they are legally separated; the Insured's unmarried children under age 19; or 23 if a full-time student; and children whose support is required by a court decree.

Children include natural children, stepchildren, and legally adopted children. Newborn children are covered immediately from birth. They must be primarily dependent on the Insured for support and maintenance and must live in a parent-child relationship with the Insured.

A spouse who is covered under the Policy as an Insured will not be eligible as a Dependent. If a husband and wife are both insured as Students, a child will be the Dependent of only one.

**Covered Person** means the Insured or a Dependent for whom an application has been received and the required premium has been paid.

**Injury** means bodily injury caused by an accident. The accident must occur while the insured'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.

**Sickness** means an illness or disease which first manifests itself while the Policy is in force 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** 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 and the MDR (Medical Data Research).

**Physician** means a person licensed by the state in which he is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given. He may not be the insured or a member of his immediate family.

**Covered Services** means services by or under the direct supervision of a Physician or licensed psychologist, when performed in physician's or licensed psychologist's office, Hospital, in a community mental health facility or in an alcoholism treatment facility.

**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 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; deviated 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 of any kind), except for the treatment of an underlying covered Sickness; premarital examinations; preventative 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; tubal ligation; vasectomy; and weight loss or reduction.

#### PRE-EXISTING CONDITIONS

No benefits will be payable for the Insured's Pre-Existing conditions. They are defined as an Injury sustained or a Sickness for which a Covered Person 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 this 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 this Policy and the College's prior policies for the immediate prior year; or (3) the Insured has been receiving benefits under the College's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

#### EXCLUSIONS

Benefits will not be paid under this plan for 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. Congenital conditions, except for Newborn Children insured under the Policy;
3. Elective Surgery and Elective Treatment;
4. Preventative medicines, vaccines except anti-toxins administered within twenty-four (24) hours after an accident, or prescription drugs, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition;
5. 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 including routine care of a newborn infant, well baby nursery and related physician charges and any associated laboratory work;
6. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury.;
7. Injury sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, narcotics, or hallucinogen unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician;
8. Treatment for mental or emotional disorders (except as specified in the Benefits Schedule);
9. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane (in Missouri, while sane);
10. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
11. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
12. Elective abortions;
13. Dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;

14. 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 instruction for University credit.

15. 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;

16. Travel in or on any two, three, or four wheeled motorized or engine driven vehicle;

17. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;

18. Injury sustained or Sickness contracted while in the service of the armed forces of any country. When an Insured enters the armed forces, we will refund any unearned pro-rata premium with respect to such person;

19. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;

20. Injury resulting from the playing, practice, participating or conditioning in any intercollegiate 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.

#### 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 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 Condition 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.

#### RIGHT OF SUBROGATION

We will be fully and completely subrogated to the rights of a Covered Person against parties who may be liable to provide indemnity or make a contribution with respect to any matter that is the subject of a claim under the Policy.

The Covered Person further agrees to cooperate fully with us in seeking such indemnity or contribution including, where appropriate, when we are instituting proceedings at its own expense against such parties in the name of the Covered Person. The Covered Person further agrees that the Company will have a lien to the extent of benefits provided, Such lien may be filed with the person whose act caused the Injury, the person's agent or a court having jurisdiction in the matter.

#### CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

1. Secure a Company claim form from the claims administrator named below, from the school or on the web at [www.BollingerColleges.com/nku](http://www.BollingerColleges.com/nku). No claim will be processed without a completed form.
2. Follow the instructions on the claim form.
3. Bills must be received by the claims administrator within 90 days of service.

PLAN ADMINISTERED BY:  
**Bollinger**  
Insurance Solutions

P.O. Box 727  
Short Hills, NJ 07078-0727

All questions should be directed to Bollinger at  
1-866-267-0092 or to our website at  
[www.BollingerColleges.com/nku](http://www.BollingerColleges.com/nku)

#### PREFERRED PROVIDER NETWORK:

 **First Health**  
Network

Please keep this brochure as a general summary of the insurance. 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 the Brochure. If any discrepancy exists between the Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits. This Brochure is based on Policy CKY505H

Policy Form ML5H5100GBP.KY

23251350

## Student Injury and Sickness Insurance Plan for Students of



## Northern Kentucky University

Highland Heights, Kentucky

# 2011-2012

THIS PLAN UNDERWRITTEN BY:

**MONUMENTAL LIFE  
INSURANCE COMPANY**

Cedar Rapids, Iowa  
an AEGON company

Visit us on the Web:  
[www.BollingerColleges.com/nku](http://www.BollingerColleges.com/nku)