



Student Medical Benefit Plan
2011-2012

DEAR STUDENT AND PARENTS:

All full-time students at the County College of Morris are covered for 24-hour Injury coverages as described in this brochure. Also described in this brochure are the Sickness coverages available to all full-time students.

THIS PLAN IS IMPORTANT TO YOU BECAUSE:

The high cost of medical care mandates a medical expense insurance plan. This plan described on the following pages provides a commendable plan for an affordable annual premium. The \$47,500 Extension of Maximum Benefit Coverage supplements the Injury and Sickness coverage.

If you already have other medical insurance coverage, this plan can be ideal as supplemental coverage. With the exception of claims covered under Worker's Compensation, this plan will pay regardless of any other insurance in force. In case of work related Injuries, please contact Health Services for further details. Students have the right to waive the Sickness insurance and may do so by obtaining a waiver card from the Bursar or Health Services.

PREMIUM SCHEDULE

<u>For Full-Time Students</u>	<u>Accident Only</u>	<u>Sickness Only</u>
Fall, Spring & Summer Semesters	\$16.00	\$93.00
Spring & Summer Semesters Only	\$11.00	\$60.00
Summer Semester Only	\$ 5.00	\$24.00

<u>Optional Dependent Coverage</u>	<u>Full Year Cost</u>
Spouse	\$159.00
All Child(ren)	\$317.00

Please Note That The Above Premiums Are Non-Refundable.

**COUNTY COLLEGE OF MORRIS
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. C502H issued to the above named college for the student named below.

Name		Social Security Number
Street Address		
Town	State	Zip Code

This coverage expires September 1, 2012
UNDERWRITTEN BY: ADMINISTERED BY:

**Monumental Life
Insurance Company**
CEDAR RAPIDS, IOWA

PREFERRED PROVIDER NETWORK:

Bollinger
Insurance Solutions

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



TERM OF COVERAGE

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, 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 Injury and benefits are limited to treatment rendered within 52 weeks of the date of Injury. 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 \$1,000 as the result of any one Injury.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$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.

Attending Physician's Expense: The Usual and Customary Charge is allowed not to exceed \$2,500 for any one Injury.

Second Surgical Opinion Expense: 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 \$1,000 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 \$50 per covered Injury.

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

Medical Consultation Expense: The expense actually incurred is allowed up to the Usual and Customary Charge per covered Injury.

ACCIDENTAL DEATH BENEFIT

\$2,000 payable when Injury results in the loss of life within 180 days of the accident.

ACCIDENTAL DISMEMBERMENT BENEFIT

\$2,000 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 the semi-private rate per day.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$1,000 as the result of any one Sickness.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$2,500 in total for all surgical operation(s) performed for any one Sickness.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$350 for any one Sickness.

Attending Physician's Expense: The expense actually incurred is allowed not to exceed \$250 for any one Sickness and payment will begin with the first visit. The allowance will be \$50 for the first qualifying call and \$25 for each subsequent call.

Second Surgical Opinion Expense: Second surgical opinions will be covered up to the expense incurred subject to a maximum of \$50.

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 \$500 as the result of any one Sickness.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$50 per covered Sickness.

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

Medical Consultation Expense: The expense actually incurred is allowed up to \$50 per covered Sickness.

Maternity Expense: We will pay benefits for Hospital confinement due to pregnancy, childbirth, or miscarriage. To receive benefits, a female must be insured under the Policy at the time of conception and during the entire period of pregnancy. We pay benefits for a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean section for a mother and her newly born child in a health care facility licensed pursuant to P.L. 1971, c. 136 (C. 26:2H-1 et seq.). Pregnancy and complications of pregnancy will be considered as any other Sickness. This benefit is subject to the hospital limits outlined above.

Mammography Benefits - Benefits will be provided on the same basis as benefits for any other Sickness for mammography. We will pay for: (1) one baseline mammogram examination for women who are at least thirty-five but less than forty years of age; (2) one mammogram every year for women age forty and over; (3) mammogram at any age or interval as deemed Medically Necessary by health care provider for women under age 40 with history of breast cancer or breast cancer risk factors.

Wellness Health Examinations: The program shall include, but not be limited to, the following tests and services:

- (1) For all persons 20 years of age and 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 persons 35 years of age or older, a glaucoma eye test every five years;
- (3) For all persons 40 years of age or older, an annual stool examination for presence of blood;
- (4) For all persons 45 years of age or older, a left-sided colon examination of 35 to 60 centimeters every five years;
- (5) For all women 20 years of age or older, a pap smear pursuant to the provisions of section 4 of P.L. 1995, c. 415 (C. 17B:27-46.1n);
- (6) For all women 40 years of age or older, a mammogram examination pursuant to the provisions of section 5 of P.L. 1991, c. 279 (C. 17B:27-46.1f);
- (7) For all adults, recommended immunizations; and
- (8) For all persons 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.

Effective July 1, 2011, each policy must provide payment for the aforementioned wellness benefits in an amount which shall not exceed:

1. \$231.00 a year for each person between the ages of 20 to 39 inclusive;
2. \$269.00 a year for each man of 40 years of age and older;
3. \$436.00 a year for each woman of 40 years of age and older; 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: Maternity, Mammography, Wellness Health Examinations, Inpatient Coverage for Mastectomy and Reconstructive Breast Surgery, Diabetes Treatment, Childhood Immunizations, Lead Poisoning Screening, Alcoholism Treatment, Home Health Care, Wilm's Tumor, Blood Products and Blood Infusion Equipment, Dose-Intensive Chemotherapy Cancer Treatment, Bone Marrow Transplant, Prostate Cancer Screening, Therapeutic Treatment of Inherited Metabolic Diseases, Pap Smear Coverage, Audiology and Speech-Language Pathology, Certain Dental Services, Biologically-Based Mental Illness, Infertility Diagnosis and Treatment Benefits, Colorectal Cancer Screening, Non-Standard Infant Formulas, Newborn Hearing Loss Screening, Off-Label Drugs, Prosthetics and Orthotics Benefit, Prescription Female Contraceptives, Autism Benefit, Hearing Aid for Children under 15, and Maternity Claims-Installments.

EXTENSION OF MAXIMUM BENEFIT

For Both Injury and Sickness

After the Company has paid \$2,500 in basic benefits under the Maximum Benefit for any one Injury or Sickness, the policy will pay, per the policy schedule of benefits, 80% of the expenses incurred in excess of \$2,500 up to but not exceeding \$47,500 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.

EXCLUSIONS

The Policy does not cover:

1. Services that are provided normally without charge by the College's 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, 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. Committing or attempting to commit an assault or felony, or fighting, except in self defense;
13. 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.

CLAIMS PROCEDURES

In the event of an Injury or Sickness, students should contact College Health Services at once for full instructions. All claims are processed and paid by the Plan Administrator indicated below. Proofs of loss must be submitted within 90 days following the date of Injury or start of Sickness. Claim forms and Plan Benefit information is also available on our website: www.BollingerColleges.com/ccm.

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.

Identity Theft Recovery Assistance: In the event that a covered student suspects he or she is a victim of identity theft, the student may contact On Call International to speak to the Identity Theft Recovery Unit. The Identity Theft Recovery Unit is a team of trained Fraud Specialists who will listen, document, and support participants who experience identity theft. The Fraud Specialist will: obtain participant's permission to pull and review their 3-bureau credit report in detail, with the participant; enroll the customer in six months of daily credit bureau monitoring to monitor and detect suspicious activity; document the event and contact history with participant; at participant request, assist in the placement of Fraud Alerts with major credit reporting agencies; write dispute letters on behalf of participant for signing and forwarding to National Credit Bureaus and Creditors. The Identity Theft Recovery Unit provides victims with a Fraud First Aid Kit which includes: Tips for Fraud Victims; Credit Bureau Reporting Agency Information; Contact History Tracking; Pre-populated letters to creditors to dispute suspicious items.

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.

THIS PLAN IS ADMINISTERED BY:



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

PREFERRED PROVIDER NETWORK PROVIDED BY:



www.CHN.com

INJURY & SICKNESS INSURANCE SUMMARY OF COVERAGE

**FOR FULL-TIME STUDENTS,
PART-TIME: NURSING
& ALLIED HEALTH STUDENTS**



214 CENTER GROVE RD.
 RANDOLPH, N.J. 07869-2086
 (973) 328-5000

2011-2012

THIS PLAN UNDERWRITTEN BY:
**Monumental Life
 Insurance Company**

Cedar Rapids, Iowa
 an AEGON company

www.BollingerColleges.com/ccm

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/ccm. A paper copy of your certificate is available upon request. 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 Policy, the Master Policy will govern and control the payment of benefits.

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."