

**2009-2010
STUDENT
INJURY & SICKNESS
INSURANCE PLAN**

**UNIVERSITY OF THE
CUMBERLANDS**

**“the Policyholder”
Williamsburg, Kentucky**

**Visit us on the web:
www.BollingerColleges.com/Cumberlands**

Underwritten by:
**MONUMENTAL LIFE
INSURANCE COMPANY**
Cedar Rapids, Iowa
an AEGON company

UNIVERSITY OF THE CUMBERLANDS STUDENT INJURY & SICKNESS INSURANCE PLAN

This brochure is only a brief description of the coverage available under policy series CKY511F. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions, some of which may not be included in this brochure. Full details of the coverage are contained in the Policy on file at the University. If any discrepancy exists between the contents of this brochure and the Policy, the Policy will govern in all cases.

ELIGIBILITY

All registered undergraduate students taking 12 or more credit hours, all international students, all students participating in intercollegiate athletics, and all athletic team graduate assistants are automatically enrolled in the Student Accident & Sickness Insurance Plan. The insurance premium will automatically be placed on the student's tuition bill. All other students taking credit hours are eligible to purchase this insurance plan on a voluntary basis.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Except in the case of withdrawal due to Sickness or Injury, any student withdrawing from school during the first 31 days of the period for which he or she is enrolled will not be covered under the Policy and a full refund of premium will be made. Home study, correspondence, Internet and Television (TV) courses do not fulfill the Eligibility requirements that the student actively attends classes. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been and

continue to be met. If the Company discovers that the Policy eligibility requirements have not been or are not being met, its only obligation is to refund premium, less any claims paid. A Covered Student must meet the eligibility requirements each time he or she pays premium to continue insurance coverage.

Students may also purchase dependent coverage. Eligible dependents are the spouse (residing with the insured student) and unmarried dependent child(ren) under nineteen years of age, who are not self-supporting or unmarried dependent child(ren) under 25 years of age who are enrolled full-time at an accredited educational institution 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.

NOTE: Except as noted under Termination or as specifically provided under the Extension of Benefits, Dependent coverage expires concurrently with that of the Covered Student.

NEWBORN CHILDREN

Coverage for a Covered Person's newborn child will be effective from the moment of birth. Coverage will include any needed care or treatment for medically diagnosed congenital defects or birth abnormalities. Notification and additional premium for a newborn child must be received by the Company within 31 days after the child's birth for coverage to continue beyond this 31 day period. If the additional premium is not paid, the benefit for the first 31 days will be paid as shown on the schedule.

WAIVER PROCESS/PROCEDURE

Students, who are currently insured by a health insurance policy, may waive the University of the Cumberlands' Accident & Sickness Insurance Plan with proof of comparable coverage. The waiver form must be completed online at

www.BollingerColleges.com/Cumberlands by the last day of the waiver deadline(s). The waiver deadline for Fall coverage is August 31, 2009; the waiver deadline for Spring coverage is January 31, 2010. If the waiver deadline(s) is ignored, the student will be responsible for the insurance premium(s).

OPEN ENROLLMENT PERIOD

Students eligible to purchase the insurance on a voluntary basis may do so within the open enrollment period. The open enrollment period for Fall coverage ends August 31, 2009. The open enrollment period for Spring coverage ends January 31, 2010. Enrollment forms are available at the University's Business Services Office.

No waiver or enrollment form will be accepted after the waiver deadline. Or, for students enrolling on a voluntary basis, there is no enrollment permitted after the open enrollment period. The only exceptions are the following qualifying events: (1) within 31 days of the date of ineligibility under another Creditable Plan; or (2) within 31 days of marriage, birth or adoption. Proof of the qualifying event must be submitted with the request for enrollment.

PREMIUM RATES

	FALL	SPRING/ SUMMER
	08/08/09- 01/08/10	01/08/10- 08/08/10
Student Only	\$391.00*	\$ 539.00*
Spouse	\$844.00	\$1,178.00
Each Child	\$563.00	\$ 784.00

*Includes University administrative fee.

Dependent coverage enrollment forms are available online at www.BollingerInsurance.com/Cumberlands.

The premium for Dependent coverage, along with the enrollment form, must be sent directly to: Bollinger Inc. P.O. Box 398, Short Hills, NJ, 07078 Att: Melissa Mazzola.

Credit Card payment for Spouses and Dependents is also available online at www.BollingerColleges.com/Cumberlands.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. on August 08, 2009 and terminates at 12:01 a.m. on August 08, 2010. Coverage must be purchased each semester of attendance. Coverage for enrolled Students and their eligible Dependents will be effective on the Policy Effective Date; Effective Date of the coverage period elected; or the day after the date the enrollment form and correct premium are received, whichever is latest. Insurance will end for the Covered Person on the earliest of: a) the date the Policy terminates; b) the last day for which premium has been paid; or c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the

Company. Refunds of premiums are allowed only upon entry into the armed forces or if Eligibility requirements are not met. No other refunds of premiums will be allowed.

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.

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 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) twelve 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 University's prior policies for six months; or
- (3) The insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under the Policy is "Creditable Coverage" under Federal Law. When coverage terminates, the Covered Person can request a Certificate of Coverage that is evidence of coverage under the Policy. The Covered Person may need such a certificate if he she becomes covered under a group health plan or other health plan within 63 days after the coverage under the Policy terminates. If the subsequent health plan excludes or limits coverage for medical conditions the Covered Person had before enrolling, this Certificate may be used to reduce or eliminate those exclusions or limitations.

In order to obtain a Certificate of Creditable Coverage, please contact Bollinger Inc., 101 JFK Parkway, Short Hills, NJ, 07078 Att: Melissa Mazzola, or call 800-350-8005 Ext 8062.

PLAN FEATURES AND REQUIREMENTS

The cost containment features listed below are included in the Plan to keep your health care costs more affordable. Please take the time to read so you will be familiar with your benefits:

- **Preferred Provider Organization (PPO)
First Health Network**
1-800-226-5116
www.firsthealth.com

The medical benefits stated in this Plan are based upon medical treatment being received from a Preferred Provider Organization (PPO). If a Covered Person seeks treatment from a non-participating provider, benefits will be reduced to the percentage shown in the Schedule of Benefits. Please be aware that if a Covered Person is treated at a PPO Hospital, it does not mean that all providers at the Hospital are PPO providers. In addition, if a Covered Person is referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which the Covered Person is referred is also a PPO provider. It is the Covered Person's responsibility to verify that the provider is part of the PPO. A list of nationwide First Health Network preferred providers is available for your review via online at www.firsthealth.com.

- **Pharmacy Network
Caremark, Inc.**
www.caremark.com

The prescription benefits stated in this Plan are based upon prescriptions being filled by a participating pharmacy only. There is no nonparticipating pharmacy benefit. A list of nationwide pharmacies is available for your review via online at www.caremark.com. The Prescription Drug Benefit Management services are provided by Caremark pharmacies.

DEFINITIONS

COINSURANCE means the out-of-pocket expenses to be paid by the Insured as a percentage of the Covered Medical Expenses.

DEPENDENT means the Insured's spouse unless they are legally separated; the Insured's unmarried children under age 19; or 25 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.

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 this Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; 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 other-

wise payable under this 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 this 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 or any kind), except for the treatment of an underlying covered Sickness; premarital examinations; preventive 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; temporomandibular joint dysfunction (TMJ); tubal ligation; vasectomy; and weight loss or reduction.

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under this Policy. A Covered Person must begin receiving services, supplies or treatment within 72 hours from the time of accident in order for it to be considered a covered 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.

continued on page 12

SCHEDULE OF BENEFITS •

Maximum Policy Benefit: \$25,000 per Injury or Sickness – The Policy provides benefits for the Eligible Expenses incurred by a Covered Person for loss due to a covered Injury or Sickness up to Maximum Benefit of \$25,000. Benefits will be paid as allocated for each service as scheduled below.
Preferred Provider Organization (PPO): First Health Network. Please note: University of the Cumberland's Student Health Center / David B. Williams, M.D. and Shelia Lambdin, Nurse Practitioner are members of the First Health Network. Campus Health Center Office, 403 Sycamore St., Williamsburg, KY 40769, phone (606) 549-8244.

Inpatient	Preferred Provider	Out-of-Network
HOSPITAL ROOM AND BOARD , average daily semi-private room rate; and general nursing care provided by the Hospital.	100% of PPO Allowance	75% of U&C Charges
HOSPITAL MISCELLANEOUS EXPENSES , such as the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services, and supplies.	100% of PPO Allowance \$50 copay/confinement	75% of U&C Charges \$50 copay/confinement
INTENSIVE CARE	100% of PPO Allowance	75% of U&C Charges
ROUTINE WELL BABY CARE , while Hospital confined; and routine nursery care provided immediately after birth; up to 4 days Hospital confinement expense maximum.	Paid as Sickness	Paid as Sickness
PHYSIOTHERAPY , limited to one visit per day; \$1,000 maximum per Policy Year per Injury or Sickness.	100% of PPO Allowance	75% of U&C Charges
SURGEON'S FEES , in accordance with data provided by MDR. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	100% of PPO Allowance	75% of U&C Charges
ASSISTANT SURGEON	100% of PPO Allowance	75% of U&C Charges
ANESTHETIST , professional services administered in connection with inpatient surgery.	100% of PPO Allowance	75% of U&C Charges
REGISTERED NURSE , private duty nursing care.	100% of PPO Allowance	75% of U&C Charges
DOCTOR'S VISITS , limited to one visit per day and does not apply when related to surgery.	100% of PPO Allowance \$50 copay per visit	75% of U&C Charges \$50 copay per visit
PRE-ADMISSION TESTING , this benefit is payable within 3 working days prior to admission.	100% of PPO Allowance	75% of U&C Charges
PSYCHOTHERAPY , limited to one visit per day; \$10,000 lifetime maximum; 30 days lifetime maximum.	100% of PPO Allowance	75% of U&C Charges
Outpatient		
SURGEON'S FEES , in accordance with data provided by MDR. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the amount paid will not exceed 50% of the 2nd procedure and 25% of subsequent procedures.	100% of PPO Allowance	75% of U&C Charges
DAY SURGERY MISCELLANEOUS , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. U&C Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of PPO Allowance	75% of U&C Charges
ASSISTANT SURGEON	100% of PPO Allowance	75% of U&C Charges
ANESTHETIST , professional services administered in connection with outpatient surgery.	100% of PPO Allowance	75% of U&C Charges
DOCTOR'S VISITS , limited to one visit per day and does not apply when related to surgery or Physiotherapy; the \$20 copay is waived if service is administered at SHC or referred by SHC.	100% of PPO Allowance \$20 copay per visit	75% of U&C Charges \$20 copay per visit
PHYSIOTHERAPY , limited to one visit per day; \$50 maximum per visit; benefits include acupuncture; \$1,000 maximum per Policy Year per Injury or Sickness; 20 visits maximum per Policy Year per Injury or Sickness.	100% of PPO Allowance \$20 copay per visit	75% of U&C Charges \$20 copay per visit
MEDICAL EMERGENCY , use of emergency room and supplies; treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	100% of PPO Allowance \$100 copay per visit (waived if admitted).	75% of U&C Charges \$100 copay per visit (waived if admitted).
DIAGNOSTIC X-RAY & LABORATORY SERVICES	100% of PPO Allowance \$20 copay per visit	75% of U&C Charges \$20 copay per visit
TESTS & PROCEDURES , diagnostic services and medical procedures performed by a Doctor, other than Doctor's visits, Physiotherapy, x-rays and laboratory procedures.	100% of PPO Allowance \$20 copay per visit	75% of U&C Charges \$20 copay per visit
RADIATION THERAPY	100% of PPO Allowance	75% of U&C Charges
CHEMOTHERAPY	100% of PPO Allowance	75% of U&C Charges
INJECTIONS , when administered in the Doctor's office and charged on the Doctor's statement.	100% of PPO Allowance	75% of U&C Charges
OUTPATIENT PRESCRIPTION DRUGS , must utilize a Caremark pharmacy; limited to a 30 day supply per prescription or refill; \$500 aggregate maximum per Policy Year for all Conditions. However obtained, all outpatient prescription drugs are subject to the Outpatient Prescription Drug maximum.	\$15 copay for generic \$25 copay for brand name	No benefits
PSYCHOTHERAPY , including all related or ancillary Expenses incurred as a result of a Mental and Nervous Disorder; limited to one visit per day; \$1,000 lifetime maximum.	100% of PPO Allowance	75% of U&C Charges
Other		
AMBULANCE SERVICES	100% of U&C Charges	100% of U&C Charges
DURABLE MEDICAL EQUIPMENT , a written prescription must accompany the claim when submitted; replacement equipment is not covered.	100% of U&C Charges	100% of U&C Charges
CONSULTANT DOCTOR'S FEE , when requested and approved by the attending Doctor.	100% of PPO Allowance	75% of U&C Charges
DENTAL TREATMENT Injury to sound, natural teeth only; \$500 max. per Policy Year per Injury.	100% of U&C Charges	100% of U&C Charges
ALCOHOLISM/DRUG ABUSE	Paid Under Psychotherapy	Paid Under Psychotherapy
MATERNITY/COMPLICATIONS OF PREGNANCY	Paid as Sickness	Paid as Sickness
PAP SMEAR One annual for women 18 and older.	100% of PPO Allowance	75% of U&C Charges
INTRAMURAL/CLUB/INTERCOLLEGIATE SPORTS	Paid as any other Injury	Paid as any other Injury

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, permanent placement of the Covered Person's health in jeopardy, serious impairment of bodily functions or serious and permanent dysfunction of any body organ or part. Expenses incurred for a medical emergency will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor sicknesses.

MEDICALLY NECESSARY means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the Covered Person's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the Insured.

MENTAL or NERVOUS DISORDERS means any disorder specified in the diagnostic and statistical manual of mental disorders, fourth edition (DSM-IV, 1995) of the American Psychiatric Association. This will not include conditions not attributable to a mental disorder that are a focus of attention or treatment (DSM-IV, V Codes).

OTHER VALID and COLLECTIBLE MEDICAL INSURANCE includes but is not limited to group insurance; automobile medical payments and no-fault insurance; individual major medical policies; coverage provided by a Hospital or medical service organization; union welfare plans; or employer or employee benefits organization; or employer's liability coverage.

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.

SICKNESS means an illness, or disease , or trauma related disorder due to Injury which causes a loss while this 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 the charge which in the Company's experience is most often incurred for any given procedure. In no event shall the Company's payment for surgical procedures exceed the Usual and Customary Charges which in the Company's experience are normally made by the majority of Physicians in that area.

REPATRIATION OF REMAINS BENEFIT

\$25,000 Maximum Amount

If a Covered Person suffers loss of life due to Injury or Emergency Sickness while outside his or her home country, the Company will pay, subject to the Policy limitations, for Eligible Expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Amount per Covered Person. Eligible Expenses include, but are not limited to: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible. Bollinger, Inc. must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions.

EMERGENCY EVACUATION BENEFIT

\$25,000 Maximum Amount

The Company will pay, subject to the Policy limitations, for Eligible Emergency Evacuation Expenses reasonably incurred if the Covered Person suffers and Injury or Emergency Sickness that warrants his or her Emergency Evacuation while outside his or her home country, but not exceeding the Maximum Amount per Covered Person for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes. Bollinger, Inc. must authorize all expenses in advance for any Emergency Evacuation benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions.

STATE 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, and Maternity, Post-delivery Care and Routine Nursery Care. Please see the complete Policy on file with the Policyholder for full details.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

For accidental death within 180 days of the date of the accident, or dismemberment within 180 days from the date of covered Injury, the Plan will pay, in addition to the medical benefits provided herein, one of the following:

	Student	Spouse	Child
Accidental Death	\$10,000	\$5,000	\$1,000
Accidental Loss of:			
Two or more Members	\$10,000	\$5,000	\$1,000
One Member	\$5,000	\$2,500	\$500

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.

EXCLUSIONS

1. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician;
- 2 Services that are provided normally without charge by the college's health center, infirmary or Hospital; or by any person employed by the university;

3. Declared or undeclared war, civil disorder, civil commotion or acts of terrorism;
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane (in Missouri, while sane);
5. Accident 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 for the purpose prescribed by the Covered Person's Physician;
6. 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 instructions for college credit;
7. 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;
8. Injury resulting from the playing, practice, participating, or conditioning in any interscholastic, professional, or semi professional sport. Injury sustained while traveling to or from such sport, contest or competition as a participant;
9. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of this Policy;
10. 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;

11. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
12. Dental care by a physician or in a hospital except for multiple extractions or removal of unerupted teeth when a concurrent, hazardous medical condition exists;
13. Expenses incurred for manipulation and massage;
14. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
15. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance;
16. Elective Surgery or Elective Treatment;
17. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
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. Homemaking, companion or chronic (custodial) care services. Charges of a home health aide who is a member of your household. Charges of any care provided by relatives (by blood, marriage or adoption);
21. Organ transplants;
22. Travel in snowmobiles, or on any two, three or four-wheeled off road type motorized or engine-driven vehicles.

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 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.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this Policy ceases on the termination date. However, if

a Covered Person is Hospital Confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, Covered Medical Expenses for such Injury or Sickness will continue to be paid until the completion of his Hospital Confinement but not to exceed 90 days from the expiration date of coverage or beyond release from the Hospital for that Inpatient Confinement or the maximum policy benefit whichever occurs first. If the Insured is also an Insured under the succeeding policy issued to the Policyholder, this "Extension of Benefits" provision will not apply. After the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made. The total payments made in respect of the Covered Person for each condition both before and after the termination date will never exceed the maximum benefit.

STUDENT ASSISTANCE SERVICES

(Administered by On Call International)

The following services are available for use by the students insured under this plan. For additional information, please refer to the plan web site:

www.BollingerColleges.com/Cumberlands

Nurse Advise Line: Clinical assessment, education and general health information performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students. Nurses shall not diagnose a Student's ailments.

Travel Assistance Services: Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of

continued

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: On Call International has an Identity Theft Recovery Unit who will listen, document, support, and guide participants who experience identity theft.

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 FILING PROCEDURES

Claims forms can be accepted directly from providers if the claim form includes the name of the Covered Person, name of school under which the Covered Student is insured, identification number, date of services, diagnosis, treatment procedure and billed charges. Proof of loss must be furnished within 90 days after the date of such loss.

Submit claims forms to:

Bollinger Inc., Attention College Claims
PO Box 727, Short Hills, NJ, 07078-0727
Telephone 866-267-0092

(Ask for College Customer Service)

Claim forms can be accessed on line at www.BollingerColleges.com/Cumberlands.

Claim can also be processed electronically at www.BollingerColleges.com/Cumberlands.

Questions regarding benefits, specific claim information and periods of coverage should be directed to the address or Customer Service phone number listed above.

ON-LINE SERVICES

To access the Plan brochure, enrollment cards, I.D. card, secure claim information and other services, please visit the following website:

www.BollingerColleges.com/Cumberlands

NON-RENEWABLE ONE YEAR TERM INSURANCE

The Policy is non-renewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

PLAN ADMINISTERED BY:



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/Cumberlands

PREFERRED PROVIDER NETWORK:



Please keep this brochure as a general summary of the insurance. The Master Policy on file at the University 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 CKY511F

Policy Form: SH1000GPM(Rev. 2000).KY

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