

HOSPITAL means an institution which meets all of the following requirements:

- (1) it must be operated according to law;
- (2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an in-patient basis for which a charge is made;
- (3) it must provide diagnostic and surgical facilities supervised by Physicians;
- (4) Registered Nurses must be on 24 hour call or duty;
- (5) the care must be given either on the Hospital's premises or in facilities available to the Hospital on a pre-arranged basis.

A Hospital is not a rest, convalescent, extended care, rehabilitation or Skilled Nursing Facility. It is not a place which primarily treats mental illness, alcoholism or drug addiction; nor does it include any ward, wing or other section of the Hospital that is used for such purposes. It is not a facility where, in the absence of insurance, there is no legal obligation to pay.

MEDICALLY NECESSARY means health care services that a health care provider, exercising his prudent clinical judgment, would provide to a Covered Person for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms and that is: (1) in accordance with the generally accepted standards of medical practice; (2) clinically appropriate, in terms of type, frequency, extent, site and duration, and (3) considered effective for the Covered Person's illness, injury or disease; (4) not primarily for the convenience of the Covered Person or the health care provider; and (5) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that Covered Person's illness, injury or disease.

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 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 Complications of Pregnancy.

USUAL AND CUSTOMARY CHARGE (U&C) 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.

CERTIFICATION OF CREDITABLE COVERAGE

State regulations may define this plan to be "Creditable Coverage". This means that the time you are covered under this plan may be eligible for crediting toward satisfaction of a pre-existing conditions limitation in an employer-sponsored plan under which you subsequently become covered. When your coverage terminates, you are eligible to receive a certification regarding your coverage under this plan. If you want such a certification after your coverage terminates, please contact Bollinger, Inc. at that time.

MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with New Jersey insurance laws: Wellness Health Examinations Benefit, 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, Childhood Immunization, Lead Poisoning Screening, Non-Standard Infant Formulas and Newborn Hearing Loss.

EXCLUSIONS

Benefits will not be paid under this Policy and any attached Rider for any expenses which result from:

- (1) Eyeglasses, radial keratotomy, contact lenses, hearing aids (except for dependent children 15 and under) or prescriptions or examinations except as required for repair caused by a covered Injury;
- (2) Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
- (3) Committing or attempting to commit an assault or felony; or fighting, except in self defense;
- (4) Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
- (5) War or any act of war, declared or undeclared: (1) while the Covered Person is serving in the armed forces of any country; (2) while the Covered Person is serving in any civilian non-combatant unit supporting or accompanying any armed forces of any country or international organization; or (3) while the Covered Person is not serving in any armed Force if the Injury or Sickness occurs outside the home area. A pro-rata premium will be refunded upon request for such period not covered;

- (6) 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;
- (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) Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
- (9) Cosmetic surgery, except for reconstructive surgery performed as treatment for breast cancer, 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) Services that are provided normally without charge by the College's Health Center, infirmary or Hospital; or by any person employed by the College;
- (11) Treatment for mental or emotional disorders, except for Biologically Based Mental Illness covered under this Policy;
- (12) Outpatient Physiotherapy, except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
- (13) Organ transplants, except as specifically provided in this Policy;
- (14) 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.
- (15) Elective abortion;
- (16) Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
- (17) Breast implants; breast reduction.

In the event of a non-emergency Injury or Sickness the Insured Person should: Report to the Student Activities Office at the College at once for full instructions. If the Student Activities Office is not available, report to the security office at the College. The physicians and hospitals may submit itemized bills directly to Bollinger, Inc. electronically or mailing them to the address under claim procedure.

CLAIM PROCEDURE

- Complete a claim form and mail it to Bollinger, Inc. within 30 days of the date of the Injury or commencement of the Sickness, or as soon thereafter as possible. Mail the claim form to Bollinger, Inc., PO Box 727, Short Hills NJ 07078-0727.
- Claim forms are available on line at www.BollingerColleges.com/Mercer or by calling 866-267-0092. If the providers have given you bills, attach them to the claim form.
- Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Bollinger, Inc. On line claim status is available at www.BollingerColleges.com/Mercer or by calling 866-267-0092.
- Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to www.BollingerColleges.com/Mercer. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.

Bollinger
Insurance Solutions

P.O. Box 727

Short Hills, NJ 07078-0727

1-866-267-0092 (Claims/Coverage)

1-800-526-1379 (Other Questions)



**For more complete description of Benefits visit us
PREFERRED PROVIDER NETWORK:**

www.BollingerColleges.com/Mercer

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF INSURANCE. The Master Policy on file at the College contains all of the policy 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 Master Policy, the Master Policy will govern and control the payment of benefits.

Policy Form SHI5000GPM.NJ

12372141

STUDENT INSURANCE PLAN



MERCER
County Community College

2009-2010

Visit us on the web:
www.BollingerColleges.com/Mercer

This plan is underwritten by:
**Monumental Life
Insurance Company**
Cedar Rapids, Iowa
an AEGON company

Policy # C546F

INTRODUCTION

New Jersey state law requires that all full-time college students have medical and hospitalization insurance. This brochure is a brief description of the Student Insurance Plan for students at Mercer County Community College. The exact provisions governing this insurance are contained in the Master Policy issued to the College. The Master Policy shall control in the event of any conflict between the Policy and this brochure. Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy are issued will be administered to conform with the requirements of such state statutes.

The Student Insurance Plan is composed of two different policies:

- 1) Accident Plan - This covers all registered students of Mercer County Community College. Benefits are for Injury incurred during school sponsored activities.
- 2) Injury & Sickness Plan - This policy covers full-time students not waiving coverage. Benefits are for hospital care rendered for Injury or Sickness.

POLICY TERM

The insurance coverage under the Mercer County Community College Student Insurance Plan becomes effective for fall semester at 12:01 a.m. on August 31, 2009 and continues until 12:01 a.m. on January 19, 2010. Coverage becomes effective for Spring semester at 12:01 a.m. on January 19, 2010 and continues until 12:01 a.m. on August 31, 2010. For students enrolling directly with Bollinger, Inc., an eligible student's coverage becomes effective on the semester start date or the day after the postmark date of the payment, whichever is later.

OTHER COVERAGE OPTIONS

Students not eligible to re-enroll in the Student Injury and Sickness Insurance Plan after coverage under the Plan expires due to graduation or discontinuation of studies at the College and students in need of specialized coverage should contact Bollinger, Inc. for possible options prior to the expiration of coverage under your student plan.

ELIGIBILITY AND COST

I. Accident Plan

A registered student of Mercer County Community College is automatically provided the Accident Plan (Section I) for the semester for which he/she is attending classes.

II. Injury & Sickness Plan

Full-time Students

All full-time (12 credit hours or more) Mercer County Community College students, while enrolled at the College, are required to have insurance comparable to, or enroll in the Injury & Sickness Plan. The insurance charge will automatically appear on the bill given to each full-time student at the time of registration. Those who have coverage under a family policy may waive enrollment in the Student Injury & Sickness Plan by completing the enclosed Waiver Form. The Waiver Form must be returned to the Mercer County Community College Cashier's

Office at the time you make payment for your courses. Students who lose family coverage during the school year should contact the Mercer County Community College Cashier's Office.

Part-time Students

Voluntary enrollment is available to part-time students taking a minimum of 1 credit hour. To enroll, follow the instructions on the Enrollment Form. The last date for voluntary open enrollment is October 15, 2009 for Fall semester and February 27, 2010 for Spring semester.

The cost of the Injury and Sickness Plan is \$19.00 per semester. The college may charge an additional administrative fee.

I. ACCIDENT PLAN

Benefits are provided up to \$25,000 for covered medical expenses incurred as the result of a covered accidental injury occurring to the Covered Person while: (1) on College premises; (2) away from College premises (other than traveling) while the Covered Person is participating in or attending anyone-day College activity sponsored by and under the direct and immediate supervision of the College; and (3) traveling directly to or from residence and College to participate in College Activities.

The initial treatment for an accidental injury must be rendered within 30 days of the accident. Benefits for a covered injury are limited to treatment received within 104 weeks of the date of the accident.

The Accident Expense Benefit does not cover treatment of Sickness, condition, disease, ailment or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances).

Plastic, reconstructive or reimplantation, transplantation and experimental surgery and/or treatment for cosmetic purposes will not exceed a maximum benefit of \$1,000 in the aggregate for all medical, surgical, hospital and dental expenses incurred as a result of any one (1) Covered Accident.

Non-Duplication of Benefits Provision - 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 Medical Insurance. If the Covered Person is covered by Other Valid and Collectible Medical Insurance, all benefits payable by such insurance in excess of \$200 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 compensa-

ble expenses incurred when combined with benefits paid by any Other Valid and Collectible Medical Insurance. The company will pay for the medically necessary services in accordance with the Usual and Customary charge (U&C) normally made for such services as follows below:

INPATIENT

Room/Board/ICUU&C
 Hospital MiscU&; \$400/day
 SurgeryU&
 Anesthetist ServicesU&
 Registered Nurses' ServicesU&
 Physician's VisitsU&
 Medical ConsultationU&
 PhysiotherapyU&; \$200 max
 Pre-admission TestingU&

OUTPATIENT

Hospital Day SurgeryU&; \$400 Max
 Surgery MiscU&
 Anesthetist ServicesU&
 Attending Physician's VisitsU&
 Consultant Physician FeesU&
 PhysiotherapyU&; \$200 Max
 Medical EmergencyU&
 Diagnostic X-ray and Laboratory.U&
 InjectionsU&
 Prescription DrugsU&
 Braces and AppliancesU&

OTHER

Ambulance ServicesU&
 Dental TreatmentU&; \$10,000 Max
 Accidental Death \$ 2,000 Max
 Accidental Dismemberment. \$10,000 Max
 Replacement of Eyeglasses (due to covered Injury) .U&; \$ 200 Max
 Air Travel Coverage: For students participating in the Flight Training Program, benefits under the policy will include coverage while flying in any aircraftU&

DEFINITIONS

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under this 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. The Injury must not be caused by or contributed to by Sickness.

II. INJURY & SICKNESS PLAN

MEDICAL EXPENSE BENEFIT SCHEDULE

The Basic benefit provides benefits for up to \$1,000 of covered, hospital billed medical expenses incurred, inpatient or outpatient, as the result of a covered accidental Injury or Sickness. The initial treatment for an accidental injury must be rendered within 30 days of the accident. Benefits for a covered Injury or Sickness are limited to treatment received within 52 weeks of the date of the accident or first treatment for sickness. The company will pay for the Medically Necessary services in accordance with the Usual and Customary (U&C) charge normally made for such services as follows:

	For Accidents	For Sickness
Inpatient Hospital Billed Services		
• Room/Board/ICU	U&C Semi-privates	U&C Semi-privates
• Hospital Misc.	U&C	U&C
• Attending Physician's Visits	U&C \$200 MAX	U&C \$200 Max
• Physiotherapy	U&C	U&C
• Surgery	No Benefit	No Benefit
Outpatient Hospital Billed Services		
• Day Surgery Misc.	U&C Hospital billed only	U&C Hospital billed only
• Outpatient Misc.	U&C Hospital billed only	U&C Hospital billed only
• Emergency Room	U&C Hospital billed only	U&C Hospital billed only
• X-rays/Lab Test	U&C Hospital billed only	U&C Hospital billed only
• Misc. Supplies	U&C Hospital billed only	U&C Hospital billed only
Other Hospital Billed Services		
• Home Health Care	U&C	U&C
• Extended Care	Basic Benefit only	Basic Benefit only
• Dental	U&C Hospital billed only	U&C Hospital billed only
• Alcoholism Treatment	No Benefit	Treated as any other Sickness
• Treatment of Diabetes, Equipment/Supplies/Education	No Benefit	Treated as any other Sickness
• Treatment of Wilm's Tumor	No Benefit	Treated as any other Sickness
• Reconstructive Breast Surgery	No Benefit	Treated as any other Sickness
• Maternity	No Benefit	Treated as any other Sickness
• Assistant Surgeon Fees	No Benefit	No Benefit

OTHER SERVICES

- Outpatient Physician's Visit \$20 Benefit per visit, beginning with the first visit per condition, limited to five visits per condition.
- Outpatient Prescription Drugs 70% of Usual and Customary charge, limited to \$200 per Policy Year.
- Air Travel Coverage: For students participating in the Flight Training Program, benefits under the policy will include coverage while flying in any aircraft.

EXTENSION OF MAXIMUM BENEFIT

After paying \$1,000 in basic benefits under either the accident or sickness provision of the Injury & Sickness Plan for any one Injury or Sickness, this Plan will pay 80% of any additional expenses incurred in excess of \$1,000 up to, but not exceeding \$29,000 for Covered Medical Expenses for any one Injury or Sickness. Expenses must be incurred within one year from the date of Injury or Sickness. Dental Care or Treatment due to a covered accident is not payable under the Extension of Maximum Benefit.