

\$10,000 STUDENT BUY UP OPTIONAL EXTENSION

For an additional \$118 annual premium, students may purchase an additional layer of \$10,000 of coverage. After the Basic Benefits and Major Medical Benefits have been exhausted, and after a \$100 corridor deductible has been satisfied, the plan will pay 80% of Usual and Customary expenses until an additional \$10,000 has been paid per Sickness or Injury. To purchase this extra coverage, please go to www.BollingerColleges.com/washjeff.

EXCLUSIONS

The Policy does not cover:

1. Service or treatment rendered as part of the duties of a physician or any other person employed or retained by the Policyholder;
2. Eyeglasses, contact lenses, or prescriptions therefor;
3. Self-inflicted Injuries, suicide, or attempt thereat while sane or insane;
4. Congenital defect;
5. Injuries sustained as a result of practice or participating in intercollegiate sports in any form;
6. Injury or Sickness for which the Insured is entitled to benefits under any Worker's Compensation Act or Law or similar legislation, or medical expenses covered under any Automobile Repairs Reform Act, or Automobile No-Fault Law, or similar legislation;
7. First aid treatment at the scene of an accident;
8. Air travel except as a fare-paying passenger on a commercial aircraft;
9. Health treatment or examinations where no Injury or Sickness is involved;
10. Elective abortions or any other voluntary termination of pregnancy;
11. Dental treatment except for Injury to sound, natural teeth;
12. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
13. Elective Surgery, or Elective Treatment;
14. Services or treatment rendered by a Physician or nurse who is the Insured or a member of his immediate family;
15. Preventative medicines, serums, or vaccines;
16. An Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation.

STUDENT HEALTH CENTER

In the event of a non-emergency Injury or Sickness, the student should:

1. If at college, in a non-emergency situation, report at once to the Student Health Center.
2. If away from college, secure treatment at the nearest hospital or physician, pay the bill, and obtain a copy of the bill.

CLAIM PROCEDURES

Proofs of loss must be submitted within 90 days following the date of loss or start of Sickness.

Claim forms containing complete instructions for filing a claim may be obtained from:

1. The Student Health Center.
2. The Business Office in Thompson Hall.
3. The Plan Administrator shown below.
4. Online at www.BollingerColleges.com/washjeff.

STUDENT ASSISTANCE SERVICES (Administered by On Call International)

Nurse Helpline: On Call shall provide Students enrolled in this Plan with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose a Student's ailments.

Travel Assistance Services: Each Insured Student and his/her enrolled Dependents are eligible for travel assistance services when traveling 100 miles or more away from their home and campus address. Travel Services are only available for medical claims that are covered under the College's Student Accident and Sickness Insurance Plan. Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance.

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

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

U.S. & Canada Toll Free: 866-525-1955
International Collect: 603-328-1955

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

THIS PLAN IS ADMINISTERED BY:

Bollinger
Insurance Solutions

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

PREFERRED PROVIDER NETWORKK:

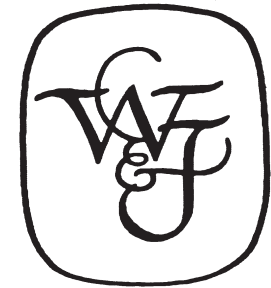
 **First Health**
Network

23763466

STUDENT HEALTH INSURANCE PROGRAM

DESIGNED ESPECIALLY FOR
THE STUDENTS OF

**WASHINGTON AND JEFFERSON
COLLEGE**
WASHINGTON, PENNSYLVANIA



2011-2012

Visit us on the Web:

www.BollingerColleges.com/washjeff

THIS PLAN UNDERWRITTEN BY:

**MONUMENTAL LIFE
INSURANCE COMPANY**

Cedar Rapids, Iowa
an AEGON company

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. 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.

Policy Form SH3000GPM.PA (Rev.04-10)

ENROLLMENT AND COSTS

All full time students will be enrolled into the College Health Insurance Plan if they pay the premium billed along with their tuition and do not waive out of the plan.

The premium costs for this plan are as follows:

Full Time Students	\$515 per year
Spouse or Child	\$496 per year
Full Family	\$1,029 per year
Exchange Student.	\$340 per semester

MEDICAL BENEFIT PLAN

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

Coverage is in force only for the period for which a premium has been paid.

WASHINGTON AND JEFFERSON COLLEGE Student Medical Benefit Plan - I.D. Card

This is to certify that as of September 1, 2011, insurance coverage is provided in accordance with all terms and provisions of Policy No. A572H issued to the above named college for the student named below.

Name _____ Student ID # _____
Street Address _____
Town _____ State _____ Zip Code _____

This coverage expires September 1, 2012

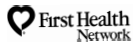
UNDERWRITTEN BY:
Monumental Life
Insurance Company
Cedar Rapids, Iowa

ADMINISTERED BY:

Bollinger
Insurance Solutions

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

PREFERRED PROVIDER NETWORK:



INJURY MEDICAL EXPENSE BENEFITS

(All claims are subject to a \$50 deductible which is waived when initial treatment is begun at the Student Health Center)

Benefits are provided up to \$5,000 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, or \$5,000 per Injury.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed the Usual and Customary Charge or \$5,000 as the result of any one Injury.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$5,000 in total for all surgical operation(s) performed for any one Injury.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$5,000 for any one Injury.

Attending Physician's Expense: The Usual and Customary Charge is allowed not to exceed \$5,000 for any one Injury.

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, up to a maximum of \$5,000 per Injury.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$5,000 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 \$5,000 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 \$5,000 for any one Injury.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$5,000 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 \$5,000 for any one Injury.

Consultant's Expense: The expense actually incurred is allowed up to \$2,000 per covered Injury.

ACCIDENTAL DEATH BENEFIT

\$1,000 payable when Injury results in the loss of life.

ACCIDENTAL DISMEMBERMENT BENEFIT

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

SICKNESS MEDICAL EXPENSE BENEFITS

(All claims are subject to a \$50 deductible which is waived when initial treatment is begun at the Student Health Center)

Sickness benefits will be paid up to \$5,000 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, or \$5,000 per Sickness.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$5,000 as the result of any one Sickness.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$5,000 in total for all surgical operation(s) performed for any one Sickness.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$5,000 for any one Sickness.

Attending Physician's Expense: The Usual and Customary Charge is allowed not to exceed \$5,000 for any one Sickness subject to the following limitations: Payment will begin with the first call when confined to a hospital as a bed patient and beginning with the first call when hospital confinement is not required. The allowance will be the Usual and Customary Charge for the first qualifying call and the Usual and Customary Charge for each subsequent call.

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 or \$5,000 as the result of any one Sickness.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$5,000 as the result of any one Sickness.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$5,000 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 \$5,000 for any one Sickness.

Consultant's Expense: The expense actually incurred is allowed up to \$5,000 per covered Sickness.

Mental or Nervous Disorders Benefit - The Company will pay for services rendered by a psychiatric consultant (in or out of the hospital) when an Insured is referred for counseling. The Company will pay the Usual and Customary Charge per visit up to a maximum of \$5,000 worth of visits.

MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with Pennsylvania insurance laws; Maternity Length of Stay, Mammography Benefit, Women's Preventive Health Service Benefit including Gynecological Exam and Routine Pap Smear, Colorectal Cancer Screening, Autism Spectrum Disorders, Childhood Immunizations Benefit, Alcoholism and Drug Abuse Treatment Benefit, Mastectomy Reconstruction and Mastectomy Minimum Stays, Chemotherapy, Diabetic Supplies and Equipment, Emergency Services, Serious Mental Illness, Certified Nurse Midwife, Newborn Length of Stay and Inherited Metabolic Disease Formula.

MAJOR MEDICAL EXPENSES For Both Injury and Sickness

After the Company pays \$5,000 in Basic Benefits under either the Injury or Sickness provision of the Policy for any one Injury or Sickness, the Policy will pay, after the incurral of a \$50 Major Medical deductible, 80% of the expenses incurred in excess of \$5,000 up to but not exceeding \$40,000 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 one year from the date of Injury or Sickness.