

6. Eyeglasses, radial keratotomy, contact lenses, hearing aids (except for dependent children ages 15 and under) or prescriptions or examinations except for Covered Persons under age 19 or as required for repair caused by a covered Injury;
7. Expenses incurred as the result of dental treatment, except as specifically provided for Covered Persons under age 19 and 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 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 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 students should contact College Health Services at once for full instructions. All claims are processed and paid by the Plan Administrator, Bollinger, Inc.. Proof of loss must be submitted to us within 180 days after the date of service. Claim forms and Plan Benefit information is also available on our website:  
[www.BollingerColleges.com/ccm](http://www.BollingerColleges.com/ccm).

THIS PLAN IS ADMINISTERED BY:



**Bollinger Specialty Group**

BOLLINGER, INC., A SUBSIDIARY OF  
ARTHUR J. GALLAGHER & CO.

P.O. Box 727

Short Hills, NJ 07078-0727

866-267-0092 (Claims/Coverage)

800-526-1379 (Other Questions)

[www.BollingerColleges.com/ccm](http://www.BollingerColleges.com/ccm)

Preferred Provider Network:



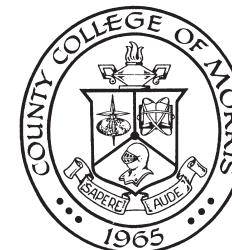
Master Policy Number: C502K

Policy Form: SHI5000GPM.NJ

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](http://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.

## 2014-2015 INJURY INSURANCE SUMMARY OF COVERAGE

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



This Plan Underwritten By:  
MONUMENTAL LIFE INSURANCE COMPANY  
Cedar Rapids, Iowa  
a Transamerica Company

[www.BollingerColleges.com/ccm](http://www.BollingerColleges.com/ccm)

We are pleased to announce that Monumental Life Insurance Company, a Transamerica Company, is in the process of legally changing its name to Transamerica Premier Life Insurance Company. The name change will not affect the insurance coverage described; the only thing changing is the name of the company. As a result, future correspondence may come from Transamerica Premier Life Insurance Company or Monumental Life Insurance Company, depending upon State approval.

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.”**



Student Injury Benefit Plan  
2014-2015

DEAR STUDENT AND PARENTS:

All full-time students and Allied Health Students at the County College of Morris are covered for 24-hour Injury coverages as described in this brochure.

The College will automatically bill all full-time and Allied Health students for Accident Insurance. The College will also offer part-time students the option to purchase Accident Insurance by completing an enrollment card and returning the card and payment to Bollinger, Inc. Rates are show below.

**PREMIUM SCHEDULE**

<b>For Eligible Students</b>	<b>Injury Only</b>
Fall, Spring & Summer Semesters	\$16.00
Spring & Summer Semesters Only	\$11.00
Summer Semester Only	\$ 5.00

**Please Note That The Above Premiums Are Non-Refundable.**

**ELIGIBILITY**

Any full-time student (taking 12 or more credits) or parttime student (taking less than 12 credits) enrolled past the tenth day of classes is eligible for policy coverage.

**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 August 30, 2014 at 12:01 am or the date of Premium Payment, whichever is later, until August 30, 2015 at 12:00 am. For students enrolled during the Spring Semester, coverage will be in effect from either January 1, 2015 at 12:01 am, or the date of Premium Payment, whichever is later, until August 30, 2015. The plan covers Injuries sustained during the coverage period. The policy expires August 30, 2015. (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.

**EXTENSION OF MAXIMUM BENEFIT**

After the Company has paid \$2,500 in basic benefits under the Maximum Benefit for any one Injury, 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 \$97,500 for physician's services, hospital confinement, nursing services, X-Rays, operating room, emergency room, anesthesia, laboratory services, dressings, prescription medicines, casts, use of wheel chair, crutches, or ambulance. Expenses must be incurred within two years from the date of the Injury.

**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;