

# **Student Health Insurance Plan**

## **COLLEGE OF ST. JOSEPH**

### **2013-2014**

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**Your student health insurance coverage, offered by Monumental Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. If you have any questions or concerns about this notice, contact Bollinger Inc., Short Hills, NJ, 1-866-267-0092. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.**

**Offered and Administered by:  
Bollinger, Inc.**

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

**Policy Number: CVT409J**

*To Our Students and Parents:*

*Believing that a healthy body promotes a healthy mind, we at the College of St. Joseph (CSJ) require that our students have adequate Injury and Sickness insurance. We are pleased to offer the CSJ Injury and Sickness Insurance Plan described in this booklet.*

*Participation in the Student Health Insurance Plan is required for all full-time undergraduate students taking 12 or more credit hours, and full-time graduate students taking 9 or more credits, unless they are covered under another comparable plan. All students wishing to waive this coverage must complete, sign, and return a Waiver card to our Business Office by September 13, 2013, for the Fall Semester, and by January 31, 2014, for the Spring Semester.*

*Students who do not return a completed Waiver Card by the dates indicated above will be automatically billed for the CSJ Health Insurance Plan.*

*We look forward to serving your insurance needs while you attend the College of St. Joseph.*

*Sincerely,*

*Rich Lloyd  
President*

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## **THE COLLEGE OF ST. JOSEPH STUDENT HEALTH INSURANCE PLAN**

The College of St. Joseph Student Health Insurance Plan has been developed especially for College of St. Joseph students. The Plan provides coverage for Sickness and Injuries that occur on and off campus and includes special cost-saving features to keep the coverage as affordable as possible. College of St. Joseph is pleased to offer the Plan as described in this brochure.

### **WHERE TO FIND HELP**

#### **For questions about:**

- Insurance Benefits
- Preferred Provider Listings
- Claims Processing

#### **Please contact:**

Bollinger, Inc.

P.O. Box 727

Short Hills, NJ 07078-0727

(866) 267-0092 (Claims/Coverage)

(800) 526-1379 (Other Questions)

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

For Preferred Provider Listings please contact Bollinger, Inc. or use the Internet at [www.BollingerColleges.com/csj](http://www.BollingerColleges.com/csj).

#### **For questions about:**

- Waiver Process

Please contact:

College of St. Joseph

Business Office

Rutland, VT 05701

(802)776-5218

## **COLLEGE OF ST. JOSEPH STUDENT INJURY AND SICKNESS INSURANCE PLAN**

This is a brief description of the Injury and Sickness Medical Expense benefits available for College of St. Joseph students. The Plan is underwritten by Monumental Life Insurance Company. The exact provisions governing this insurance are contained in the Master Policy. See the College for additional information. The Plan is administered by Bollinger, Inc., P.O. Box 727, Short Hills, NJ 07078-0727.

## POLICY PERIOD

**1. Students:** Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on **August 24, 2013**, and will terminate at 12:00 a.m. on **August 24, 2014**.

**2. New Spring Semester Students:** Coverage for all insured students enrolled for the Spring Semester will become effective at 12:01 a.m. on **January 1, 2014**, and will terminate at 12:00 a.m. on **August 24, 2014**.

## PREMIUM RATES\*

|                          | Annual  | Spring  |
|--------------------------|---------|---------|
| Student Under Age 26     | \$1,548 | \$1,106 |
| Student - Age 26 & Older | \$2,119 | \$1,506 |
| Each Dependent           | \$1,986 | \$1,413 |

\* The Premium Rates include an administrative fee.

## PREMIUM REFUND POLICY

Except for medical withdrawal due to a covered Injury or Sickness, any insured student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Insured students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid. **No refund will be allowed.**

A Covered Person 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 for such person upon written request received by Bollinger, Inc. within 90 days of withdrawal from school.

## STUDENT COVERAGE

### Eligibility

All full-time undergraduate students taking 12 or more credit hours, and full-time graduate students taking 9 or more credit hours, enrolled at the College of St. Joseph are eligible for coverage.

### **WAIVER PROCESS/PROCEDURE**

Eligible students will be automatically enrolled in the Plan unless a Waiver form has been received by the College of St. Joseph by the deadline dates listed below:

| Category                                   | Waiver Deadline Date |
|--|----------------------|
| Students enrolling for the Fall Semester   | September 13, 2013   |
| Students enrolling for the Spring Semester | January 31, 2014     |

### **CONTINUOUS COVERAGE**

Covered Persons who have maintained Continuous Coverage under the Policy and prior student health insurance policies issued to the school will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage, by **August 24, 2013**, in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in Continuous Coverage occurs, the definition of Pre-Existing Conditions will apply.

### **PREFERRED PROVIDER NETWORK**

Bollinger, Inc. has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the College of St. Joseph campus.

The College of St. Joseph Student Medical Insurance Plan for the 2013-2014 Policy Year has a Preferred Provider Organization network. To maximize your savings and reduce your out-of-pocket expense, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of College of St. Joseph, Bollinger, Inc., or Monumental Life Insurance Company. You can obtain information regarding Preferred Providers through the Internet at:

**[www.BollingerColleges.com/csj](http://www.BollingerColleges.com/csj)**

## DEFINITIONS

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

Covered Medical Expenses are Usual, Customary, and Medically Necessary charges that are:

- 1) not in excess of the maximum amount payable for services as specified in the schedule;
- 2) in excess of any deductible amount; and
- 3) incurred while the Covered Person's coverage under the Policy is in force.

**COVERED PERSON** means the Insured for whom an application has been received and the required premium has been paid.

**DEDUCTIBLE** means the dollar amount of Covered Medical Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Sickness or Injury each Policy Year before benefits are payable under the Policy. The Deductible Amount is shown on the schedule.

**ELECTIVE SURGERY OR ELECTIVE TREATMENT** means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supplies that are deemed by us to be research or experimental; or are not recognized as generally accepted medical practices 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 payable under the Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; breast implants; breast reduction; circumcision; corns, calluses, and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the 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 the Policy; deviated nasal septum, including submucous resection and/or other surgical correction; 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 except for prescription drugs prescribed by a physician to treat such disabilities; nonmalignant warts, moles, and lesions; obesity and any condition resulting therefrom (including hernia of any kind), with the exception of screening, counseling or behavioral interventions for the treatment of obesity and except for the treatment of an underlying covered Sickness; premarital examinations; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; 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 the 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.

**MAXIMUM BENEFIT** means the maximum amount payable for expenses incurred by a Covered Person for any one Injury or Sickness.

**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.

**PHYSICIAN** means a person licensed by the state in which he/she is resident to practice healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given. He/she may not be the Insured student or a member of his/her immediate family.

**PRE-EXISTING CONDITION** means an Injury sustained or a Sickness for which an Insured noticed symptoms or was medically treated (including medication) or advised by a Physician within the twelve months immediately prior to his Effective Date of Coverage under the 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 Covered Person has been insured under the Policy and the College's prior policies for the immediate prior year; or
- 3) the Covered Person has been receiving benefits under the College's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.



**PREFERRED PROVIDER ORGANIZATION** means a diversified group of medical providers who have entered into agreements with Bollinger to provide medical benefits and services to the Covered Persons.

**PRESCRIPTION DRUGS** means any Medically Necessary drugs that, under the applicable state or federal law, may be dispensed only upon written prescription of a Physician; and injectable insulin.

**SICKNESS** means an illness or disease which first manifests itself while the Policy is in force which results in a Covered Medical Expense. 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** 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.

### **DESCRIPTION OF BENEFITS**

To maximize your savings and reduce out-of-pocket expense, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. In Network providers are subject to 80% Usual and Customary Charge (U&C) maximums and Out of Network Providers are subject to 60% Usual and Customary Charge (U&C) maximums. Any charges in excess of the U&C are not covered under the Plan.

The payment of any applicable Deductibles, the balance above any Coinsurance amount, and any medical expenses not covered are the responsibility of the Covered Person.

**Injury and Sickness Benefit:** Payment will be made as allocated herein for Covered Medical Expenses while insured under the Plan, up to an aggregate maximum while continuously insured of \$500,000.

All insurance companies and group health plans must use the same standard Summary of Benefits and Coverage ("SBC") form to help you compare health plans. You should review your SBC before enrolling in coverage by logging onto [www.BollingerColleges.com/csj](http://www.BollingerColleges.com/csj). You may also request a copy from Bollinger by contacting them at 1-866-267-0092.

### SUMMARY OF BENEFITS CHART

**All coverage is based on Usual and Customary Charges subject to a \$1,000 Deductible (In Network) and \$2,000 Deductible (Out of Network) per person, per Policy Year.**

#### **Injury Only Benefits**

All Covered Medical Expenses are payable up to the aggregate Policy maximum.

|   |  |
|---|--|
| Medical and Surgical Treatment by a Physician                                   | <p>Covered Medical Expenses are payable as follows:<br/> <b>Preferred Provider:</b> 80% of the negotiated charge.<br/> <b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.</p>   |
| Hospital Confinement and Services of a Licensed Registered Nurse While Confined | <p>Covered Medical Expenses are payable as follows:<br/> <b>Preferred Provider:</b> 80% of the negotiated charge.<br/> <b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.</p>   |
| Miscellaneous Hospital Expenses While Confined                                  | <p>Covered Medical Expenses are payable as follows:<br/> <b>Preferred Provider:</b> 80% of the negotiated charge.<br/> <b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.</p> <p>Covered Medical Expenses include, but are not limited to, use of the operating room, emergency room, anesthetics, x-rays, diagnostic tests, and medicines.</p> |
| Intramural Sports Injuries  | <p>Covered Medical Expenses are payable as follows:<br/> <b>Preferred Provider:</b> 80% of the negotiated charge.<br/> <b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.</p>   |
| Dental  | <p>Covered Medical Expenses for charges for treatment of Injury to sound, natural teeth are payable at 100% of the Usual and Customary Charge up to a maximum of \$500.</p>  |

| SUMMARY OF BENEFITS CHART CONTINUED  |   |
|--|---|
| <b>Sickness Only Benefits</b><br>All Covered Medical Expenses are payable up to the aggregate Policy maximum |   |
| Inpatient Hospitalization Benefits   |   |
| Hospital Room and Board Expense  | Covered Medical Expenses , subject to a \$150 co-pay, are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge for an overnight stay.<br><b>Non-Preferred Provider:</b> 60% of the average semi-private room rate for an overnight stay.  |
| Intensive Care Unit Expense  | Covered Medical Expenses are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge for an overnight stay.<br><b>Non-Preferred Provider:</b> 60% of the intensive care room rate for an overnight stay.   |
| Miscellaneous Hospital Expense   | Covered Medical Expenses are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge.<br><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.<br>Covered Medical Expenses include, but are not limited to use of an operating room, anesthesia, supplies, laboratory, x-ray examination, and medicines. |
| Physician Hospital Visit Expense   | Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician, are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge.<br><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.   |
| Surgical Benefits (Inpatient and Outpatient)   |   |
| Surgical Expense   | Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge.<br><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.  |

| SUMMARY OF BENEFITS CHART CONTINUED   |   |
|---|---|
| Anesthetist Expense and Assistant Surgeon Expense   | Covered Medical Expenses for charges of an anesthesiologist and an assistant surgeon during a surgical procedure are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge.<br><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge. |
| Outpatient Hospital Services for Surgery Expense  | Covered Medical Expenses are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge.<br><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.   |
| Surgical Benefits (Inpatient and Outpatient)  |   |
| Surgical Expense  | Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge.<br><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.                              |
| Anesthetist Expense and Assistant Surgeon Expense   | Covered Medical Expenses for charges of an anesthesiologist and an assistant surgeon during a surgical procedure are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge.<br><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge. |
| Outpatient Hospital Services for Surgery Expense  | Covered Medical Expenses are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge.<br><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.   |
| Outpatient Benefits Important Note:   |   |
| Covered Medical Expenses include, but are not limited to, Physician's office visits, diagnostic x-rays, MRI and laboratory services, hospital emergency room or outpatient department services, and physical therapy. |   |
| Physician's Office Visit  | Covered Medical Expenses are payable as follows:<br><b>Preferred Provider:</b> 80% of the negotiated charge after a \$15 co-pay per visit.<br><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge after a \$15 co-pay per visit.                             |

| SUMMARY OF BENEFITS CHART CONTINUED                       |   |
|---|---|
| Walk-In Health Clinic                                     | <p>Covered Medical Expenses are payable as follows:<br/> <b>Preferred Provider:</b> 80% of the negotiated charge after a \$15 co-pay per visit.<br/> <b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge after a \$15 co-pay per visit.</p>  |
| Emergency Room  | <p>Covered Medical Expenses are payable as follows:<br/> <b>Preferred Provider:</b> 80% of the negotiated charge after a \$250 co-pay per visit.<br/> <b>Non-Preferred Provider:</b> 80% of the Usual and Customary Charge after a \$250 co-pay per visit.</p>  |
| Annual Gynecological Examination including Pap Smear Test | <p>Covered Medical Expenses are payable as follows:<br/> <b>Preferred Provider:</b> 80% of the negotiated charge after a \$15 co-pay per visit.<br/> <b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge after a \$15 co-pay per visit.</p>  |
| Mental Health and Substance Abuse Benefits                |   |
| Inpatient Expense   | <p>Covered Medical Expenses for the treatment of a mental health condition or for substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness.</p> <p><b>Partial Hospitalization Benefits - Mental Health</b><br/> Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility.</p> <p><b>Partial Hospitalization Benefits - Alcohol and Substance Abuse</b><br/> Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility.</p> |

| SUMMARY OF BENEFITS CHART CONTINUED |   |
|-------------------------------------|---|
| Outpatient Expense                  | <p>Covered Medical Expenses for the treatment of a mental health condition in an outpatient setting or community mental health center are payable as follows:</p> <p><b>Preferred Provider:</b> 80% of the negotiated charge up to the Plan maximum.</p> <p><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge up to the Plan maximum.</p> <p>Covered Medical Expenses for outpatient detoxification or rehabilitation services provided by a hospital or facility licensed for such treatment are payable as follows:</p> <p><b>Preferred Provider:</b> 80% of the negotiated charge up to the Plan maximum.</p> <p><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge up to the Plan maximum.</p> |
| Maternity Benefits                  |   |
| Maternity Expense                   | <p>Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits will be payable for inpatient care of the Covered Person and any newborn child for a minimum of 48 hours following a vaginal delivery and a minimum of 96 hours following a cesarean delivery.</p>   |
| Mammogram Expense                   | <p>Covered Medical Expenses are payable as follows:</p> <p><b>Preferred Provider:</b> 80% of the negotiated charge up to the Plan maximum.</p> <p><b>Non-Preferred Provider:</b> After any applicable Deductible, 60% of the Usual and Customary Charge.</p> <p>Coverage is limited to:</p> <ul style="list-style-type: none"> <li>-One baseline mammogram for women between the ages of 35 to 40*; and</li> <li>-One mammogram every year thereafter*</li> </ul> <p>*Coverage will be provided more frequently if based upon a Physician's recommendation.</p>   |

| SUMMARY OF BENEFITS CHART CONTINUED |   |
|-------------------------------------|---|
| Additional Benefits                 |   |
| Skilled Nursing Facility Expense    | <p>Covered Medical Expenses incurred are payable as follows:</p> <p><b>Preferred Provider:</b> 80% of the negotiated charge.</p> <p><b>Non-Preferred Provider:</b> After any applicable Deductible, 60% of the Usual Customary Charge.</p> <p>Covered Medical Expenses are payable up to a maximum of 60 days of confinement per Policy Year.</p> |
| Ambulance Expense                   | <p>Covered Medical Expenses are payable at 80% of the Usual and Customary charge when required due to the emergency nature of a covered Injury or Sickness.</p>   |
| Dental Expense                      | <p>One annual exam annually and two cleanings annually with topical fluoride for Insureds age 19 or younger.</p>  |
| Home Health Care Expense            | <p>Covered Medical Expenses are payable as follows:</p> <p><b>Preferred Provider:</b> 80% of the negotiated charge.</p> <p><b>Non-Preferred Provider:</b> 60% of the Usual and Customary Charge.</p>  |

| <b>SUMMARY OF BENEFITS CHART CONTINUED</b>  |   |
|---|---|
| <b>Injury And Sickness Benefits</b>   |   |
| All Covered Medical Expenses accumulate toward the applicable Injury or Sickness maximums stated above. |   |
| Prescription Drug Expense   | <p>Subject to a \$15 co-pay for Generic drugs, \$35 co-pay for Brand drugs and \$50 co-pay for Specialty drugs, per prescription.</p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera, asthma medications, allergy medications, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.</p> <p>Please use your Caremark Pharmacy ID card when obtaining your Prescriptions.</p> |

### **GENERAL PROVISIONS**

#### **State Mandated Benefits**

The Plan will pay for the following mandated benefits and any other applicable mandate in accordance with Vermont insurance laws: Chiropractic Benefit; Maternity Benefit; Midwife Coverage; Home Birth; Early Childhood Developmental Disorders; Telemedicine Services; Mental Health Benefit; Diabetes Treatment; Inherited Metabolic Disease (same as low protein modified food products); TMJ (treatment to bones or joints in the face, neck or head); Mammography; Cancer Clinical Trials; Independent External Review; Contraceptive Services; Prescription Drugs Purchased and Used in Canada; Alcohol and Substance Abuse Treatment; Colorectal Cancer Screening Benefit; Orally Administered Anticancer Medication; Anesthesia Coverage for Certain Dental Procedures; Tobacco Cessation Program; and Chemotherapy.

### **COORDINATION OF BENEFITS**

**EXPLANATION** When a person is covered by more than one Plan, the benefits that are paid will be shared between the Plans. This is done so that the total benefits paid will not be more than 100 percent of the Allowable Expenses for any Covered Person. In a Policy Year this Policy will pay:

- (1) its regular benefits in full; or



- (2) a reduced amount of benefits if a Covered Person is covered under more than one Plan. If a reduced amount of benefits is paid using this provision, each benefit that would be payable in the absence of this provision:
  - a) will be reduced to the same proportion; and
  - b) the reduced amount will be charged against any benefit limit of this Policy that applies.

### **PRE-EXISTING CONDITION LIMITATION**

No benefits will be payable for a Covered Person's Pre-existing Conditions in excess of \$1,500 per Policy Year. They are defined as an Injury sustained or a Sickness for which a Covered Person noticed symptoms or was medically treated (including medication) or advised by a Physician within the twelve months immediately prior to his effective date of coverage under the 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 Covered Person has been insured under the Policy or the College's prior policies for the immediately prior year; or
- 3) the Covered Person has been receiving benefits under the College's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

### **EXCLUSIONS**

Benefits will not be paid under this Plan for expenses which result from:

1. Expenses incurred as a result of dental treatment, except as specifically provided for Covered Persons under age 19 and for treatment resulting from Injury to natural teeth;
2. Dental surgery other than oral surgery for excision of tumors, growths and cysts of the jaw and mouth, or procedure for treatment of fractures and dislocations of the jaw and facial bones and except as specifically provided for Covered Persons under age 19;
3. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except for Covered Persons under age 19 or as required for repair caused by a covered Injury;
4. Eye surgery for the correction of refractive defects such as myopia or astigmatism;
5. Declared or undeclared war, participating in riot, civil disorder, civil commotion or acts of terrorism;

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 or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
8. Injury sustained or Sickness contracted while in the service of the armed forces of any country. When a Covered Person enters the armed forces, we will refund any unearned pro-rata premium with respect to such person;
9. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
10. Except as State mandates: 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. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of this Policy;
11. Treatment for breast implants; breast reduction; circumcision; deviated nasal septum; including submucous resection and/or other surgical correction thereof; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; lesions; warts; obesity and any condition resulting therefrom; hernia of any kind except for counseling, screening or behavioral interventions for obesity; skeletal irregularities of one or both jaws, including testing thereof; tubal ligation; and vasectomy;
12. Elective Surgery or Elective Treatment;
13. Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy);
14. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician;
15. Expenses incurred outside the United States by a Covered Person whose home country is outside the United States and who has received a Medical Evacuation benefit;
16. Expenses incurred for Confinement in a nursing, rest or convalescent home;
17. Personal and convenience items and completions of forms;
18. Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician, except as State mandates;
19. Committing or attempting to commit an assault or felony; or fighting, except in self defense;

21. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury (except in Colorado and Missouri, while sane).

Any exclusion above will not apply to the extent that coverage is specifically provided by name in the Policy, or coverage of the charges is required under any law that applies to the coverage.

#### **MEDICAL EVACUATION BENEFIT**

Upon receipt of due proof that a Covered Person incurred expenses for Physician ordered emergency medical evacuation, including medically appropriate transportation and Medically Necessary care en route to the nearest suitable hospital or a facility operated pursuant to law for the care and treatment of ill or injured persons or to the Covered Person's home country, when the Covered Person is critically ill or Injured, and appropriate local care is not available, we will pay the actual charges incurred not to exceed \$10,000 subject to the prior approval of the Claims Administrator for this Policy and the attending Physician.

Payment for this benefit is in lieu of all benefits otherwise payable under this Policy. Insurance for the Covered Person ends upon the evacuation.

#### **REPATRIATION BENEFIT**

Upon receipt of due proof of a Covered Person's death, we will pay the actual charges for the preparation and transportation of the body to his home country or country of regular domicile, subject to the approval of the Plan Administrator of the Policy. If applicable, such action will be in accordance with any international standards. The benefit payable is not to exceed \$7,500 and death must occur at least 100 miles away from the Covered Person's city of residence. Benefits provided by this provision are paid in addition to any other benefits payable under the Policy.

#### **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

Benefits are payable for the Accidental Death or Dismemberment of the Covered Person up to a maximum benefit of \$10,000.

#### **EXTENSION OF BENEFITS**

The coverage provided under the 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 his coverage or the maximum Policy benefit, whichever occurs first.

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 Policy benefit.

### **TERMINATION OF INSURANCE**

The insurance of any Covered Person will immediately terminate on the earliest of:

- 1) the date to which the premium is paid; or
- 2) the date the policy expires as shown on the schedule of benefits, subject to the Extension of Benefits After Termination provision; or
- 3) the date of entrance into the armed forces of any country, a pro-rata portion of the premium paid will be returned; or
- 4) the date the Covered Person no longer meets the conditions of eligibility for coverage; or

Termination will be made without prejudice to any existing expense. Coverage for any Insured student who leaves the College before the end of the semester will continue in force through the end of the period for which a premium was paid.

### **CLAIM PROCEDURE**

Customer Service Representatives are available 8:00 a.m. to 5:00 p.m. (ET), Monday through Friday, for any questions (866) 267-0092.

1. It is the student's responsibility to initiate the claim in order to obtain reimbursement.
2. Obtain a claim form from the College of St. Joseph or **[www.BollingerColleges.com/cs](http://www.BollingerColleges.com/cs)** and complete as indicated.
3. Only one claim form needs to be submitted for each Injury or Sickness.
4. Bills must be submitted within 90 days from the date of treatment.
5. When submitting a claim form, attach available itemized medical bills to the claim form. Subsequent medical bills should be mailed promptly to Bollinger, Inc.

### **PRESCRIPTION DRUG CLAIM PROCEDURE**

When obtaining a covered Prescription, please present your Caremark Pharmacy ID card to the pharmacy. If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms or for information about mail-order prescriptions or network pharmacies, please call Caremark Customer Care toll free at 1-800-391-6443. Note: Caremark is not connected with Monumental Life Insurance Company.

## 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 brochure provides a description of your insurance program. You may obtain a complete certificate of insurance, including your appeal rights and grievances procedures at [www.BollingerColleges.com/csj](http://www.BollingerColleges.com/csj).

### **IMPORTANT NOTE**

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 Master Policy, the Master Policy will govern and control the payment of benefits.

**COLLEGE OF ST. JOSEPH**

**Student Medical Benefit Plan - I.D. Card**

This is to certify that as of August 24, 2013 12:01 am insurance coverage is provided in accordance with all terms and provisions of Policy No. CVT409J issued to the above named college for the student named below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

This coverage expires August 24, 2014 at 12:00 am

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

Preferred provider network, claim forms and plan benefits available on website:  
[www.BollingerColleges.com/csj](http://www.BollingerColleges.com/csj)

OFFERED and ADMINISTERED BY:



PO Box 727

Short Hills, NJ 07078-0727

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

1-800-526-1379 (Other Questions)

PREFERRED PROVIDER NETWORK:



UNDERWRITTEN BY:

**Monumental Life Insurance Company**

Cedar Rapids, Iowa

Policy No. CVT409J

Policy Form SH5000GPM

26134070