

**ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT**  
 Accidental Death and Dismemberment Insurance covers you for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while you are an Insured under this Policy. Also, the Loss must take place within fifty-two (52) weeks after the accident.

The following table shows the amounts we will pay:

<b>For Loss Of:</b>	<b>Amount</b>
Life .....	\$1,000
Both hands or both feet or sight of both eyes.....	\$1,000
One hand and one foot .....	\$1,000
One hand and sight of one eye .....	\$1,000
One foot and sight of one eye .....	\$1,000
One hand or one foot or sight of one eye .....	\$500

The most we will pay for all losses as the result of one accident is \$1,000.

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight .

#### NON-DUPLICATION OF BENEFITS

The 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 will be determined before benefits will be paid by the Policy. The 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, the Policy pays a maximum of 50% of the benefits otherwise payable.

Benefits paid by the 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.

#### OPTIONAL INCREASED SUPPLEMENTAL LIMIT

**Eligibility:** All registered full-time students are eligible to purchase the Increased Supplemental Limit. This coverage is optional. Students who elect to purchase this option must have purchased the basic Plan as well.

**Term of Coverage:** Students who elect to purchase the Increased Supplemental Limit must submit the enrollment form and premium to Bollinger, Inc. with a postmark date prior to the school's effective date of coverage, August 20, 2008.

Coverage is available to registered, full-time students who elect to purchase it. The additional premium for this coverage is noted on the enrollment form.

If the Covered Medical Expenses for an Injury exceed the maximum under the basic Injury benefit (\$75,000), payment will be made for 70% of the remaining covered Injury expenses (\$125,000). If the Covered Medical Expenses for a Sickness exceed the maximum under the basic Sickness expense benefit, payment will be made for 70% of the remaining covered Sickness expenses (\$125,000), up to a maximum of

\$200,000. The combined maximums under the basic plan and the Increased Supplemental Limit will not exceed \$200,000.

The total benefits payable for all Policy terms for which you are enrolled for the Increased Supplemental Limit will not exceed \$200,000 for any one Injury or Sickness.

<b>COST (Supplemental Plan)</b>	
Students under age 25.....	\$287
Students age 25 and over.....	\$402

Covered Medical Expenses under this coverage will be the same as Covered Medical Expenses under the basic Plan. All other terms and conditions of the Plan will apply to this coverage as well.

#### EXCLUSIONS AND LIMITATIONS

Benefits will not be paid under the Policy for any expenses which result from:

- Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
- Services that are provided normally without charge by the University's health center, infirmary or Hospital; or by any person employed by the University;
- Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, 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, other than Hospital nursery expense of a newborn baby, and any associated laboratory work, not including mammograms and routine Papanicolaou cytology test;
- 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 the Policy;
- Expenses for Preventative Medicines, Vaccines, or Prescription Drugs or Injections administered during an outpatient visit, except an injection given by a physician in private practice who will certify that a Medical Emergency was required for the condition (this does not apply to child immunizations);
- Elective abortion;
- Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
- Committing or attempting to commit an assault or felony; or fighting, except in self- defense;
- Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury (except in Colorado and Missouri, while sane);

- 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;

- Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;

- Injury 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;

- Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance; and

- Elective Surgery or Elective Treatment.

#### MANDATED BENEFITS

The Plan will pay for the following mandated benefits and any other applicable mandate in accordance with Virginia insurance laws: Bones and Joint Treatment Benefit; Cytology Benefit; Mammography; Colorectal Cancer Screen; Mastectomy Length of Stay; Mental Health Benefits and Substance Abuse; Diabetes; Prostate Cancer Screening; Cancer Clinical Trials; Hospice Care; Bone Marrow Transplants; Hemophilia and Congenital Bleeding Disorders Benefit; Hysterectomy Benefit; Lymphedema Benefit; Mastectomy Reconstruction Benefit; Pregnancy from Rape or Incest; Biological Based Mental Illness Benefit; Dental Anesthesia Benefit; Child Health Supervision Benefit; Cleft Lip/Cleft Palate Benefit; Early Intervention Benefit; Infant Hearing Screening Test Benefit; and Newborn Immunization Benefit.

#### STUDENT HEALTH SERVICES

The Insured must use the resources of the University's Student Health Services when first seeking medical treatment. Treatment will be either administered at the Student Health Services or a referral to another facility will be given. Expenses incurred for medical treatment received outside of the Student Health Services without prior approval or referral will be paid as shown on the Schedule of Benefits. The written referral issued by the Student Health Services must accompany the written notice of the claim when it is submitted.

Student Health Services referral will not be required under the following conditions:

- (1) a Medical Emergency. The student must return to Student Health Services for any needed follow-up care;
- (2) when Student Health Services is closed;
- (3) when service is rendered at another facility during school break or vacation periods;
- (4) when Necessary Medical service is received and the Insured is more than 100 miles from the campus;
- (5) when Necessary Medical care is obtained and the Insured is no longer able to use Student Health Services due to a change in student status;
- (6) maternity care;
- (7) psychiatric care;
- (8) services not offered by Student Health Services.

#### CLAIM PROCEDURES

1. Pick up a claim form from the Business Office, or contact the Plan Administrator (see below).
2. The claim form must be completed and signed. Written proofs of loss (itemized bills) must be furnished with the claim within 90 days from the date of loss. Mail the claim to the address on the form.
3. Preauthorization and precertification of the benefits to providers of medical service are not required nor provided by us.
4. Questions concerning claim procedures should be referred to the Plan Administrator. Claim forms are available on our web site:

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

LOCAL BROKER:  
 BB&T Insurance Services  
 P.O. Box 929  
 Harrisonburg, VA 22801  
 1-800-296-1301 or (540) 437-1300  
 Fax: (504) 437-0435  
 Email: [pfurr@BBandT.com](mailto:pfurr@BBandT.com)

SUBMIT ALL CLAIMS OR INQUIRIES TO  
 THE PLAN ADMINISTRATOR:



P.O. Box 727  
 Short Hills, NJ 07078-0727  
 1-866-267-0092 (Claims/Coverage)  
 1-800-526-1379 (Other Questions)

PREFERRED PROVIDER NETWORK:



[www.FirstHealth.com](http://www.FirstHealth.com)  
 1-800-226-5116

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 this 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 #CVA209F

# Student Injury and Sickness Insurance Plan

*Designed for*



1200 Park Road  
 Harrisonburg, VA 22802

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

## Policy Year: 2009-2010

Policy No. CVA209F

Visit us on the web at:  
[www.BollingerColleges.com/EMU](http://www.BollingerColleges.com/EMU)

