



**2009-2010**

**Student Injury  
and Sickness  
Insurance Plan**

*Underwritten by:*  
**Monumental Life Insurance Company**  
*Cedar Rapids, Iowa*  
*(the "Company")*

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

Policy Number: CVA312F

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## Hollins University

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

This is to certify that as of August 13, 2009, insurance coverage is provided in accordance with all terms and provisions of Policy No. CVA312F issued to the above named college for the student named below.

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

This coverage expires August 13, 2010

UNDERWRITTEN BY:

**Monumental Life  
Insurance Company**  
CEDAR RAPIDS, IOWA

PREFERRED PROVIDER NETWORK



Preferred provider network, claim forms and plan benefits available on website:

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

ADMINISTERED BY:

**Bollinger**  
Insurance Solutions

101 JFK Parkway  
P.O. Box 727

Short Hills, NJ 07078  
866-267-0092

(Claims/Coverage Questions)

To: Parents, Guardians and Full-Time Undergraduate/Graduate Students

From: Patty O'Toole, Dean of Students

Subject: Important Please Read! Blanket Student Health Insurance and Wellness Resources

Hollins University promotes student wellness and, to the extent possible, prevention of Sickness and Injury while students are here at the University. Accordingly, we offer health care and treatment through the Student Health Center. The Student Health Center is open five days per week, and there is no charge for medical treatment and care at the Student Health Center. Frequently students may need tests or referrals to other medical providers. We want to ensure students receive the medical care and treatment they need and moreover, have the ability to pay for these services.

Because so many students come to school without health insurance, it is our requirement to make sure students have health insurance coverage while they attend Hollins University.

Hollins University provides student health insurance coverage and the cost of this Plan will automatically be added to the tuition bill. If you have other comparable coverage and do not want this insurance premium added to your bill, please complete, sign and mail the Waiver Form which is enclosed in this package.

You may choose to maintain health insurance independently or purchase the Hollins University health insurance plan. Before waiving the student health insurance plan, please take a moment to consider the following: Does your family health insurance Plan pay 100% of all medical expenses? If your insurance does not pay 100% of medical expenses frequently incurred by this age group, consider purchasing this Plan. It is designed to help cover these expenses and can fill in the gaps by covering your family plan deductible and coinsurance.

## Eligibility

All full-time undergraduate students, Horizon students, and graduate students enrolled at Hollins University are included in this insurance Plan and the premium for coverage is added to the tuition billing unless proof of comparable coverage is furnished with the “Proof of Insurance” form to the Student Affairs Office by July 1, 2009 (which is non-refundable).

Eligible students enrolled in the Plan may also insure their dependents. Eligible dependents are the spouse and unmarried children under the age of 19 who are not self-supporting and residential with the insured student.

Newly born children of the insured person are covered for the first 31 days after birth.

## Refund Provision

In the event an Insured person leaves the school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

## Terms of Coverage

The policy for the current year becomes effective on August 13, 2009 at 12:01 a.m. and expires on August 13, 2010 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid. The Plan protects the Insured students of Hollins University at home, at school, or wherever they are 24 hours a day.

## Waiver Deadline

If you have proof of comparable insurance and wish to waive coverage, the deadline to waive out of this Plan is July 1, 2009. For students beginning their studies in the Spring semester, the deadline is January 15, 2010.

## Undergraduate Annual Cost

Student .....	\$575
Spouse .....	\$420
Children .....	\$863

## Graduate Annual Cost

Student .....	\$718
Spouse .....	\$1,693
Children .....	\$1,079

## Definitions

**DEDUCTIBLE** means the dollar amount of Covered Medical Expenses that must be paid as an out-of-pocket expense by each Covered Person per Injury or Sickness each Policy Year before benefits are payable under this Policy. The Deductible Amount is shown on the Schedule. Under certain conditions the Deductible Amount may be lowered or waived by the Company.

**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.

**INSURED** means an eligible student as outlined in this Policy and in the Master Application for whom an application has been received and has paid the required premium. The words he, his, and him refer to the Insured, regardless of gender.

**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.

**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 is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given. Physician shall also include a Dentist performing covered services within the scope of his professional license. He may not be the Insured or a member of his Immediate Family.

**SICKNESS** means an illness, or disease which first manifests or 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 Pregnancy and 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.

## CONTINUATION OF COVERAGE

If a Covered student no longer meets the Policy's eligibility requirements, he or she may continue coverage for three (3) months provided the school renews the Master Policy with Monumental Life Insurance Company. The student must notify us that he or she wishes to continue coverage under this Policy and pay any required premium within thirty (30) days of ineligibility under the Policy's requirement.

## Extension of Benefits After Termination

The coverage provided under this 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 as long as the condition continues for the duration of recovery but not to exceed 9 months from the expiration date of coverage or beyond release from the Hospital for that Inpatient Confinement or the maximum policy benefit whichever occurs first.

## Mandated Benefits

Biological Based Mental Illness Benefit; Bones and Joint Treatment Benefit; Cancer Clinical Trail Benefit; Colorectal Cancer Screening Benefit; Cytology Benefit; Dental Anesthesia Benefit; Diabetes Coverage Benefit; Hemophilia and Congenital Bleeding Disorders Benefit; Hysterectomy Benefit; Hospice Care Benefit; Lymphedema Benefit; Mammography Benefit; Mastectomy Length of Stay Benefit; Mastectomy Reconstruction Benefit; Mental Health and Substance Abuse Benefit; Pregnancy from Rape or incest Benefit; Prostate Cancer Screening Benefit; Child Health Supervision services Benefit; Cleft Lip and/or Cleft Palate Benefit; Early Intervention Benefit; Infant Hearing Screening Test Benefit; Newborn Immunization Benefit.

## Emergency Evacuation Benefit

We will pay for Covered Emergency Evacuation Expenses incurred if the insured person suffers an injury or Sickness that requires Emergency Evacuation while on Covered Travel. Benefits payable are subject to a Maximum Amount per Insured Person of \$50,000 for all Emergency Evacuations due to all injuries from the same Accident or all Sicknesses from the same or related causes, and this is also the Aggregated Maximum for all travel benefits including Medically Necessary Transportation, Family Visitation Expense, and the Repatriation of Remains Benefit.

## Medically Necessary Transportation

If the Insured person is hospitalized for more than 5 consecutive days following a Covered Emergency Evacuation, we will pay, subject to any limitations stated herein, for Expenses to return the Insured person from the medical facility to which he or she was treated to the Insured person's return destination, less refunds from the Insured person's unused transportation tickets. Airfare costs will be economy or first class if the insured person's original tickets are first class.

**SECTION 1, BASIC ACCIDENT BENEFITS**

When your Injury requires: (a) treatment by a physician; (b) Hospital care by a nurse or R.N.; (d) x-ray service; (e) use of an operating room, anesthesiology service; (f) use of an ambulance; (g) use of an ambulatory surgical center; (h) use of a Physician, prescription medicines, drugs or any other therapeutic services; (i) Hospital care Expenses. We will pay the Expense. This benefit includes coverage for:

**SECTION II, ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

Accidental Death and dismemberment Insurance covers you for a loss as a result of an Accident, directly and independently of all other causes. The accident must be covered by the policy. Also, the loss must take place within 52 weeks after the Accident. The benefit will pay:

For Loss of	Amount	For Loss of
Life	\$1,000	One hand or one foot
Both hands or both feet or sight of both eyes	\$1,000	One foot
One hand and one foot	\$1,000	One hand

The most we will pay for Losses to an insured as the result of ACCIDENTAL DEATH or DISMEMBERMENT Insurance at or above the wrist or ankle joints. Loss of site means total and permanent loss of the site.

**SECTION III, BASIC SICKNESS BENEFITS**

When you suffer a Loss from Sickness, we will pay the Expense incurred. Benefits are allocated as follows:

**Hospital Room and Board Expense:** When Your sickness requires Hospital room and board Expense up to the semi-private rate not to exceed the maximum benefit.

**Hospital Miscellaneous Expense:** We will pay 80% of the Expenses incurred as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center up to the maximum benefit. We will pay for anesthesia, operating room, drugs, medicines, dressings and other necessary non-room and board Expenses.

**Surgical Expenses:** When your Sickness requires surgery, we will pay the Expense (based on the Data Research) survey of surgical fees valued at the 90th percentile subject to the maximum benefit. A surgical procedure will be covered when multiple procedures are performed. If surgery requires the services of an anesthetist who is not employed by the Hospital, we will pay the loss incurred up to the maximum benefit. If the surgery requires the services of an assistant surgeon, we will pay the Expense up to the maximum benefit.

**In-Hospital Physicians' Fees Expense:** If, while confined to a Hospital, you require the services of a Physician, we will pay the expense for such services, up to the maximum benefit.

**Consultant or Specialist Expense:** When your sickness requires the services of a Consultant or Specialist requested by the attending Physician, we will pay the Expense up to the maximum benefit.

**Outpatient Physician Fees Expense:** When your Sickness requires the services of a Physician to a Hospital, we will pay the Expense up to the maximum benefit.

**Ambulance Expense:** When Your Sickness requires the use of an ambulance, we will pay the Expense up to the maximum benefit.

**Outpatient Diagnostic X-ray and Laboratory Expense:** When your Sickness requires the use of X-ray, ultrasound, MRI and CAT Scan, or laboratory services, under the direction of a Physician, we will pay the Expense up to the maximum benefit.

**Hospital Outpatient Expense:** When your Sickness requires the use of a Hospital Outpatient department or emergency room under the Physician's direction, we will pay the Expense up to the maximum benefit.

**Outpatient Prescribed Medicines Expense:** When your sickness requires the use of a Prescription Drug, we will pay the Expense up to the maximum benefit. This shall include coverage of a drug that is approved by the United States Food & Drug Administration if the Health Insurance Plan is recognized effective for the treatment of that indication. Coverage includes the use of a Prescription Drug that is FDA approved as a contraceptive.

**SECTION IV, SUPPLEMENTAL EXPENSE BENEFIT**

If the covered medical Expense for Your Injury or Sickness exceeds the maximum benefit for the Accident or basic Sickness benefits, we will pay 80% of the Expense up to the maximum benefit. The maximum daily Hospital room and board will not be more than the usual semi-private rate.

# OF BENEFITS

	<b>Aggregated Maximum Benefit</b>								
onfined; (c) services of a licensed practical nurse including the administration thereof, laboratory center or ambulatory medical center; (h) if therapeutic services or supplies; or (i) home health care for treatment of Injury to natural teeth.	\$1,000								
as shown below: The loss must result from and must take place while you are insured under this policy. The following table shows the amounts we will pay for the loss of	\$1,000								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>and and sight of one eye . . . . .</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>loss of sight of one eye . . . . .</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>and or one foot or sight of one eye . . . .</td> <td style="text-align: right;">\$1,000</td> </tr> </tbody> </table> <p>is \$1,000. Loss to hands and feet means severable loss of sight.</p>		Amount	and and sight of one eye . . . . .	\$1,000	loss of sight of one eye . . . . .	\$1,000	and or one foot or sight of one eye . . . .	\$1,000	
	Amount								
and and sight of one eye . . . . .	\$1,000								
loss of sight of one eye . . . . .	\$1,000								
and or one foot or sight of one eye . . . .	\$1,000								
	<b>Aggregated Maximum Benefit</b>								
up to the maximum listed in the right column.	\$1,000 after a \$50 per Sickness Deductible								
of Hospital confinement, we will pay 80% of the Expense up to the maximum benefit.	80% of Semi-Private								
incurred by you during a Hospital confinement at an ambulatory surgical center or ambulatory medical center, operating room, laboratory tests, x-rays, oxygen, and other medical Expenses.	80% to \$1,000								
80% of the Expense based on the MDR (Medical Diagnostic Report) subject to the maximum surgical benefit. Only one surgery performed unless Medically Necessary.	80% to \$1,000								
performed or retained by the Hospital in which the surgery was performed.	\$250								
the loss incurred up to the maximum benefit.	\$200								
at Hospital, your sickness requires the services of a nurse for an inpatient benefit.	\$50 per day								
for the services of a consultant or specialist as an inpatient up to the maximum benefit.	\$50								
for the services of a Physician, while not confined to the Hospital.	\$50 per visit: maximum of 10 visits								
for ambulance or air ambulance, we will pay the Expense up to the maximum benefit.	\$200								
if your Sickness requires diagnostic x-ray including laboratory tests, in a Physician's direction, we will pay the Expense up to the maximum benefit.	\$500								
for the use of outpatient facilities of a Hospital for an emergency room or observation room up to the maximum benefit.	\$100								
if your Sickness requires prescribed medicines, we will pay the Expense for a drug for particular indication that has not been listed in the Drug Resources Commission determines that the drug is covered. We will pay Expenses for any prescribed drug or device up to the maximum benefit.	\$50 per cause								
	<b>Maximum Benefit</b>								
of the aggregated maximum we owe under the basic policy up to the maximum benefit. Covered Expenses for private room charge.	80% to \$49,000								

**Family Visitation Expense**

If the insured person is unable to travel due to a Covered Emergency Evacuation, we will pay, subject to any limitation stated herein, for Expenses to bring a family member to and from the Hospital or other medical facility where the insured person is confined, not to exceed the cost of one round-trip economy airfare ticket. The aggregated maximum payable for this benefit is \$1,000.

**Repatriation of Remains Benefit**

If the insured person suffers a covered loss of life while on Covered Travel, we will pay subject to the limitations stated below, for Covered Expenses reasonably incurred to return the insured person's body to their home country, but not exceeding a Maximum Per Insured person benefit amount of \$50,000, and this is also the Aggregated Maximum for all travel benefits including the Emergency Evacuation Benefit, Medically Necessary Transportation, and Family Visitation Expense.

**Covered Expenses:** Covered Expenses include, but are not limited to, Expenses incurred in accordance with the applicable international requirements for; (1) embalming; (2) cremating; (3) the most economical coffins or receptacle adequate for transportation of the remains; and (4) transportation, according to airline tariffs, of the remain by the most direct and economical conveyance and route possible.

Benefits will not be provided for any Expense provided by another party at no cost to the Insured person or already included in the cost of the Covered Travel.

We or Our representatives must authorize all Expenses in advance for any travel benefit to be payable.

**Coordination of Benefit**

**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.

**EFFECT ON BENEFITS** This provision will be used to determine a Covered Person's benefits for any Policy Year when the sum of the following is more than the Allowable Expenses:

- (1) the benefits that would be paid under this Policy in the absence of this provision; and
- (2) the benefits that would be paid under all other Plans in the absence of similar provisions whether or not a claim is made. When a Plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service given will be considered as a benefit paid.

The benefits of another Plan that co-ordinates its benefits with this Policy will be ignored in order to determine the benefits under this Policy if:

- (1) another Plan provides that its benefits be paid after the benefits of this Policy; and
- (2) this Policy provides that its benefits be paid before such other Plan.

**ORDER OF BENEFIT DETERMINATION** The plan that pays first figures its benefits exactly as though duplicate coverage does not exist. The second Plan will pay for Allowable Expenses not covered by the first Plan if this amount is not more than the benefits payable when there is no duplicate coverage.

When two or more Plans contain non-duplication clauses, the order in which the Plans will pay benefits will be as follows:

- (1) a Plan that covers the person as other than a Dependent will pay before a Plan that covers the person as a Dependent;
- (2) a Plan that covers the person as a Dependent of a person whose birthday falls earlier in a year will pay before a Plan that covers the person as a Dependent of a person whose birthday falls later in that same year, except that:
  - a) a Plan that covers a child as a Dependent of the parent with custody will pay before a Plan that covers the child as a Dependent of the parent without custody. This occurs when the parents are separated or divorced and the parent with custody has not remarried;
  - b) a Plan that covers a child as a Dependent of the parent with custody will pay before a Plan that covers the child as a Dependent of the stepparent. A Plan that covers the child as a Dependent of the stepparent will pay before the benefits of a Plan which covers the child as a Dependent of the parent without custody. This occurs when the parents are divorced and the parent with custody has remarried;

c) however, a Plan that covers a child as a Dependent of the parent who is financially liable will pay before any other Plan that covers the child as a Dependent child. This occurs when there is a court decree which would otherwise establish financial liability for the medical, dental or other health care expenses of the child; and

(3) the first Plan to pay when the order of payment cannot be determined by these rules will be the Plan that has covered the person for the longer period of time.

**RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION** In order to determine whether this provision applies the Company may.

- (1) release or obtain any necessary information from any other organization or person with a legitimate interest;
- (2) require any person claiming benefits to furnish such necessary information; and
- (3) receive information reasonably related to a claim for benefits under this Plan.

**FACILITY OF PAYMENT** The Company has the right to make payments to any organizations when payments have been made under any other Plans and should have been made under this Policy.

Payment will be in any amount determined by the Company to be warranted. The amounts paid will be considered benefits paid and the Company will be liable only to the extent of payment made.

**RIGHT OF RECOVERY** The Company may recover any payments it makes in excess of the amount needed to satisfy the intent of this provision from among one or more of the following:

- (1) any person that receives payments; or
- (2) any other insurance companies or other organizations.

## *Conformity with State Statutes*

Any provisions of this plan of insurance which on its effective date, is in conflict with the statutes of the state in which it is issued is hereby amended to conform to the minimum requirements of such statutes.

**Any Expense not specifically listed in the preceding sections is not covered.**

## Exclusions

1. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
2. Services that are provided normally without charge by the University's health center, infirmary or Hospital; or by any person employed by the University;
3. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
4. 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;
5. 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 this Policy;
6. Elective abortion;
7. Injury resulting from racing or speed contests, skin diving or sky diving, or any other hazardous sport or hobby;
8. Declared or undeclared war, riot, civil disorder, civil commotion;
9. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
10. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
11. 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;
12. Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law;
13. Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;

14. Taking of alcohol in combination with any drug, medication or sedative;
15. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
16. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, contest or competition sponsored by the University, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
17. 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. (This exclusion does not apply to treatment rendered by a licensed physical therapist). This exclusion applies to accumulative expenses incurred above \$500.

## *Claim Procedures*

In the event of an Injury or Sickness, in a non-emergency situation, the Insured Person should:

1. Complete a claim form, which is available on-line at our website, [www.BollingerColleges.com/Hollins](http://www.BollingerColleges.com/Hollins). Please read and follow the instructions provided on the back of the claim form carefully.
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. No claim will be processed until a Bollinger, Inc. claim form is received.

## *Student Assistance Services*

(Administered by On Call International)

**Nurse Advise Line:** 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.

For Information contact the Plan Administrator:



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

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

This Plan is Underwritten by:

MONUMENTAL LIFE  
INSURANCE COMPANY  
Cedar Rapids, Iowa  
An Aegon Company

Preferred Provider Network:



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.

Policy Form: SH1000GPM(Rev. 2000).VA

This Brochure is based on Policy: CVA312F

9745217