

BLANKET INJURY & SICKNESS PLAN

DESIGNED FOR
THE STUDENTS OF

***LeTourneau
University***

P.O. Box 7001
Longview, Texas 75607

2008-2009

Term of Coverage
August 13, 2008 - August 13, 2009

POLICY NUMBER: CTX130E

THIS PLAN UNDERWRITTEN BY:

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

Visit us on the web:
www.BollingerColleges.com/LeTourneau

INTRODUCTION

The following is a brief description of the Injury and Sickness Medical Expense benefits for students of LeTourneau University. The Master Policy issued to the University is the governing document and contains the complete details of the Plan.

ELIGIBILITY

All registered students with 6 or more credit hours are automatically enrolled in this insurance plan at registration and the premium for coverage is added to their tuition billing, unless proof of comparable coverage is furnished. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Eligible students who do enroll may also insure their dependents. Eligible dependents are the spouse and unmarried children under age 19 who are not self-supporting and reside with the insured student. Dependent eligibility expires concurrently with that of the Insured Student. Students wishing to enroll their dependents may do so by calling Bollinger, Inc. at 866-267-0092.

TERMS OF COVERAGE

Coverage begins at 12:01 a.m. on August 13, 2008, or the date of enrollment in the Plan, whichever is later, and continues until 12:01 a.m. on August 13, 2009.

ENROLLMENT DEADLINE

The deadline for completing the Acceptance or Waiver of Student Insurance form is the 12th day of class of your first semester.

REFUND PROVISION

Any 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. Students withdrawing after 31 days will remain covered under the Policy for the period for which premium has been paid and no refund will be available.

Coverage will remain in force during the period for which premium has been paid even if the student leaves school or obtains other coverage. In the event a student leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request.

ANNUAL PREMIUM RATES

Domestic Student Annual Rate	\$480
International Student Annual Rate	\$595

PREFERRED PROVIDER NETWORK

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider from the Texas True Choice Preferred Provider network in Texas, and the First Health Network in all other states. 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 LeTourneau University, Bollinger, Inc., or Monumental Life Insurance Company. A complete listing of participating providers is available on the Internet at:

www.BollingerColleges.com/LeTourneau

DEFINITIONS

ELECTIVE SURGERY means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supply that is deemed by us to be research or experimental; or is not recognized as generally accepted medical practice 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 otherwise payable under the Policy. Elective Surgery and Elective treatment includes but is not limited to surgery and/or treatment

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vials, including allergy testing; bio-feedback type services; 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; family planning; 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; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom (including hernia of any kind), except for the treatment of an underlying covered Sickness; premarital examinations; preventive medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; sleep disorders, including testing; smoking cessation; tubal ligation; vasectomy; and weight loss or reduction.

INJURY means bodily injury caused by an accident. The accident must occur while the Insured person's insurance is in force under the 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.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Injury or Sickness. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, permanent placement of the Insured 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 Injury or Sickness which fulfills the above conditions.

MEDICALLY NECESSARY means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of an Injury or Sickness. This determination must be based on objective results produced by an examination of the Insured person's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on the Company and the Insured.

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 causes a loss while the 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.

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition: An Injury sustained or a Sickness for which an Insured person noticed symptoms or was medically diagnosed, 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) 12 consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
- (2) the Insured person has been insured under the Policy or the University's prior policy for the immediately prior year; or
- (3) the Insured person has been receiving benefits under the University's prior policies and has been continuously insured since the date of Injury or Sickness, whichever occurs first.

CREDIT FOR PRIOR COVERAGE

The Policy provides portability of coverage as it relates to "pre-existing conditions". The pre-existing condition limitation set forth in the Policy will be reduced to the extent an Insured person was covered under a qualifying previous coverage if: 1) the person is not a late enrollee; and 2) the prior coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage, exclusive of any applicable waiting period.

Any pre-existing limitation is reduced by the aggregate of the periods of creditable coverage, if any, applicable to the Insured person as of the enrollment date, for similar services covered under the Policy and the prior coverage.

CONVERSION PRIVILEGE

Upon termination of the Policy, the Insured and his dependents are eligible to continue coverage under the Policy at the benefits shown on the Schedule for a period not to exceed 12 months at the conversion rates in effect at the time of conversion.

DESCRIPTION OF BENEFITS

Section I

Basic Injury Benefits

When your Injury requires (a) treatment by a Physician; (b) hospital confinement; (c) services of a licensed practical nurse or RN; (d) x-ray services; (e) use of an operating room, anesthesia, laboratory service; or (f) use of an ambulance, we will pay the expense incurred up to a maximum of \$3,000. This benefit includes coverage for treatment of Injury to natural teeth.

Section II

Basic Sickness Benefits

When you suffer a loss from Sickness, we will pay the expense incurred up to a maximum of \$3,000. Benefits are allocated as follows:

Hospital Room and Board Expense: when your Sickness requires hospital confinement, we will pay the Hospital Room and Board Expense up to the semi-private rate, not to exceed \$350 per day.

Hospital Miscellaneous Expense: We will pay expenses incurred by you during a hospital confinement or as an Outpatient for surgery up to a maximum of \$2,000. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings, and other necessary non-room and board expense.

Surgical Expense: When your Sickness requires surgery, we will pay 80% of the expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 80th percentile. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If surgery requires the services of an Anesthetist, who is not employed or retained by the hospital in which the operation is performed, we will pay the loss incurred up to 25% of the amount payable for the operation.

If the surgery requires the services of an Assistant Surgeon, we will pay the loss incurred up to 20% of the amount payable for the operation.

In-Hospital Physician's Fees Expense: If, while confined to a hospital, your Sickness requires the services of a Physician, we will pay the expense for such services up to \$50 per visit, limited to one visit per day.

Outpatient Physician Fees Expense: If your Sickness requires the services of a Physician, while not confined to the hospital we will pay the expense up to \$50 per visit, limited to one visit per day, beginning with the second visit.

Outpatient Diagnostic X-Ray and Laboratory Expense: If your Sickness requires diagnostic x-ray or laboratory services, under the Physician's direction, we will pay the expense up to a maximum of \$100.

Hospital Outpatient Expense: If your Sickness requires the use of outpatient facilities of a hospital for diagnostic x-ray, laboratory services, or an emergency or operating room, under the Physician's direction, we will pay the expense up to a maximum of \$100.

Outpatient Prescribed Medicines Expense: When your Sickness requires prescribed medicines, we will pay the expense up to a maximum of \$100.

Section III

SUPPLEMENTAL EXPENSE BENEFIT **\$15,000 Maximum benefit paid as specified Below** **(For Each Injury or Sickness)**

The Supplement Expense Benefit begins payment after the Basic Injury Maximum benefit of \$3,000 or after the Basic Sickness Maximum of \$3,000 has been paid by the Company. We will pay 80% of additional covered medical expenses incurred up to the supplemental maximum of \$15,000 per condition. The total benefit payable under the Supplemental Expense is \$15,000 per condition minus the Basic benefits already paid. No Benefit will be paid under the Supplemental Expense Benefit for Room and Board Expenses which exceed the semi-private room rate.

International Students

In order to comply with recent guidelines mandated by the U.S. Citizenship and Immigration Services (A bureau of the U.S. Dept. of Homeland Security) regarding health insurance for international students and their dependents attending school in the United States, LeTourneau University is providing a higher Major Medical Maximum of 80% to a maximum of \$50,000 per Injury or Sickness. All the other terms and conditions remain the same.

REPATRIATION

(Preparation and Transportation of Remains)

If you or your covered Dependent dies while insured under the Policy, we will pay the actual expense incurred for preparation and transportation to your home country (in accordance with the applicable international requirements) for the remains of the deceased's body, but not to exceed \$10,000 in the aggregate. This benefit is payable in addition to any other benefit of the Policy.

MEDICAL EVACUATION

If as a result of a covered Injury or covered Sickness, you or your covered Dependent are hospitalized for five (5) consecutive days or more, we will pay, upon the recommendation and approval of the attending Doctor, for the evacuation of you or your covered Dependent to your natural country, or to a facility operated pursuant to the law for the care and treatment of injured or ill persons, the actual expense incurred, but not to exceed \$10,000 in the aggregate. This benefit is payable in addition to any other benefit of the Policy.

NON-DUPLICATION OF BENEFITS

If the Insured 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.

Benefits paid by this 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.

EXCLUSIONS

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

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. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
5. Declared or undeclared war, riot, civil disorder, civil commotion;
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 University 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 an

- Insured 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. Injury resulting from racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
 11. Elective Surgery and Elective Treatment;
 12. Expenses for preventative medicines, vaccines 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;
 13. Services and supplies not Medically Necessary for the diagnosis recommended by the attending Physician;
 14. Homemaking, companion or chronic (custodial) care services. Charges of a home health aide who is a member of your household. Charges of any care provided by relatives (by blood, marriage or adoption);
 15. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
 16. Elective abortion;
 17. 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, not including mammograms and routine Papanicolaou cytology test;
 18. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, or inter-scholastic, sport, 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;
 19. Injury sustained 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 the Insured person's physician;
 20. 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; and
 21. Outpatient Physiotherapy.

MANDATED BENEFITS

This Plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Texas insurance laws: Diabetes Supplies, Equipment, and Self-management Training; Colorectal Cancer Screening; Prostate Cancer Screening; Mastectomy and Reconstruction; Bone Density; Temporomandibular Joint Benefit; Rehabilitative Treatments and Therapy for an Acquired Brain Injury; Telemedicine or Telehealth Services; Chemical Dependency Benefit; Craniofacial Abnormalities Benefit; Phenylketonuria (PKU) Benefit; Serious Mental Illness; Low Dose Mammography; Outpatient Prescription Contraceptive Drugs/Devices and Off-Label Prescription Drugs

Benefit; Maternity Length of Stay and Postpartum Care Benefit; Hearing Screening for Children; Immunizations Benefit; Therapies for Children with Development Delays; Craniofacial Abnormalities Benefit.

CLAIM PROCEDURES

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

1. If at the school, report immediately to Health Services so that the proper treatment can be prescribed or approved.
2. If away from school, consult a Physician and follow his advice. Notify the Plan Administrator within 30 days after the date of the covered Injury or commencement of the covered Sickness, or as soon thereafter as is reasonably possible.
3. Pick up a claim form from the Student Health Services office or contact the Plan Administrator. Questions concerning claim procedures should be referred to the Plan Administrator. Claim forms are available on our web site:
www.BollingerColleges.com/LeTourneau
4. The claim form must be completed and signed. Written proof of loss (copies of itemized bill(s)) must be furnished within 90 days from the date of the loss.
5. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by the Plan Administrator.

THIS PLAN ADMINISTERED BY:

Bollinger
Insurance Solutions

P.O. Box 727

SHORT HILLS, NJ 07078

(866) 267-0092 (Claims/Coverage)

(800) 526-1379 (Other Questions)

PREFERRED PROVIDER NETWORKS:

In Texas:

In all other states:



Please keep this Brochure as a general summary of your coverage. The Master Policy on file at the University contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. If any discrepancy exists between this Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.