

LINCOLN MEMORIAL UNIVERSITY

2010-2011

Student Health Insurance Plan

**Underwritten by:
Monumental Life
Insurance Company
Cedar Rapids, Iowa
an AEGON company**

**Visit us on the web:
www.BollingerColleges.com/LMU**

**POLICY NUMBER: CTN110G
POLICY FORM: SH5000GPM.TN**

TABLE OF CONTENTS

Eligibility	2
Enrollment and Waiver	2
Terms of Coverage	3
Costs of Coverage	4
Refund Policy	4
Extension of Benefits	5
Preferred Provider Organization	5
Emergency Medical Evacuation Expense Benefit	6
Repatriation of Remains Benefit	7
Accidental Death and Dismemberment	7
State Mandated Benefits	7
General Exclusions	8
Pre-Existing Conditions Limitation	10
Non-Duplication of Benefits	11
Schedule of Benefits	12
Definitions	15
Claim Procedure	17
Certification of Qualifying Health Plan Coverage	18
Summary of Privacy Policy	18
On Call Travel Assistance	19
Quick Reference guide	22

ATTENTION

Upon receipt of eligibility from the school, if you are insured you will be able to download a personalized ID card online. Simply go to www.BollingerColleges.com/LMU. Your covered dependents may also use this card for proof of insurance. Always carry your insurance identification card with you. Also, there is a Quick Reference Guide at the back of this booklet. You should tear it out and keep it with you along with your ID card.

STUDENT HEALTH SERVICE

Lincoln Memorial University DeBusk College of Osteopathic Medicine

Outpatient Services

6965 Cumberland Gap Pkwy.

DCOM Bldg. Suite 203

Harrogate, TN 37752

423-869-7193

Hours (when school is in session):

Monday - Friday:

8:30 a.m. to 12:00 p.m.

1:00 p.m. to 5:00 p.m.

Please call 423-869-7193 to schedule an appointment.

ELIGIBILITY

All full-time students enrolled in six (6) or more semester hours, including international students and students attending class at an extended campus site, are automatically covered under this insurance plan unless the student submits a completed waiver showing proof of comparable coverage before the Waiver Deadline Date. Students who waive out of the plan may elect to enroll later if they involuntarily lose their prior coverage, due to no fault of their own. Please refer to the Involuntary Loss of Coverage definition and to the Enrollment section for further clarification. We maintain the right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever we discover that the policy eligibility requirements have not been met, our only obligation is refund of premium.

Eligible students who do enroll may also enroll their dependents. Eligible dependents are the spouse and unmarried children under 24 years of age who are not self-supporting. Dependent eligibility expires concurrently with that of the Insured student. Coverage will coincide with the period for which the Insured student is covered or the date the premium and application are received by Bollinger, Inc., which ever is later.

Coverage for a Covered Person's newborn child will be effective from the moment of birth. Coverage will include any needed care or treatment for medically diagnosed congenital defects or birth abnormalities. Coverage will include expenses incurred for Well Baby Care, well baby nursery and related Physician charges up to 48 hours after birth or limited to the length of time that the newborn and the mother are both Hospital Confined. Notification and additional premium for a newborn child must be received by Bollinger, Inc. within 31 days after the child's birth for coverage to continue beyond this 31 day period. If the additional premium is not paid, the benefit for the first 31 days will be paid as shown on the schedule.

ENROLLMENT AND WAIVER

Enrollment for eligible students is automatic and will be made part of the registration process. Students who present satisfactory proof of comparable and verifiable health insurance coverage by the Waiver Deadline will be waived from coverage.

Contact Office of Student Services for details and to initiate hard waiver application.

Students who are not covered under a plan that meets all of the requirements will not be allowed to waive coverage under this plan. **The waiver must be completed and approved by the Waiver Deadline Date (September 1, 2010 for the fall term).** If an eligible student has waived out of the plan and later loses his/her qualifying prior coverage (see the definition of Involuntary Loss of Coverage), the student must submit to the University notification of interest to enroll in the Student Health Insurance Plan within 30 days of termination of prior coverage and pay the entire premium for the term in which they are electing to enroll. Students who wish to enroll their eligible dependents must submit a completed enrollment form, with proper premium payment, by the Deadline Date listed. Students who enroll their dependents must enroll them in the same term of coverage in which the insured student is enrolled.

TERMS OF COVERAGE

Coverage for students who are automatically enrolled through the school becomes effective at 12:01 a.m. on the first date of the applicable term in which the student is enrolled.

Coverage for eligible dependents becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are postmarked before the deadline date.

Please note enrollment forms and premium for dependents cannot be accepted after the Enrollment Deadline Dates listed. Newly acquired dependents (spouse and/or children) are not subject to the Enrollment Deadline Dates. However, the enrollment form and full premium payment for all newly acquired dependents (spouse and/or children) must be postmarked within 31 days of the attainment of such dependents. Otherwise, enrollment forms and premium cannot be accepted after the Enrollment Deadline Dates listed.

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

(1) the date to which the premium is paid; (2) the date this Policy expires as shown on the schedule of benefits, subject to the Extension of Benefits After Termination provision; (3) the date of entrance into the armed forces of any country, a pro-rata portion of the premium paid will be returned; (4) the date the Covered Person no longer meets the conditions of eligibility for coverage; or (5) the date the Covered Person enrolls in Medicare.

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

	Effective Date	Termination Date	Waiver Deadline	Dependent Enrollment Deadline
Fall	08/01/10	01/01/11	09/01/10	09/01/10
Spring/ Summer	01/01/11	08/01/11	02/01/11	02/01/11
Summer*	05/01/11	08/01/11	06/01/11	06/01/11

*Students new for the summer term only.

There is no continuation coverage for this plan for students and/or dependents who are no longer eligible.

We do not send termination or renewal notices. It is the insured's responsibility to renew coverage in a timely manner, subject to continuing eligibility. Eligibility requirements must be met each time premium is paid to renew coverage.

COSTS OF COVERAGE

	Fall 08/01/10 to 01/01/11	Spring/ Summer 01/01/11 to 08/01/11	Summer* 05/01/11 to 08/01/11
Student			
Under age 30	\$ 290.00	\$ 290.00	\$ 145.00
Age 30 and over	\$ 404.00	\$ 404.00	\$ 202.00
Student Athletes (includes coverage for ICA sports)			
Additional	\$ 62.50	\$ 62.50	N/A
Spouse	\$ 589.00	\$ 589.00	\$ 294.00
Child(ren)	\$ 442.00	\$ 442.00	\$ 220.00
Spouse & Child(ren)	\$ 1,031.00	\$ 1,031.00	\$ 515.00

*Students new for the summer term only.

(All student rates include an Administrative Fee)

REFUND POLICY

There are no premium refunds, except when the student enters full-time active military service, in which case a pro-rata refund will be issued only upon written proof from the University.

EXTENSION OF BENEFITS

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 but not to exceed 31 days from the expiration date of coverage or beyond release from the Hospital for that Inpatient Confinement or the maximum Policy benefit whichever occurs first.

If the Insured is also an Insured under the succeeding Policy issued to the Policyholder, this "Extension of Benefits" provision will not apply.

After the Extension of Benefits provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

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 Benefit.

PREFERRED PROVIDER ORGANIZATION

Please read the following information so you will know from whom or what group of providers health care may be obtained. This plan has incorporated several cost containment features that are designed to provide the best care available by providing access to a panel of medical professionals, including doctors and hospitals, known as the Preferred Provider Organization (PPO). This PPO network is available through the First Health Network. Network access provides benefits nationwide for covered charges incurred at 80% of PPO charges when treated by network providers. Benefits are provided worldwide for Covered Charges incurred at 60% of Usual and Customary Expenses (U&C) when treated by non-network providers. However, if the Covered Charge is incurred due to a Medical Emergency, benefits will be paid at the PPO level (80%).

Office Visits at LMU -DCOM Outpatient Services are paid at 100% (the Deductible and Copays are also waived). Most lab work is sent out and billed by other provider and will be subject to both the Deductible and Coinsurance.

For a complete listing of the PPO hospital and doctor facilities, access the internet website www.FirsHealth.com or call 800-226-5116.

Some participating local PPO facilities include the following:

Lincoln Memorial University

DeBusk College of Osteopathic Medicine (LMU-DCOM)

Outpatient Services

6965 Cumberland Gap Pkwy.

DCOM Bldg., Suite 203

Harrogate, TN 37752

423-869-7193

Clarborne County Hospital

1850 Old Knoxville Road

Tazewell, TN 37879

423-626-4211

Middlesboro ARH Hospital

3600 Cumberland Ave.

Middlesboro, KY 40965

606-242-1100

Saint Mary's Medical Center

900 East Oak Hill Avenue

Knoxville, TN 37917

865-545-8000

If an Insured is being treated by a Preferred Provider for an acute, serious chronic condition, pregnancy, newborn, or a terminal illness, and the Provider's contract terminates with the PPO, the Insured may be eligible under certain conditions to continue treatment with the Provider at the PPO rate. Contact the claims administrator for details.

Please be aware that if an insured is treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. In addition, if an insured is referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which the insured is referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is an in-network lab.

EMERGENCY MEDICAL EVACUATION EXPENSE 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, or including Physician or Nurse accompaniment 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 Usual and Customary Charges incurred not to exceed the Maximum Benefit shown on the Schedule of Benefits, subject to the prior approval of the claims administrator for this Policy and the attending Physician.

REPATRIATION OF REMAINS BENEFIT

Upon receipt of due proof of a Covered Person's death, we will pay the Usual and Customary Charges for the preparation of the deceased's body for burial or cremation in the Insured's place of residence including the cost of embalming and coffin; and transportation of the deceased's body to his or her Home Country. The benefit payable is not to exceed the Maximum Benefit shown on the Schedule, and is subject to the following conditions:

1. Approval of the Claims Administrator of this Policy;
2. Death must occur at least 100 miles away from the Covered Person's city of residence;
3. Provided that the Covered Person's death occurred outside the territorial limits of his or her Home Country; and
4. Expenses incurred under this coverage have been approved by the Claims Office before the body is prepared for transportation.

ACCIDENTAL DEATH AND DISMEMBERMENT

When, as a result of an Injury, the Insured sustains a loss as shown below within 365 days of such Injury, the Company will pay the applicable benefit for the loss.

for loss of:	benefit amount
Life	\$ 5,000
One hand or one foot	\$ 2,500
Sight of one eye	\$ 2,500
More than one of the above losses due to one Accident	\$ 5,000

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

Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

STATE MANDATED BENEFITS

The Plan will pay for the following mandated benefits and any other applicable mandate in accordance with Tennessee insurance laws: Mammography; Prostate Cancer Screening;

Mastectomy Reconstruction; Maternity Length of Stay; Bone Density; Off Label Drug; Mental Health or Mental Illness Benefits; Alcoholism; Drug Treatment/Substance Abuse; Inherited Metabolic Disease Formula; Diabetes; Hearing and Speech Disorders; Emergency Services; Dental Anesthesia for Minors; Bone Marrow Transplants; Newborn Care; and Chlamydia Screening.

EXCLUSIONS

1. Elective Surgery or Elective Treatment;
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. 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;
4. Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law;
5. 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;
6. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
7. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
8. Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
9. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for school credit;
10. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
11. 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;
12. Organ transplants;
13. Elective abortion;
14. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance;
15. Expenses incurred after the termination date except as provided under the Extension of Benefits;

16. Injury sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics or hallucinogen, unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician;
17. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury (except in Missouri, while sane);
18. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate sport or 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 (this exclusion will be waived if student purchased the additional coverage and paid the required additional premium at time of enrollment for Intercollegiate sports);
19. Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions, or toenails;
20. Expenses incurred in connection with sterilization or sterilization reversal, including surgical procedures, exams, and devices;
21. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
22. Congenital conditions, except for Newborn Children insured under this Policy;
23. 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);
24. Routine screenings or tests which are not Medically Necessary for the diagnosis or treatment of your condition or which are not specifically ordered by the admitting Physician;
25. Services and supplies not Medically Necessary for the diagnosis recommended by the attending Physician;
26. Expenses incurred for Confinement in a nursing, rest or convalescent home;
27. Services or supplies which are experimental or investigative in nature: including the treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice and any such items requiring federal or other governmental agency approval not received at the time services were rendered;
28. Expenses incurred within the Covered Person home country or country of regular domicile other than the United States;

29. 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, well baby nursery and related Physician charges, other than Hospital nursery expense of a newborn baby, and any associated laboratory work;
30. Services or supplies which are experimental or investigative in nature: including the treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice and any such items requiring federal or other governmental agency approval not received at the time services were rendered;
31. Surgical, medical or other services of a Physician, surgeon or other person who is not legally qualified or licensed according to relevant sections of Tennessee General Laws, or other governing bodies;
32. Sterilization or reversal, surgical procedures, examinations or devices.

PRE-EXISTING CONDITIONS LIMITATION

No benefits will be payable for the Insured's Pre-existing Conditions.

They are defined as an Injury sustained or a Sickness for which the Insured noticed symptoms or was medically diagnosed, treated (including medication), or advised by a Physician within the six 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) six consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
- (2) the Insured has been insured under the Policy and the University's prior policies for six months; or
- (3) the insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

CREDIT FOR PRIOR COVERAGE

This Policy provides portability of coverage as it relates to "pre-existing conditions". The pre-existing condition limitation set forth in this 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 this Policy and the prior coverage.

A period of creditable coverage shall not be counted, with respect to enrollment of an individual under a group health plan, if, after the period and before the enrollment date, there was a sixty-three day period during all of which the individual was not covered under any creditable coverage.

Any period that an individual is in a waiting period for any coverage under a group health plan or for group health insurance coverage or is in an affiliation period, shall not be taken in to account in determining the period of creditable coverage.

CREDIT FOR TIME COVERED

If the Insured Person was insured under a prior plan that this plan replaces and replacement is effective within sixty-three days of the termination date of the prior plan, then credit will be given for each day of coverage under the prior plan towards satisfaction of the six (6) month limitation on pre-existing conditions. Credit will be given only for those benefits for which the prior plan contained which are also contained in this Policy.

NON-DUPLICATION OF BENEFITS

This 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 Medical Insurance. If a Covered Person is covered by Other Valid and Collectible Medical Insurance, all benefits payable by such insurance will be determined before benefits will be paid by this Policy. This 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, this Policy pays a maximum of 50% of the benefits otherwise payable.

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 Medical Insurance.

SCHEDULE OF BENEFITS

The Company will pay for the Covered Charges listed below, up to the following limits.

Maximum benefit per Sickness or Injury: \$50,000 per Policy Year. Coverage for Injuries due to participation in intercollegiate sports is available for students who have paid the required additional premium at the time of enrollment. In such case, the sports exclusion will be waived as to intercollegiate sports.

Deductible: \$250 deductible per Policy Year.

The Insured is responsible for paying the deductible amount listed before the Company will begin paying benefits.

Office Visits at LMU-DCOM Outpatient Services are paid at 100% (the Deductible and Copays are also waived). Most lab work is sent out and billed by other providers and will be subject to both the Deductible and Coinsurance.

Covered Charges are limited to the following:

INPATIENT

Hospital Room and Board (up to the average semi-private room rate)	80% of PPO charges if PPO is utilized or 60% of U&C
Hospital Miscellaneous , includes miscellaneous hospital expenses such as: anesthesia, operating room, laboratory, x-rays, oxygen, drugs, medicines, dressings, physiotherapy and other Medically Necessary non-room and board expenses	80% of PPO charges if PPO is utilized or 60% of U&C
Surgery , including assistant surgeon and anesthetist	80% of PPO charges if PPO is utilized or 60% of U&C
Pre-admission testing	80% of PPO charges if PPO is utilized or 60% of U&C
Attending Physician	80% of PPO charges if PPO is utilized or 60% of U&C
Private Duty Nurse	80% of PPO charges if PPO is utilized or 60% of U&C
Mental and Nervous Disorders , including alcohol and drug abuse	80% of PPO charges if PPO is utilized or 60% of U&C; up to a maximum of 20 days per Policy Year

SCHEDULE OF BENEFITS

OUTPATIENT

Emergency Room	After a \$125 copay per visit (waived if admitted), 80% of PPO charges if PPO is utilized or 60% of U&C
Doctor Office Visits	After a \$20 copay per visit (waived at LMU-DCOM Outpatient Services), 80% of PPO charges if PPO is utilized or 60% of U&C
Wellness Expense	After a \$20 copay per visit (waived at LMU-DCOM Outpatient Services), 80% of PPO charges if PPO is utilized or 60% of U&C; up to a maximum of \$250 per Policy Year
Physical therapy	After a \$20 copay per visit (waived at LMU-DCOM Outpatient Services), 80% of PPO charges if PPO is utilized or 60% of U&C; up to a maximum of 30 visits per Policy Year
Surgery , including assistant surgeon and anesthetist	80% of PPO charges if PPO is utilized or 60% of U&C
Laboratory and X-Ray , including radiation therapy and chemotherapy	80% of PPO charges if PPO is utilized or 60% of U&C
Test and Procedures	80% of PPO charges if PPO is utilized or 60% of U&C
Injections (received by a Doctor in a Doctor's office)	80% of PPO charges if PPO is utilized or 60% of U&C
Mental and nervous Disorders , including alcohol and drug abuse	After a \$20 copay per visit (waived at LMU-DCOM Outpatient Services), 80% of PPO charges if PPO is utilized or 60% of U&C; up to 25 visits per Policy Year

SCHEDULE OF BENEFITS

OTHER

Ambulance	80% of R&C; up to a \$1,000 maximum
Durable Medical Equipment	80% of PPO charges if PPO is utilized or 60% of U&C; up to a \$2,500 lifetime aggregate maximum
Chemotherapy and Radiation Therapy	80% of PPO charges if PPO is utilized or 60% of U&C
Second Surgical Opinion	80% of PPO charges if PPO is utilized or 60% of U&C
Repair of Injury to sound natural teeth	80% of R&C; up to maximum of \$250 per tooth
Pregnancy and Maternity , including complications of pregnancy	80% of PPO charges if PPO is utilized or 60% of U&C
Well Baby Care	100% of U&C; up to a maximum of \$250 per Policy Year
Immunizations	100% of U&C; up to a maximum of \$250 per Policy Year
Prescription Drugs (including prescription contraceptives including IUC's and IUD's). To locate a Caremark pharmacy, call -800-552-8159 or access www.Caremark.com . Prescriptions filled at a non-Caremark pharmacy are not covered.	After a \$15 copay for generic, a \$35 copay for preferred brand name or a \$50 copay for non-preferred brand name, up to a \$1,500 maximum per policy year, only if filled at a Caremark pharmacy (self-injectables are not covered).

DEFINITIONS

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

ELECTIVE SURGERY AND ELECTIVE TREATMENT 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 this Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; 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 this 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 this 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; obesity and any condition resulting therefrom, 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; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing; smoking cessation; temporomandibular joint dysfunction (TMJ); tubal ligation; vasectomy; and weight loss or reduction.

COSMETIC and RECONSTRUCTIVE PROCEDURES and SERVICES means (1) procedures and related services that are performed to reshape structures of the body in order to alter a person's appearance; and (2) procedures and related services that are performed on structures of the body to improve/restore bodily functions or appearance resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes.

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 this Policy is in force.

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

MEDICAL EMERGENCY means a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to potentially result in (a) placing the person's health in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part

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.

SICKNESS means an illness, or disease, or trauma related disorder due to Injury which 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 and the MDR (Medical Data Research) schedule of fees.

IN THE EVENT OF INJURY/SICKNESS

Except in the case of emergency, students are encouraged to obtain treatment at LMU-DCOM Outpatient Services first whenever possible. Otherwise, you may choose any doctor or hospital, but using the doctors and hospitals available through the First Health Network (PPO) may decrease your costs. For a complete listing of the PPO hospital and doctor facilities, access the website www.Firsthealth.com or call 800-226-5116.

ID CARDS

If you go to a doctor's office or to the hospital, be sure to show your identification card. Dependents covered under the plan do not receive separate ID cards and may use the insured student's ID card to obtain treatment. If the doctor or hospital needs to verify coverage for you or your dependents, have them call Bollinger, Inc. at 800-267-0092. It may also be helpful to take a claim form with you to the doctor's office or hospital and ask the provider for assistance in filling out the information.

CLAIM PROCEDURE

1. After you receive treatment, complete the insurance company claim form.
 - a. Claim forms are available from Bollinger Inc. or you may download a claim form from **www.BollingerColleges.com/LMU**.
 - b. Be sure to include your policy number (as shown on your ID card) on the claim form.
 - c. Answer all the questions and be sure to sign the claim form before submitting it.
2. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these itemized bills to the claim form.
3. A completed Claim Form and all itemized bills should be submitted to Bollinger, Inc. at the address below.
 - a. Providers can send itemized bills directly to Bollinger, Inc. Bills cannot be considered unless all the information required on the claim form has been submitted by the student.
 - b. A properly completed claim form must be submitted once annually.
4. The claim form and itemized bills should be sent to:

Bollinger
PO Box 727
Short Hills, NJ 07078
5. If you have questions about the status of your claim after it has been submitted, please call Bollinger, Inc. at 866-267-0092.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

Proof of loss must be submitted within 90 days after treatment of an Injury or Sickness has occurred or as soon as reasonably possible but not to exceed one year.

**For Emergency Medical or Travel Assistance,
call On Call International
866-525-1955 (US & Canada Toll Free)
603-328-1955 (International)**

CERTIFICATES OF CREDITABLE COVERAGE

If an Insured is no longer eligible to be insured under the plan, the Insured should request a Certificate from Bollinger, Inc. This request can be in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

SUMMARY OF PRIVACY POLICY

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about Insureds and we are committed to protecting the privacy of Insureds. Insureds may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing the Policy, by writing to Bollinger, Inc. or visiting the website shown below. Insureds may also submit a request, in writing, to review your information at the address below.

Bollinger

101 JFK Parkway • Short Hills NJ 07078
Phone: (866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)
www.BollingerColleges.com/LMU

STUDENT ASSISTANCE SERVICES **(Administered by On Call International)**

The following services are available for use by the students insured under this plan. For additional information, please refer to the plan web site: www.BollingerColleges.com/LMU.

Nurse Helpline: Clinical assessment, education and general health information performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students. Nurses shall not diagnose a Student's ailments.

Travel Assistance Services: 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.

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.

**Lincoln Memorial University
Student Health Insurance Plan
Dependent Enrollment Form**

For use only by dependents of students under this plan.

1. PLEASE PRINT CLEARLY

STUDENT'S LAST NAME		
STUDENT'S FIRST NAME		
STUDENT'S PERMANENT MAILING ADDRESS - STREET APT.		
CITY	STATE	ZIP
STUDENT'S PHONE NUMBER		STUDENT'S DATE OF BIRTH (MM/DD/YY)
STUDENT ID NUMBER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
STUDENT EMAIL ADDRESS		

2. MARK THE TERM IN WHICH YOU ARE ENROLLING:

	Fall 08/01/10 to 01/01/11	Spring/ Summer 01/01/11 to 08/01/11	Summer 05/01/11 to 08/01/11
DEADLINE DATE TO ENROLL	09/01/10	02/01/11	06/01/11
Spouse	<input type="checkbox"/> \$ 589.00	<input type="checkbox"/> \$ 589.00	<input type="checkbox"/> \$ 294.00
Child(ren)	<input type="checkbox"/> \$ 442.00	<input type="checkbox"/> \$ 442.00	<input type="checkbox"/> \$ 220.00
Spouse & Child(ren)	<input type="checkbox"/> \$ 1,031.00	<input type="checkbox"/> \$ 1,031.00	<input type="checkbox"/> \$515.00

3. COMPLETE REVERSE SID EOF THIS FORM

4. MAKE CHECK OR MONEY ORDER PAYABLE TO: **BOLLINGER, INC.**

5. RETURN PAYEMT WITH ENROLLMENT FORM TO:

Bollinger, Inc.

PO Box 398

Short Hills, NJ 07078

Attn: College Dept.

MUS BE POSTMARKED BY THE DEADLINE DATE LISTED

6. STUDENT MUST SIGN FORM BELOW.

I AM ENROLLED IN THE STUDENT HEALTH INSURANCE PLAN FOR THE SAME TERM OF COVERAGE FOR WHICH MY DEPENDENT(S) ARE APPLYING. I HAVE READ THE CONDITIONS CONCERNING DEPENDENT COVERAGE IN THIS BOOKLET.

STUDENT'S SIGNATURE

DATE SIGNED

LIST DEPENDENTS TO BE INSURED BELOW.
DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED UNDER THIS PLAN.

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH	STUDENT ID #	SEX
--	-----------	------------	----	---------------	--------------	-----

SPOUSE _____

CHILD _____

CHILD _____

CHILD _____

STUDENT'S SIGNATURE _____ DATE SIGNED _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

STUDENT INSURANCE PLAN QUICK REFERENCE GUIDE

This page contains useful information detach and carry with you at all times along with your ID Card.

Underwritten by:

Monumental Life Insurance Company

For questions regarding benefits or claims:

Bollinger, Inc.

101 JFK Parkway • Short Hills, NJ 07078

1-866-267-0092

For questions regarding eligibility or enrollment:

Bollinger, Inc.

101 JFK Parkway • Short Hills, NJ 07078

1-800-526-1379

Policy Number CTN110G

To download brochures, enrollment forms, claim forms or ID cards, please access the website:

www.BollingerColleges.com/LMU

FREQUENTLY ASKED QUESTIONS (FAQS)

Am I covered? When does my coverage end? For questions regarding when your coverage begins and ends, if you and/or your dependents are eligible for coverage and how to enroll, contact Bollinger, Inc. at 1-800-526-1379. The company does not send renewal notices to students when their coverage terminates. It is the student's responsibility to renew their insurance within 31 days after their coverage ends to avoid a lapse in coverage. You cannot renew coverage over the phone. If you need a receipt for payment or proof of coverage, contact Bollinger, Inc. at 1-800-526-1379.

How do I enroll? Eligible students are enrolled automatically through the University. Eligible dependents of enrolled students must submit the completed enrollment form, along with the appropriate premium amount, to Bollinger, Inc. by the Enrollment Deadline Date indicated within the brochure.

How do I waive coverage? Students who have coverage under a plan that meets the requirements may waive coverage under this plan by completing the waiver process by the Waiver Deadline Date.

Where do I get an ID card? Once we receive your enrollment from the school, you will be able to download a personalized ID card at www.BollingerColleges.com/LMU. Your ID card may be used for your covered dependents.

What is covered under the plan? Please refer to the health insurance brochure for a list of benefits or contact Bollinger, Inc. at 1-866-267-0092

What do I have to pay? Treatment at LMU-DCOM Outpatient Services are paid at 100% (the Deductible and Copays are also waived). Most lab work is sent out and billed by other providers and will be subject to the Deductible and Coinsurance. For all other services, the insured person pays a \$250 Deductible per Policy year. After you pay the Deductible, the insurance company will pay 80% for a PPO provider or 60% for a non-PPO provider for most Covered Charges. There is also a \$20 copay for office visits. Please see the brochure for further explanation of benefits.

What doctors can I go to? Students are encouraged to obtain treatment at LMU-DCOM Outpatient Services first whenever possible. Otherwise, you may use any doctor or hospital you choose, but using the doctors and hospitals available through the First Health

Network (PPO) may decrease your costs. For a complete listing of these Preferred Provider hospital and physician facilities, access the internet website www.Firsthealth.com or call 1-800-226-5116.

What do I do if I get sick or injured?

In the event of Injury or Sickness:

1. Except in the case of emergency, students are encouraged to obtain treatment at LMU-DCOM Outpatient Services first whenever possible. Otherwise, students and covered dependents should obtain treatment from the nearest doctor or hospital. You may choose any doctor or hospital, but using the doctors and hospitals available through the First Health Network (PPO) may decrease your costs. For a complete listing of these PPO hospital and physician facilities, access the website www.Firsthealth.com or call 1-800-226-5116.
2. If you go to a physician's office or to the hospital, be sure to show your identification card. Dependents covered under the plan do not receive separate ID cards and may use the insured student's ID card to obtain treatment. If the doctor or hospital needs to verify coverage for you or your dependents, have them call Bollinger, Inc. at 866-267-0092. It may also be helpful to take a claim form with you to the doctor's office or hospital and ask the provider for assistance in filling out the information.

How do I get my medical bills paid?

1. After you receive treatment, complete the insurance company claim form.
 - a. Claim forms are available from Bollinger, Inc. or you may download a claim form from www.BollingerColleges.com/LMU. Claims can also be submitted on line at www.BollingerColleges.com/LMU.
 - b. Be sure to include your policy number (as shown on your ID card) on the claim form.
 - c. Answer all the questions and be sure to sign the claim form before submitting it.
2. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these itemized bills to the claim form.
3. A completed Claim Form and all itemized bills should be submitted to Bollinger, Inc. at the address below.
 - a. Providers can send bill directly to Bollinger, Inc. Bills cannot be considered unless all the information required on the claim form has been submitted by the student .
 - b. A properly completed claim form must be submitted once annually.
4. The claim form and bills should be sent to:

Bollinger, Inc.
PO Box 727 • Short Hills, NJ 07078-0727
5. If you have questions about the status of your claim after it has been submitted, please call Bollinger, Inc. at 1-866-267-0092.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be paid.

Always carry your insurance identification card with you.

**FOR QUESTIONS REGARDING
BENEFITS OR CLAIMS:**

Bollinger, Inc.

101 JFK Parkway • Short Hills, NJ 07078

1-866-267-0092

**FOR QUESTIONS REGARDING
ELIGIBILITY OR ENROLLMENT:**

Bollinger, Inc.

101 JFK Parkway • Short Hills, NJ 07078

1-800-526-1379

**TO DOWNLOAD BROCHURES, CLAIM FORMS OR ID
CARDS, PLEASE ACCESS THE WEBSITE:**

www.BollingerColleges.com/LMU

This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of blanket injury and sickness insurance underwritten by Monumental Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number CTN110) has been issued to your school which contains the benefits and provisions which apply to the plan of insurance sponsored by your school. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference.

PLAN ADMINISTERED BY:



P.O. Box 727
Short Hills, NJ 07078-0727

All questions should be directed to Bollinger at
1-866-267-0092 (Claims/Coverage)
1-800-526-1379 (Other Questions)
or to our website at
www.BollingerColleges.com/LMU

PREFERRED PROVIDER NETWORK:



By enrolling in this insurance program, you have the First Health Provider Network available to you and your dependents. Use of a Provider in the First Health Network may reduce your out-of-pocket expenses, as network providers have negotiated to accept lower fees as payment for their services.

You can obtain a listing of participating providers on the Internet at: www.BollingerColleges.com/LMU

IMPORTANT NOTE:

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. 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 payment of benefits.

Policy Form: SH5000GPM.TN
Policy Number: CTN110G