

**STUDENT HEALTH
INSURANCE PROGRAM
2013-2014**



Marywood
UNIVERSITY

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

**THIS PLAN UNDERWRITTEN BY:
MONUMENTAL LIFE INSURANCE COMPANY**

**Cedar Rapids, Iowa
a Transamerica company**

**Visit us on the Web:
www.BollingerColleges.com/Marywood**

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. If any discrepancy exists between the Brochure and the Policy, the Master Policy will govern and control the payment of benefits.



Dear Student,

All full-time undergraduate and graduate students will be automatically billed for the Student Health Insurance. However, students who are already covered under comparable coverage may waive out of the plan and have the insurance charge deleted from their college bill. This may be accomplished by completing the following steps:

Go to the “Student Services” link on the Marywood University homepage. You will then access the Student Health Plan website at www.BollingerColleges.com/Marywood. Go to the “Request a Waiver” link and follow the instructions carefully. Once you’ve completed all the steps in the “Request a Waiver” link, you will be given a confirmation page.

Bollinger must receive the request for waiver by **September 30, 2013**. After this date you will not be eligible to waive insurance or have this charge deleted from your college bill.

If you have any questions regarding this policy and its terms, you can contact Bollinger, Inc. directly at 800-526-1379.

MEDICAL BENEFIT PLAN

Coverage is in effect 24 hours a day. For students enrolled during the Fall Semester, coverage will be in effect from either August 22, 2013 at 12:01 a.m. or the date of Premium Payment, whichever is later, until August 25, 2014 at 12:00 a.m. For students enrolled during the Spring Semester, coverage will be in effect from either January 1, 2014, or the date of Premium Payment, whichever is later, until August 25, 2014. The plan covers Injuries sustained and sickness contracted and causing loss commencing during the coverage period. The policy expires August 25, 2014. (Please note that this policy cannot establish physician’s fees, and therefore, cannot guarantee that payments made by the insurance company will cover all physician and surgeon charges in full.)

INJURY AND SICKNESS MEDICAL EXPENSE BENEFITS

Benefits will be paid at 80% in network and 60% out of network up to a \$500,000 aggregate Policy maximum benefit, with a \$250 In Network deductible or \$500 Out of Network Deductible for accidental Injuries and Sicknesses for which medical treatment by a physician, surgeon, dentist, registered nurse, hospital services, ambulance services, or x-rays are rendered. Deductible is not applied if treatment is provided at the Student Health Center or referred by the SHC. The initial treatment must be rendered within 90 days of the accident. Specific benefit levels are as shown below:

Hospital Room and Board: 80% In Network/60% Out of Network subject to a \$150 co-pay for Inpatient hospital.

Hospital Inpatient Miscellaneous Expense: 80% In Network / 60% Out of Network.

Surgical Expense: 80% In Network / 60% Out of Network.

Ambulance Expense: 100% In Network or Out of Network.

Physician's Expense: 80% In Network / 60% Out of Network subject to a \$15 co-pay.

Outpatient Miscellaneous Expense: 80% In Network / 60% Out of Network.

Dental Expense: The Company will pay up to \$500 for treatment to sound and natural teeth injured in a covered accident.

Physiotherapy Benefit: 80% In Network / 60% Out of Network.

Prescription Drug Expense: \$15 co-pay for Generic drugs, \$35 co-pay for Brand drugs, and \$50 co-pay for Specialty drugs, per prescription. Prescriptions must be filled at a CVS Caremark participating pharmacy. Insured persons will be given a CVS Caremark prescription card to use at CVS Caremark pharmacies. If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms or for information about mail-order prescriptions or network pharmacies, please call Caremark Customer Care toll free at 1-800-391-6443. Note: Caremark is not connected with Monumental Life Insurance Company.

Anesthesia Expense: 80% In Network / 60% Out of Network.

Consultant's Expense: 80% In Network / 60% Out of Network.

Annual Wellness Exam: 100% In Network / 60% Out of Network.

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

When implemented fully, as required by federal legislation, this policy includes benefits for contraceptives. As a Catholic institution, Marywood University does not endorse or condone the use of contraceptives, as their use is contrary to the teachings of the Catholic Church

ACCIDENTAL DEATH

\$1,000 payable when Injury results in the loss of life.

ACCIDENTAL DISMEMBERMENT

\$1,000 payable per the schedule as shown in the Master Policy.

COORDINATION OF BENEFITS

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

In a Policy Year this Policy will pay:

- (1) its regular benefits in full; or
- (2) a reduced amount of benefits if a Covered Person is covered under more than one Plan.

If a reduced amount of benefits is paid using this provision, each benefit that would be payable in the absence of this provision:

- a) will be reduced to the same proportion; and
- b) the reduced amount will be charged against any benefit limit of this Policy that applies.

MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other mandate in accordance with Pennsylvania insurance laws: Maternity Length of Stay, Mammography Benefits, Women's Preventive Health Service Benefit including Gynecological Exam and Routine Pap Smears, Childhood Immunizations Benefit, Alcoholism and Substance Abuse Benefit, Mastectomy Reconstruction and Mastectomy Length of Stay, Chemotherapy, Diabetic Supplies and Equipment, Emergency Services, Serious Mental Illness, Certified Nurse Midwife, Newborn Length of Stay, Inherited Metabolic Disease Formula, Anesthesia provided by certain professionals, Autism, and Colorectal Cancer Screening.

EXCLUSIONS

This Policy does not cover expenses incurred as a result of:

1. Injury sustained or caused by any declared or undeclared war, participating in riots, civil disorders, civil commotions, or acts of terrorism;
2. Eyeglasses, contact lenses, or prescriptions therefor except for Covered Persons under age 19 or as required for repair caused by a covered Injury;
3. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted injury (except in CO and MO, while sane);
4. Congenital conditions, except for Newborn Children insured under this Policy;
5. Injury incurred resulting from the playing, practice, participation or conditioning in any intercollegiate contest or competition sponsored by the school, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
6. Injuries sustained as a result of skiing;
7. Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law;
8. Injury sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics or hallucinogen, unless in the dosage and for the purpose prescribed by the Covered Person's Physician;
9. Air travel except as a fare-paying passenger on a commercial aircraft;
10. Elective abortions or any other voluntary termination of pregnancy;
11. Expenses incurred as the result of dental treatment, except as specifically provided for Covered Persons under age 19 and for treatment resulting from Injury to natural teeth;
12. Treatment provided in a government Hospital unless there is a legal obligation to pay such

- charges in the absence of other insurance;
13. Elective surgery, or cosmetic surgery unless performed in conjunction with a covered loss;
 14. Committing or attempting to commit an assault or felony; or fighting, except in self-defense.

CLAIM PROCEDURES

Claim forms containing complete instructions for filing a claim may be obtained at either:

1. The Student Health Center, or
2. From our website: www.BollingerColleges.com/Marywood

Proofs of loss must be submitted within 90 days following the date of Injury or start of Sickness.

PREFERRED PROVIDER INFORMATION

“Preferred Providers” are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. The names of the Preferred Providers in your local school area are available at the Student Health Center and at www.MyFirstHealth.com.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by checking www.MyFirstHealth.com and/or by asking the provider when you make an appointment for services.

“Preferred Allowance” means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

“Out of Network” providers have not agreed to any pre-arranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

**24-HOUR NURSE HELPLINE and
TRAVEL ASSISTANCE PROGRAM
(Administered by On Call International)**

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 Student's ailments.

Each Insured Student and his/her enrolled Dependents are also 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.

U.S. & Canada Toll Free: 866-525-1955

International Collect: 603-328-1955

Note: The 24-Hour Nurse Helpline and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

This brochure provides a description of your insurance program. You may obtain a complete certificate of insurance, including your appeal rights and grievances procedures, by accessing the link: www.BollingerColleges.com/Marywood

THIS PLAN ADMINISTERED BY:



PO BOX 727

SHORT HILLS, NJ 07078

(866) 267-0092 (Claims/Coverage)

(800) 526-1379 (Other Questions)

PREFERRED PROVIDER NETWORK BY:



www.MyFirstHealth.com

Policy Form SH3000GPM.PA(Rev.04/10)

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