

**Certificate of Coverage  
BASIC INJURY AND SICKNESS  
INSURANCE PLAN**

**There is a more comprehensive plan  
available, policy # CLA608F.  
Please see Student Health Services  
to inquire about enrollment and to  
pick up a plan brochure to consider it.**

A NON-RENEWABLE POLICY  
FOR **DOMESTIC** STUDENTS ATTENDING



UNIVERSITY  
OF  
LOUISIANA  
*L a f a y e t t e*

**2009-2010**

**This Plan Underwritten By:  
Monumental Life  
Insurance Company**

an AEGON company  
Cedar Rapids, IA  
**(the "Company")**

**Administered By:  
Bollinger, Inc.**

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

Policy Form: SH5000GPM.LA

Policy#: CLA508F

Dear Student:

The administration is making available to the students and their dependents, a plan of Blanket Injury and Sickness Insurance (hereinafter called the "Plan"). The coverage is designed to provide benefits for medical expenses arising from an Injury or Sickness including those which occur off campus and during interim vacations. Any questions about the Policy should be directed to:

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

## **ELIGIBILITY**

All registered undergraduate students taking 7 or more credit hours in the spring and fall (4 hours in summer) and all registered graduate students taking 6 or more credit hours (3 hours in summer) are automatically enrolled in this insurance plan at registration and the premium for coverage is added to their tuition billing. **International Students are not eligible for this coverage, but are eligible for a separate plan.** The insurance coverage described in this brochure is available to part-time students on an optional basis. On-line correspondence, or television courses are not eligible to enroll in the Plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Plan Administrator should be notified at that time by the student. Students who enroll in the spring and are planning to continue in the following fall semester may be covered in the period between the spring semester and fall semester by paying the appropriate premium during the summer semester enrollment period. Students who enroll in the Plan may secure family coverage. Eligible dependents are the spouse residing with the Insured Student, and unmarried children and grandchildren under twenty-four years of age who are not self-supporting and reside with the Insured Student (older if incapable of self-support due to mental or physical incapacity).

## **EFFECTIVE AND EXPIRATION DATES**

Your coverage becomes effective on the later of the Policy Effective Date (08-18-09); the first day of the term for which the proper premium has been paid; or 12:01 A.M. following the date the envelope containing the completed Enrollment Form and proper premium for the period of coverage is postmarked by the U.S. Postal Service. All coverage expires on 08-19-10 or when payment is due and unpaid. Newborn children will be covered at birth until 31 days old or until well enough to be

discharged from the hospital, if the Plan Administrator is notified within 30 days of birth and receives proper premium.

### **ADDITIONAL BENEFITS**

The Plan will pay benefits for the following benefits in accordance with Louisiana insurance mandates: Annual Pap Smears/Cervical Cancer Screening; Mammography; Annual Prostate Cancer Screening; Mastectomy, Breast Reconstruction and Prostheses; Bone Mass Measurement/Osteoporosis Screening; Off-Label Drugs; Inherited Metabolic Disease; Diabetes Equipment, Supplies and Outpatient Self-Management Training and Education; Transliteration Services; Cancer Clinical Trials; Immunizations for Dependent Children; Cleft Lip and Cleft Palate; Dental Anesthesia; and ADD/Hyperactivity.

### **EXCLUSIONS**

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

1. Services that are provided normally without charge by the University's health center, infirmary or hospital; or by any person employed by the University;
2. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
3. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
4. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
5. Elective Surgery or Elective Treatment;
6. Elective abortion;
7. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate or interscholastic 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;
8. 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;
9. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;

## MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician, the Policy will provide Benefits for 52 weeks from the date of the Injury or the date of first treatment of a Sickness, for the Usual & Customary Charges (U&C) scheduled below, per policy year. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

**PART A: BASIC INJURY AND SICKNESS BENEFITS..... \$2,500 Maximum Each Injury and Each Sickness, subject to the following limits:**  
**COVERED SERVICES Injury Benefit Limits Sickness Benefit Limits**

<b>I. Inpatient</b>		
a. Hospital Room and Board	\$65/day	\$65/day
b. Hospital Intensive Care Unit	\$165/day, up to 10 days	\$165/day up to 10 days
c. Hospital Miscellaneous up to \$2,250 per Sickness/Injury as follows; Recovery room; oxygen and its administration; basal metabolism test; surgical dressings; plaster casts; electrocardiograms; physical therapy; anesthesia materials; drugs and medicines in hospital; blood; blood plasma; pre-admission testing; supplies; Use of operating room; Negative x-rays; Laboratory Services		
d. Radiation Therapy	U&C	\$275
e. Physical Therapy	U&C	\$275
f. Surgical Treatment(paid at 70th percentile Ingenix Schedule)	U&C up to \$800	U&C up to \$800
g. Anesthetist	25% of Surgical Treatment	\$100 per confinement
h. Physician's Non-Surgical visits (not paid day of surgery)	\$50/visit/day up to 35 visits	\$50 /visit, 1 visit/day up to 35 visits
i. Registered nurse	U&C	\$60 per shift/\$120 per day
<b>II. Outpatient</b>		
a. Hospital Outpatient Surgical Miscellaneous up to \$2,250 as follows; Use of operating room; Negative x-rays; Laboratory services; Supplies (does not include dressings and casts)		
b. Surgical Treatment(paid at 70th percentile Ingenix schedule)	U&C up to \$800	U&C up to \$800
c. Anesthetist	25% of Surgical Treatment	25% of Surgical Treatment
d. Physician's Non-Surgical Visits (not paid day of surgery)	\$50/visit; 1 visit/day begins 2nd visit; up to 3 visits	\$50/visit; up to 3 visits begins 2nd visit; up to 3 visits
e. Physical Therapist	Paid as if II.d.	Paid as if II.d.
f. Hospital Emergency Room (when medically necessary)	\$75	\$75
g. Diagnostic X-rays & Laboratory Services (Sickness only)	Not Applicable	\$300, non-surgery related
h. Diagnostic X-rays and Laboratory Services (Injury only)	\$350	Not Applicable
i. Miscellaneous Test and Procedures (not listed elsewhere)	Paid under h	Paid under g.
j. Injections (administered in doctor's office)	U&C	No Benefit
k. Student Health Service Benefits-various services may be provided, please inquire at the Student Health Center		
<b>III. Other</b>		
a. Ambulance Services (ground service only)	\$125	\$125
b. Braces and Appliances (when medically necessary)	U&C	No Benefit
c. Consultant Physician (when requested by attending Physician)	\$125	\$100
d. Dental treatment (Injury only)	\$150/tooth; up to \$450	Not Applicable
e. Mental and Nervous Disorders (Inpatient only)	Not Applicable	Same as any Sickness
f. Maternity Benefits (conception must occur while coverage is in force)	Not Applicable	Same as any Sickness
g. Motor Vehicle Injury	Up to \$1,500	Not Applicable

**PART B: SUPPLEMENTAL MEDICAL BENEFITS ..... \$15,000 Maximum/Each Injury and Each Sickness**  
 After the Company has paid \$2,500 under the Basic Injury and Sickness benefits (Part A) the Company will then pay 80% of the Usual and Customary Charges for covered services incurred during the Benefit Period, up to a maximum of \$15,000. This maximum includes both benefits paid under PART A and PART B. No Benefits are payable for Mental and Nervous Disorders, or Dental Treatment.

**PART C: ACCIDENTAL DEATH AND DISMEMBERMENT**

Occurring within 100 days from date of accident, pays in addition one of the following (the largest Applicable amount):

Accidental Death .....	\$2,500
Double Dismemberment/Loss of Both Eyes .....	\$2,500
Single Dismemberment/Loss of Eye .....	\$1,500
Thumb and Index Finger of either Hand .....	\$750

**PART D: PREMIUMS**

	Fall Semester 08-18-09 to 01-12-10	Spring Semester 01-13-10 to 06-01-10	Summer Semester 06-02-10 to 08-19-10
Spouse	\$32.00	\$32.00	\$20.00
Each child	\$19.50	\$19.50	\$12.25

You must meet the eligibility requirements to continue insurance coverage. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. Dependents must enroll in the Plan when the student first enrolls in the plan, and must enroll for the same coverage as the student.

10. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
11. Organ transplants;
12. Committing or attempting to commit an assault or felony; or fighting, except in self defense; and
13. Injury sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics, unless taken in the dosage and or the purpose prescribed by the Covered Person's physician.

### **PRE-EXISTING CONDITION 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 continuous months; or
- (3) the Insured 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.

If an Insured Person becomes insured under this Plan and was covered under another health coverage, we will credit the time the Insured Person was covered under that prior health coverage in determining whether the exclusion for a Pre-existing Condition applies. The Pre-Existing Condition limitation set forth in the Policy will be reduced to the extent an Insurance Person was covered under a qualifying previous coverage if: 1) the Insurance 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 that qualifying previous coverage. If any applicable to the Insured Person as of the enrollment date for similar services covered under the Policy and the prior coverage.

## **NON-DUPLICATION OF BENEFITS**

The Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Covered Person is covered by other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid by the Policy. The Policy is 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 the Policy will not exceed: (1) any applicable Policy maximums; and (2) 100% of the compensable expenses incurred when combined with benefits paid by any other valid and collectible insurance.

## **DEFINITIONS**

**ELECTIVE SURGERY** means any surgery or treatment that is not Medically Necessary which includes but is not limited to: circumcision; tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; removal of non-malignant warts and moles; orthognathic surgery, including mandibular retrognathia; and submucous resection and/or other surgical correction for deviated nasal septum.

Elective surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under the Policy.

**INJURY** means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under the Policy. A Covered Person must begin receiving services, supplies or treatment within 90 days from the time of the accident in order for it to be considered an 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.

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

## **CLAIM PROCEDURES**

Secure a claim form from the Student Health Service, from the Plan Administrator, or from the website listed below, fill in the necessary information, attach all itemized doctor and hospital bills and send to:

**BOLLINGER, INC.**  
**P.O. Box 727 • Short Hills, NJ 07078**

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness. To check the status of your filed claim, please call the Claims Office from 7:00 A.M. to 4:30 P.M. (Central Time), Monday through Friday, 866-267-0092.

The website is:

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

## **TO ENROLL FOR COVERAGE**

To enroll eligible dependent(s), a student insured with this plan must complete an Enrollment Form with the required premium made payable to:

**Bollinger, Inc.**  
**P.O. Box 398**  
**Short Hills, NJ 07078**

The above office is authorized to accept and process your completed Enrollment Form. Do not send it elsewhere. No refunds except as provided in the Master Policy.

**Bollinger**  
Insurance Solutions

**101 JFK PARKWAY**  
**SHORT HILLS, NJ 07078**  
**(866) 267-0092 (Claims/Coverage)**  
**(800) 526-1379 (Other Questions)**

PREFERRED PROVIDER NETWORK:



Please keep this Brochure as a general summary of insurance. The Master Policy on file at the University contains all of the Policy 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.

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