

**Certificate of Coverage
OPTIONAL INCREASED
COVERAGE
INJURY AND SICKNESS
INSURANCE PLAN**

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

Mandated Coverage For:
J1 Visitors and J2 Dependents
Optional Coverage For:
F1 International Students
and their Dependents



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

Policy Form: SH5000GPM.LA

Policy#: CLA808F

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)
800-526-1329 (Other Questions)

ELIGIBILITY

All non-immigrant international students and scholars admitted to the University are eligible. Students must be physically and actively attending classes on campus to enroll in this Plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in this Plan. Eligible students and scholars who are insured by this Plan may enroll their eligible dependents in the plan. Dependents must enroll in the Plan when the student first enrolls in the Plan, and must enroll for the same coverage as the student. The Insured student may also add dependents within 30 days of marriage, involuntary loss of other coverage, birth of or adoption of child, or the date the dependent enters the USA. Eligible dependents are any of the following persons who reside with the Insured student in the USA: the Insured student's spouse, and unmarried dependent children and grandchildren who are not yet 24 years old (older if incapable of self-support due to mental or physical incapacity).

EFFECTIVE AND EXPIRATION DATES

The Master Policy begins at 12:01 A.M. on August 18, 2009 and ends at 12:01 A.M. August 19, 2010. An eligible student's coverage conditionally begins at 12:01 A.M. on the later of the Master Policy effective date, or three days before the start of the academic term at which the student is eligible provided that the required premium is received and no authorized refund occurs. J1 Visitor and dependent coverage becomes effective on the later of: the Policy Effective Date; 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. Coverage of students and dependents ends at 12:01 A.M. on the earliest of the following dates: (a) the date premium is due but not received; (b) the date of the student's non-medical withdrawal from the University, if within 31 days after the start of the academic term for which registered; or (c) the Master Policy's termination date.

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 Prosthesis; 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.

ACCIDENTAL DEATH AND DISMEMBERMENT

Occurring within 100 days from date of Injury pays in addition one of the following (the largest applicable amount):

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

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. 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;
7. 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;
8. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
9. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
10. Organ transplants;
11. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
12. 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; and

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician, this 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. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

Part A: Basic Injury and Sickness Benefit - \$7,500 Maximum Benefit for each Injury or Sickness, subject to the following limits:

COVERED SERVICES BENEFIT LIMITS

1) Hospital Room & Board, Hospital Miscellaneous	60% to \$510/day
2) ICU or CCU Confinement	\$.240 additional per day
3) Hospital Outpatient Surgical Miscellaneous	\$.2100
4) Surgical Treatment (per MDR, 75th Percentile)	.60% of U&C up to \$1200
5) Anesthetist	.25% of Surgeon Treatment
6) Physician's non-surgical visits	.60% of U&C
7) Registered Nurse	Paid under A 1
8) Pre-Admission Tests within 3 days before hospital	Paid under A 1
9) Outpatient Treatment	.60% of 1st 500 and 50% of next \$1000
a) Physician's Non-Surgical Visits	U&C
b) Physical Therapist (within 30 days after surgery)	\$.300
c) Diagnostic X-ray and Lab Services	U&C
d) Chemotherapy and Radiation Therapy	U&C
e) Hospital Emergency Room	\$.50 Copay/visit
f) Mental and Nervous Disorders/Substance Abuse	\$.300
g) Dental Treatment (Injury only)	\$.150
h) Prescription drugs	\$.75
10) Ambulance Service (ground only)	\$.250
11) Maternity Benefit (conception must occur while coverage is in force)	Same as <i>sickness</i>
12) Legal abortion	\$.240
13) Mental and Nervous Disorders/Substance Abuse (inpatient)	\$.2400
14) Well Baby Care (Inpatient nursery)	No benefit
15) Motor Vehicle Injuries	\$.1000
16) Student Health Center Services	Various services may be provided, please inquire at the Student Health Center

Part B: Supplemental Medical Benefits – After \$7,500 has been paid under the Basic Benefit, 80% of Covered Medical Expenses up to an aggregate Maximum Benefit of \$50,000 will be paid under this Benefit.

Part C: Medical Evacuation BenefitUp to \$10,000

Part D: Repatriation BenefitUp to \$7,500

13. Expenses incurred within the Covered Person's home country or country of regular domicile other than the United States.

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 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) twelve 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 twelve 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 PROCEDURE

Secure a claim form from the International Student Office, Student Health Service Office, the Plan Administrator or 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 Plan Administrator from 7:00 A.M. to 4:30 P.M. (Central Time) Monday through Friday. The telephone number is 866-267-0092. The website is:

www.BollingerColleges.com/ULLafayette

TO ENROLL FOR COVERAGE

J1 Exchange Visitors and students enrolling their eligible dependents must complete an Enrollment Form with the required premium made payable to:

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

ENROLLMENT INSTRUCTIONS

1. Read this Brochure.
2. Complete the Enrollment Form. Be sure to indicate the term of coverage, and if you are purchasing dependent coverage.
3. Enclose your check made payable to Bollinger, Inc. for the full premium. There is no reduction in premium for late enrollees. Only premium amounts indicated on the Enrollment Form will be accepted. Timely payment of subsequent premiums is the student's responsibility.
4. Return the Enrollment Form and payment 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.



**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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