

**2008-2009  
Student Injury  
and Sickness  
Insurance Plan**

*Designed Especially for the Students of*

**THE UNIVERSITY OF  
LOUISIANA AT MONROE**

**This Plan Underwritten By:  
MONUMENTAL LIFE  
INSURANCE COMPANY  
Cedar Rapids, Iowa**

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

Policy Number CLA809E

# TABLE OF CONTENTS

ELIGIBILITY .....	1
EXTENSION OF BENEFITS .....	1
AFTER TERMINATION	
ALTERNATIVE COVERAGE .....	1
EFFECTIVE AND TERMINATION DATE .....	1
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS .....	2
SCHEDULE OF MEDICAL EXPENSE BENEFITS .....	3-5
MATERNITY TESTING .....	6
ADDITIONAL BENEFITS .....	6-11
DEFINITIONS .....	11
CAREMARK PRESCRIPTION DRUG PLAN .....	12
EXCLUSIONS AND LIMITATIONS .....	12
PRE-EXISTING CONDITION LIMITATION .....	13
24-HOUR NURSE ADVICE LINE & TRAVEL ASSISTANCE PROGRAM .....	14
IN THE EVENT OF INJURY OR SICKNESS	
CLAIM PROCEDURE .....	15

## **ELIGIBILITY**

All registered International students taking 9 or more credit hours are required to purchase this insurance plan unless proof of comparable coverage is furnished.

All other registered student taking credit hours are eligible to enroll in this insurance plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate Eligibility or student status and attendance records to verify that policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund of premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 21 or 24 year, if a full-time student at an accredited institution of higher learning, university, vocational, technical, trade school or institute or secondary school, who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

## **EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under the Policy ceases on the Termination Date. However if an Insured 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 as long as the condition continues but not to exceed 90 days after the Termination Date. The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist and under no circumstances will further payment be made.

## **ALTERNATIVE COVERAGE**

If you do not meet the Eligibility requirements of the Plan, please call Bollinger information on alternative coverage. This information can also be accessed at our website:

[www.BollingerColleges.com/ULM](http://www.BollingerColleges.com/ULM)

## **EFFECTIVE AND TERMINATION DATES**

The Master Policy on file at the school becomes effective on August 17, 2008. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company for its authorized rep-

representative, whichever is later. The Master Policy Terminates on August 16, 2009. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured student. If paying premiums by semester, coverage expires as follows:

Fall	01-10-09
Spring	05-16-09

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Refund of premiums are allowed only upon entry into the armed forces. The Policy is Non-Renewable One Year Term Policy.

## **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Upon receipt of due proof that a Covered Person suffers a loss shown in the Table below, we will pay the benefit shown in the Table below. The benefit payable is subject to the following conditions: (1) the loss must occur as a direct result of an Injury; and (2) the loss must occur within 100 days of the accident causing the Injury. See Master Policy on file with the University for complete benefit limits and exclusions.

For Loss Of:

Life . . . . .	\$2,500
Both Hands; Both Feet or Sight of Both Eyes . . . . .	\$2,500
One Hand and One Foot . . . . .	\$2,500
One Hand and Sight of One Eye . . . . .	\$2,500
One Foot and Sight of One Eye . . . . .	\$2,500
Speech and Hearing . . . . .	\$2,500
One Hand; One Foot or . . . . .	\$1,250
Sight of One Eye . . . . .	\$1,250
Speech or Hearing . . . . .	\$1,250
Thumb and Index Finger of Same Hand . . . . .	\$1,000

Loss is defined as follows: (1) Loss of Hand: complete severance at or above the wrist joint. (2) Loss of Foot: complete severance at or above the ankle joint. (3) Loss of Sight: total and irrecoverable loss of sight. (4) Loss of Speech: total and irrecoverable loss of speech. (5) Loss of Hearing: total and irrecoverable loss of hearing. (6) Loss of Thumb and Index Finger: complete severance at or above the metacarpophalangeal joint.

If a Covered Person sustains more than one loss from one accident, we will pay for the loss which has the greatest benefit. Payment will be made only for the loss that results from that accident, without regard to any loss from a prior accident.

**Schedule of Medical Expense Benefits Up to \$50,000  
Maximum Benefit Paid as Specified Below  
(For Each Injury or Sickness) after a \$250  
Deductible Per insured person per policy year.**

The Policy provides benefits for the Usual and Customary Charges (U&C) incurred, by an insured person, for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 for each Injury of Sickness.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

Covered Medical Expenses include:

**INPATIENT**

<p><b>Room &amp; Board/Hospital Expense</b>, daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.</p>	<p align="center">80% of U&amp;C to \$1,200/Aggregate maximum per day</p>
<p><b>Intensive Care / Hospital Miscellaneous Expense</b></p>	<p align="center">80% of U&amp;C \$1,300 Aggregate Max per day</p>
<p><b>Routine Newborn Care</b>, while Hospital Confined; and routine nursery care provided immediately after birth.</p>	<p align="center">Paid as any other Sickness/ 4 day Hospital Confinement expense maximum</p>
<p><b>Physiotherapy</b>, benefits are limited to one visit per day.</p>	<p align="center">Paid under Hospital Expense</p>
<p><b>Surgeon's Fees</b>, in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.</p>	<p align="center">80% of U&amp;C</p>
<p><b>Assistant Surgeon</b> benefits are payable only when required by the Hospital</p>	<p align="center">25% of Surgery Allowance \$2,500 maximum</p>
<p><b>Anesthetist</b>, professional services in conjunction with inpatient surgery</p>	<p align="center">25% of Surgery Allowance</p>

## Schedule of Medical Expense Benefits Continued

### INPATIENT- Continued

<b>Registered Nurse's Services</b> , private duty nursing care.	80% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery.	80% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	Paid under Room & Board/ Hospital Expense
<b>Psychotherapy</b> benefits are limited to one visit per day.	Paid as any other Sickness \$2,500 max. per policy year
<b>Severe Mental Illness</b>	See Benefits for Treatment of Severe Mental Illness

### OUTPATIENT

<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	80% of U&C
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of U&C \$1,000 maximum
<b>Assistant Surgeon</b>	No Benefits
<b>Anesthetist</b> , professional services administered in connection with Outpatient Surgery.	25% of Surgery Allowance
<b>Outpatient Miscellaneous Benefit</b> , includes benefits designated as Paid Under Outpatient Miscellaneous Benefit	80% of U&C \$900 Maximum
<b>Physician's visits</b> , benefits are limited to one visit per day and do not apply when related to Surgery or Physiotherapy	80% of U&C
<b>Physiotherapy</b> , benefits are limited to one visit per day.	Paid under Physician Visits

## Schedule of Medical Expense Benefits Continued

### OUTPATIENT- Continued

<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness	80% of U&C
<b>Diagnostic X-Ray and Laboratory Services</b>	80% of U&C/ \$300 maximum per Policy Year
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	Paid under Diagnostic and Laboratory Services
<b>Chemotherapy &amp; Radiation Therapy</b>	80% of U&C
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement	80% of U&C
<b>Psychotherapy</b> , Benefits are limited to one visit per day, including all related or ancillary charges incurred as a result of a Mental or Nervous Disorder including Prescription Drugs.	50% of U&C/\$30 per day \$300 maximum per Policy Year
<b>Prescription Drugs</b> , see Caremark section for details.	80% of U&C \$500 maximum Per Policy Year
<b>Mental Illness/Substance Abuse</b> , benefits are limited to one visit per day	See Benefits for Mental Illness & Substance Abuse
<b>Severe Mental Illness</b>	See Benefits for Treatment of Severe Mental Illness
<b>OTHER</b>	
<b>Ambulance Services</b>	80% of U&C \$250 Maximum
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of U&C \$500 Maximum
<b>Consultant</b> , when requested and approved by the attending Physician.	80% of U&C \$100 Maximum
<b>Dental Treatment</b> , made necessary by Injury to Sound, Natural Teeth.	80% of U&C \$250 Maximum
<b>Alcoholism / Drug Abuse</b>	Paid under Psychotherapy
<b>Maternity &amp; Complications of Pregnancy</b>	80% of U&C
<b>Immunizations</b>	80% of U&C \$300 Maximum

# **OBSTETRICIAN/GYNECOLOGICAL**

## **VISITS BENEFIT**

Coverage will be provided for direct access to an Obstetrician or Gynecologist or in-network Obstetrician or Gynecologist for routine Gynecological Care.

Routine Gynecological Care means a minimum of two routine annual visits, provided that the second visit shall be permitted based upon medical need only, and follow-up treatment within sixty days following either visit if related to a condition diagnosed or treated during the visits, and any care related to a Pregnancy.

## **ADDITIONAL BENEFITS**

### **Mammography Examination Benefit**

Coverage will be provided for mammography when services are rendered or prescribed by a Physician or other LA licensed health care provider and received in a licensed Hospital or other facility including but not limited to clinics and mobile screening units.

Benefits include:

1. A baseline mammogram for a woman from age 35 to 39;
2. A mammogram for a woman from age 40 to 49 every two years or more frequently based on the recommendation of the woman's Physician; and
3. A mammogram every year for a woman 50 years of age and over.

### **Mastectomy, Breast Reconstruction and Prosthesis Benefit**

Benefits are payable for reconstructive breast surgery.

1. Coverage incidental to the patient's covered mastectomy for the expense of reconstructive surgery of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prosthesis; and
4. Treatment of physical complications for all stages of the mastectomy, including lymphedemas.

### **Osteoporosis/Bone Mass Measurement Benefit**

Coverage will be provided for a qualified individual for scientifically proven bone mass measurement for the diagnosis and treatment of osteoporosis. As used in this section, the following definitions shall apply: 1. "Bone mass measurement" means a radiologic or radioisotopic procedure or other scientifically proven technologies performed on an individual for the purpose of identifying bone mass or detecting bone loss. 2. "Qualified individual" means: (a) An estrogen-deficient woman at clinical risk of osteoporosis who is considering treatment. (b) An individual receiving long-term steroid therapy. (c) An individual being monitored to assess to response to or efficacy of approved osteoporosis drug therapies.

### **Detection of Prostate Cancer Benefit**

- A. Coverage will be provided for men over the age of fifty years and as Medically Necessary and appropriate for men over the age of forty years, for tests for the detection of prostate cancer, including:
1. digital rectal examination and
  2. prostate-specific antigen testing.
- B. Coverage will include a minimum of one routine annual visit, with a second visit permitted based upon medical need and follow-up treatment within sixty days if related to a condition diagnosed or treated during the visits.

### **Diabetes Equipment, Supplies, and Outpatient Self-Management Training and Education Benefit**

- A. If prescribed by a Physician, benefits will be provided for medical nutrition therapy, for the treatment of: 1. insulin-dependent diabetes, 2. insulin-using diabetes, 3. gestational diabetes, and 4. non-insulin using diabetes.
- B. Benefits include a one time evaluation and training program per Policy for diabetes self-management when: 1. Medically Necessary as determined by a Physician, 2. provided by an appropriately licensed health care professional, 3. upon certification by the health care professional providing the training that the Insured patient has successfully completed the training. Benefits shall not exceed five hundred dollars.
- C. Additional self-management training shall be covered if Physician prescribes additional training based upon medical necessity because of significant change in the Insured's symptoms or conditions. This additional coverage is limited to one hundred dollars a year and a lifetime limit of two thousand dollars per Insured.

### **Cancer Clinical Trials Benefit**

- A. Coverage will be provided for patient costs incurred as a result of a treatment being provided in accordance with a clinical trial for cancer. Costs shall include those for investigational treatments and costs of associated protocol-related patient care if all of the following criteria are met:
1. The treatment is being provided with a therapeutic or palliative intent for patients with cancer, or for the prevention or early detection of cancer.
  2. The treatment is being provided or the studies are being conducted in a Phase II, Phase III, or Phase IV clinical trial for cancer.
  3. The treatment is being provided in accordance with a clinical trial approved by one of the following entities:
    - a) One of the United States or NIH.
    - b) A cooperative group funded by one of the NIH.
    - c) The FDA in the form of an investigational new drug application.
    - d) The United States Department of Veterans Affairs.
    - e) The United States Department of Defense.
    - f) A federally funded general clinical research center.
    - g) The Coalition of National Cancer Cooperative Groups.

B. Coverage is not required for the following items:

1. The cost of non-health care services that a patient may be required to receive as a result of the treatment being provided pursuant to the clinical trial.
2. Costs associated with managing the research data associated with the clinical trial.
3. The cost of such investigational devices or drugs which the FDA has determined to be contraindicated for the prescribed treatment will not be covered.
4. Costs not otherwise covered under the Insured, subscriber, or enrollee's Policy, plan, or contract of coverage for non-investigational treatments.

Applicable co-payment, Deductible, or Coinsurance amounts apply.

### **Interpreter/Transliterators Benefit**

Coverage will be provided for services performed by a qualified interpreter/transliterators, other than a family member of the Insured, when such services are used in connection with medical treatment or diagnostic consultations performed by a Physician, dentist, chiropractor, or podiatrist, provided: 1. such treatment or consultation is covered; 2. the services are required because of a hearing impairment; or 3. the services are required because of the Insured's failure to understand or otherwise communicate in spoken language.

### **Dental General Anesthesia Benefit**

Benefits will be provided for anesthesia when rendered in a Hospital setting and for associated Hospital charges when the mental or physical condition of the Insured requires dental treatment to be rendered in a Hospital setting. For a patient to satisfy the criteria, a dentist shall consider the Indications for General Anesthesia, as published in the reference manual of the American Academy of Pediatric Dentistry, as utilization standards for determining whether performing dental procedures necessary to treat the particular condition or conditions of the patient under general anesthesia constitutes appropriate treatment.

### **Cleft Lip and Cleft Palate Benefit**

Benefit will be provided to cover costs for the treatment and correction of cleft lip and cleft palate and benefits for secondary conditions and treatment attributable to that primary medical condition. Benefits include but are not limited to:

1. Oral and facial surgery, surgical management, and follow-up care;
2. Prosthetic treatment such as obturators, speech appliances, and feeding appliances;
3. Orthodontic treatment and management;
4. Preventive and restorative dentistry to insure good health and adequate dental structures for orthodontic treatment or prosthetic management or therapy;
5. Speech-language evaluation and therapy;
6. Audiological assessments and amplification devices;

7. Otolaryngology treatment and management;
8. Psychological assessment and counseling; and
9. Genetic assessment and counseling for patient and parents.

### **Immunizations for Dependent Children Benefit**

Benefits will be payable for immunizations for Dependent children from birth to age six as defined by the state health officer and required for school entry.

### **Attention Deficit/Hyperactivity Disorder Benefit**

Benefit will be provided for diagnosis and treatment of attention deficit/hyperactivity disorder under the same circumstances and conditions as for all other diagnoses and illnesses.

### **Ambulance Transport Coverage Benefit**

Coverage shall be provided for the transportation by professional ambulance services, including air or surface transport, of newborns to the nearest available Hospital or neonatal special care unit for treatment of illnesses, injuries, congenital defects, and complications of premature birth. Transportation services for the purpose of obtaining routine well baby care is not included.

Coverage will also include transportation by professional ambulance services of a temporarily medically disabled mother of the ill newborn when accompanying the newborn to the nearest available Hospital or neonatal special care unit. The mother's need for professional ambulance service must be certified by her attending Physician.

### **Inherited Metabolic Disease Benefit**

Coverage will be provided for Medically Necessary low protein food products, not to exceed two hundred dollars per month, for treatment of inherited metabolic diseases caused by an inherited abnormality of body chemistry, but limited to:

1. Glutaric Acidemia.
2. Isovaleric Acidemia (IVA).
3. Maple Syrup Urine Disease (MSUD).
4. Methylmalonic Acidemia (MMA).
5. Phenylketonuria (PKU).P
6. Propionic Acidemia.
7. Tyrosinemia.
8. Urea Cycle Defects.

### **Severe Mental Illness Treatment and Mental Disorders Benefit**

Upon receipt of due proof that a Covered Person incurred expenses for the treatment of Severe Mental Illness, we will pay the Usual and Customary charges incurred subject to the Maximum Benefit for Sickness. Benefits are payable when the treatment or services are rendered by a Physician, licensed psychologist, or a licensed clinical social worker, who is a member of a national clinical social work registry, and in connection with a diagnostic consultation with a Physician.

For the purposes of this benefit:

SEVERE MENTAL ILLNESS shall include any of the following diagnosed severe mental illnesses:

1. Schizophrenia or Schizoaffective Disorder;
2. Bipolar Disorder;
3. Pervasive Development Disorder or Autism;
4. Panic Disorder;
5. Obsessive-Compulsive Disorder;
6. Major Depressive Disorder;
7. Anorexia/Bulimia;
8. Asperger's Disorder;
9. Intermittent Explosive Disorder;
10. Posttraumatic Stress Disorder;
11. Psychosis NOS (not otherwise specified) when diagnosed in a child under 17 years of age;
12. Rett's Disorder;
13. Tourette's Disorder.

If less costly residential treatment, partial hospitalization or crisis respite care for the patient is appropriate, we will provide this care at a rate of (2) alternate care days to (1) day of inpatient Hospital treatment.

#### **Colorectal Cancer Screening Benefit**

Upon receipt of due proof that a Covered Person incurred expenses for colorectal cancer screening for the detection of prostate cancer, we will pay the Usual and Customary Charges for:

- 1) colorectal cancer screening with sigmoidoscopy or fecal occult blood testing once every 3 years for a Covered Person who is at least 50 years old ; and
- 2) for each male Covered Person age 50 and over and asymptomatic or for each male Covered Person age 30 and over classified as high risk for colorectal cancer because the Covered Person or a first degree family member of the Covered Person has a history of colorectal cancer.

#### **Hearing Aids for Dependent Child Benefit**

Coverage will be provided for hearing aids for a Dependent child under the age of 18. The hearing aids must be fitted and dispensed by a licensed audiologist or licensed hearing aid specialist following medical clearance by a Physician licensed to practice medicine and an audiological evaluation medically appropriate to the age of the child. Benefit may be limited to \$1,400 per hearing aid for each hearing-impaired ear every thirty-six months.

Any policy affected by the provisions of this Section shall apply to an insured or participant under such policy, contract, program or plan whether or not the hearing impairment is a pre-existing condition of the insured or participant.

#### **Prescription Drugs Benefit**

Upon receipt of due proof that a Covered Person incurred expenses for Prescription Drugs including prescription contraceptive drugs and devices, we will pay a benefit for a percentage of the Usual and Customary Charges not to exceed the Maximum Benefit shown on the Schedule of Benefits.

### **Pap Test for Cervical Cancer Benefit**

Coverage will be provided for annual Pap test for cervical cancer when rendered or prescribed by a Physician or other LA licensed health care provider and received in a licensed Hospital or other facility including but not limited to clinics and mobile screening units.

## **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; bio-feedback type services; breast implants; corns, calluses and bunions; sexual reassignment surgery; removal of non-malignant warts and moles; orthognathic surgery, including mandibular retrognathia; and sub-mucous 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.

**PREGNANCY** means a Pregnancy resulting from conception that occurred after the Covered Person's Effective Date of Coverage.

**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.

## **CAREMARK PRESCRIPTION DRUG PLAN**

This Plan includes a prescription drug benefit for prescription drug services throughout the United States. A listing of contracted pharmacies and service is available at Customer Service at 1-888-727-5575 or online at [www.caremark.com](http://www.caremark.com). Covered Medical Expenses are payable up to a maximum of \$500 per Policy Year, after a 20% copay per prescription. This pharmacy benefit is provided to cover prescriptions associated with a covered Sickness or Injury occurring during the Policy Year.

## EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Treatment for acne; breast implants; breast reduction; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; lesions; warts; obesity and any condition resulting therefrom (including hernia of any kind); inguinal hernia; skeletal irregularities of one or both jaws, including testing thereof; sleep disorders; tubal ligation; and vasectomy;
2. Alcoholism or drug addiction; except to the extent covered in the Schedule of Benefits;
3. Congenital conditions, except for Newborn Children insured under this Policy;
4. 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;
5. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
6. Elective Surgery or Elective Treatment;
7. Elective abortion;
8. Eyeglasses, radial keratotomy, contact lenses, or prescriptions or examinations except as required for repair caused by a covered Injury;
9. Eye surgery for the correction of refractive defects such as myopia or astigmatism;
10. Alopecia, biofeedback-type services, gynecomastia, hirsutism, nicotine addiction, patient controlled analgesia (PCA);
11. Taking of medication, narcotic or hallucinogen, unless as prescribed by a Physician;
12. Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law;
13. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, interscholastic, or club sport, 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;
14. Organ transplants;
15. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
16. Declared or undeclared war, riot, civil disorder, civil commotion;
17. Services or supplies which are experimental or investigative in nature: including the treatment, procedure, facility, equip-

ment, 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;

18. 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 routine care of a newborn infant, well baby nursery and related Physician charges, other than Hospital nursery expense of a newborn baby, and any associated laboratory work, not including mammograms and routine Papanicolaou cytology test;
19. Services that are provided normally without charge by the University's Health Center, infirmary or Hospital; or by any person employed by the University;
20. Treatment of temporomandibular joint dysfunction (TMJ) and associated myofacial pain;
21. 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;
22. 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.
23. Services and supplies not Medically Necessary for the diagnosis recommended by the attending Physician;
24. Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance.

## **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 12 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 Insured Person was covered under a qualifying previous coverage if: 1) the Insured 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 that qualifying previous coverage, if any, applicable to the Insured Person as of the enrollment date for similar services covered under Policy and the prior coverage.

**24-HOUR NURSE ADVICE LINE 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 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 Advice Line and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

**IN THE EVENT OF INJURY OR SICKNESS  
CLAIM PROCEDURE**

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

1. Report to the Student Health Center or Infirmary for treatment or referral, or when not in school, to a physician or Hospital.
2. Mail to the address below all medical and hospital bills along with the patient's name and Insured student's name, address and social security number and name of University under which the

student is insured. A Company claim form is not required for filing a claim.

3. File a claim within 30 days of Injury or first treatment for Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
4. Claims will be paid upon receipt of due written proof of loss not to exceed 30 days from receipt of such proof of loss. Payments will be made to the hospital or person rendering services unless the student requests otherwise in writing.

---

**UNIVERSITY OF LOUISIANA AT MONROE**

Student Medical Insurance Plan

Underwritten by: Monumental Life Insurance Company

Name:

CWID #:

Effective Date:

Policy Number: **CLA809E**

Preferred Provider Network



**First Health**  
Network

**CAREMARK<sup>®</sup>**  
*It all starts with care<sup>®</sup>*

RXGROUP: 1926/5052    RXBIN: 004336    RXPCN: ADV

Medical and Prescription Benefits ID Card

**Submit all claims or inquires to:**



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/ULM](http://www.BollingerColleges.com/ULM)

**This Plan Underwritten By:**

**MONUMENTAL LIFE  
INSURANCE COMPANY**  
Cedar Rapids, Iowa

**Preferred Provider Network:**



**Policyholder Service:**

**Gallagher Benefit Services, Inc.**  
**Lake Charles, LA**  
**1-800-256-8960**

**IMPORTANT NOTICE**

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.

Policy Number: CLA809E

Policy Form: SH5000GPM.LA

6399136

---

**CLAIM PROCEDURE**

Submit all claims, including the patient's name and school name,  
to the Plan Administrator within 90 days of treatment

**Plan Administrator**



PO Box 727

Short Hills, NJ 07078

Claim/Coverage Questions 1-866-267-0092

**PRESCRIPTION DRUG PROCEDURE**

**Member:** Please present this card to your pharmacist each time you order a prescription. For questions, please contact Caremark at 800-391-6443.

**Pharmacist:** For assistance, please call our pharmacy help desk at 800-364-6331.