

7. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
8. Elective Surgery or Elective Treatment;
9. Injury resulting from the playing, practice, participating, 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;
10. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
11. Injury sustained or Sickness contracted as a result of 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;
12. 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.

GENERAL PROVISIONS

Benefits under this plan are payable in addition to those paid under any personal policy with the exception of those items mentioned in Exclusion #3. If student graduates or leaves school, coverage will continue to expiration date of Master Policy.

INJURY/SICKNESS PROCEDURES

In the event of a non-emergency Injury or Sickness, the students should:

- a. If on campus, contact the Security Office in your location;
- b. If away from campus, obtain treatment and the bill, or pay the bill and obtain a receipt. Obtain a medical claim form from one of the following locations:

Dean of Student Services Office,
Pemberton Parker Center, or
on-line at www.BollingerColleges.com/bcc

STUDENT ASSISTANCE SERVICES (Administered by On Call International)

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: 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 Injury 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.

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.

THIS PLAN ADMINISTERED BY:



PO BOX 727, SHORT HILLS, NJ 07078
(866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)

PREFERRED PROVIDER NETWORK PROVIDED BY:



Injury & Sickness Insurance Summary of Coverage for the students of

BURLINGTON COUNTY COLLEGE 2012-2013

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 \$100,000 for policy years beginning on or after July 1, 2012, but before September 23, 2012, \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage has a \$5,000.00 per Injury per Sickness maximum benefit with internal limits thereunder. After the base plan is exhausted the plan pays 100% of expenses incurred up to \$45,000.00. 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**

Home Office: Cedar Rapids, Iowa
a Transamerica company

THIS CERTIFICATE IS SUBJECT TO THE LAWS OF THE STATE OF NEW JERSEY

"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

VISIT US ON THE WEB: www.BollingerColleges.com/bcc

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. Your certificate, which contains information concerning your coverage, as well as full procedures for filing an inquiry, grievance or appeal can be obtained at www.BollingerColleges.com/bcc. A paper copy of your certificate is available upon request. 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 payment of benefits.

Dear Students and Families:

Maintaining your good health is important for the successful completion of your studies at Burlington County College. No one can avoid occasional Sickness or accidental Injuries. Nevertheless, we can all prepare for the financial consequences of such occurrences and provide for the required medical care.

The State of New Jersey requires that every full-time student have health and accidental medical insurance. As a service to you, the College has contracted to provide all full-time students, including nursing and allied health students, with the required insurance which includes major medical coverage. The Plan utilizes the CHN Preferred Provider Network of providers and facilities. Use of this network will provide you with the most cost effective method of obtaining quality health care. You are encouraged to use the network whenever possible.

The cost to full-time students for this coverage is \$85.00 and is included in your tuition billing. The College's plan may be waived only if you can demonstrate that you have adequate coverage under some other plan. A waiver form can be obtained from the Student Services Office.

Best wishes for a successful year!

Kris Dixon, Ed.D
Vice President of Student Services

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 June 30, 2012 at 12:01 am or the date of Premium Payment, whichever is later, until June 30, 2013 at 12:00 am. For students enrolled during the Spring Semester, coverage will be in effect from either January 1, 2013 at 12:01 am, or the date of Premium Payment, whichever is later, until June 30, 2013 at 12:00 am. The plan covers Injuries sustained and Sickness contracted and causing loss commencing during the coverage period. The policy expires June 30, 2013 at 12:00 am. (Please note that the policy cannot establish physician's fees, and therefore, cannot guarantee that payments made by Monumental Life Insurance Company, hereafter referred to as the Company, will cover all physician and surgeon charges in full.)

INJURY MEDICAL EXPENSE BENEFITS

Benefits are provided up to \$5,000 for accidental Injuries for which medical treatment by a physician, surgeon, dentist, registered nurse, hospital services, ambulance services, or x-rays are rendered. The initial treatment must be rendered within 90 days of the Injury and benefits are limited to treatment rendered within 52 weeks of the date of Injury. Specific benefit levels are as shown below:

Hospital Room and Board: The expense actually incurred is allowed not to exceed the semi-private rate per day.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$5,000 as the result of any one Injury.

Surgical Expense: The expense actually incurred is allowed not to exceed \$5,000 in total for all surgical operation(s) performed for any one Injury.

Ambulance Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge for any one Injury.

Physician's Expense: The Usual and Customary Charge is allowed not to exceed \$5,000 for any one Injury. Second surgical opinions will be covered up to the expense incurred subject to a maximum of the Usual and Customary Charge.

Registered Graduate Nurse Expense: The expense actually incurred is allowed subject to a maximum benefit of the Usual and Customary Charge per 24-hour period.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum of the Usual and Customary Charge as the result of any one Injury.

Dental Expense: The Company will pay up to the Usual and Customary Charge per tooth with a maximum of \$5,000 per Injury for treatment to sound and natural teeth injured in a covered accident.

Physiotherapy Benefit: Up to \$30 per visit is allowed subject to a maximum of \$300 for any one Injury.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of the Usual and Customary Charge per covered Injury.

Anesthesia Expense: The expense actually incurred is allowed up to 30% of the surgeon's allowance under the policy subject to a maximum of \$5,000 for any one Injury.

Medical Consultation Expense: The expense actually incurred is allowed up to the Usual and Customary Charge per covered Injury.

ACCIDENTAL DEATH BENEFIT

\$2,500 payable when Injury results in the loss of life within 180 days of the accident.

ACCIDENTAL DISMEMBERMENT BENEFIT

\$2,500 payable per the schedule as shown in the Master Policy.

SICKNESS MEDICAL EXPENSE BENEFITS

Sickness benefits will be paid up to \$5,000 for medical expenses incurred within 52 weeks of the date of the first medical treatment subject to the following:

Hospital Room and Board: The expense actually incurred is allowed not to exceed the semi-private rate per day.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$5,000 as the result of any one Sickness.

Surgical Expense: The expense actually incurred is allowed not to exceed \$5,000 in total for all surgical operation(s) performed for any one Sickness.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$100 for any one Sickness.

Physician's Expense: The expense actually incurred is allowed not to exceed \$750 for any one Sickness subject to the following limitations: Payment will begin with the first call when confined to a hospital as a bed patient or beginning with the second call when hospital confinement is not required. The allowance will be \$60 for the first qualifying call and \$40 for each subsequent call. Second surgical opinions will be covered up to the expense incurred subject to a maximum of \$60.

Registered Graduate Nurse Expense: The expense actually incurred is allowed subject to a maximum benefit of \$50 per 24-hour period or \$500 as the result of any one Sickness.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$500 as the result of any one Sickness.

Prescription Drug Expense:The expense actually incurred is allowed up to a maximum of the Usual and Customary Charge per covered Sickness.

Anesthesia Expense: The expense actually incurred is allowed up to 30% of the surgeon's allowance under the policy subject to a maximum of \$5,000 for any one Sickness.

Medical Consultation Expense: The expense actually incurred is allowed up to Usual and Customary charge per covered Sickness.

Wellness Health Examinations: Benefits will be provided for expenses incurred in a health promotion program through health wellness examinations and counseling. Benefits shall include, but not be limited to, the following tests and services: (1) for all Insureds 20 years of age or older, annual tests to determine blood hemoglobin, blood pressure, blood glucose level, and blood cholesterol level or, alternatively, low-density lipoprotein (LDL) level and blood high-density lipoprotein (HDL) level; (2) for all Insureds 35 years of age or older, a glaucoma eye test every 5 years; (3) for all Insureds 40 years of age or older, an annual stool examination for presence of blood; (4) for all Insureds 45 years of age or older, a left-sided colon examination of 35 to 60 centimeters every 5 years (this examination is subject to a limit of \$164.00); (5) for all female Insureds 20 years of age or older, a pap smear; (6) for all female Insureds 40 years of age or older, a mammogram examination; (7) for all adult Insureds, recommended immunizations; and (8) for all Insureds 20 years of age or older, an annual consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being including, but not limited to, smoking control, nutrition and diet recommendations, exercise plans, lower back protection, weight control, immunization practices, breast self-examination, testicular self-examination, and seat belt usage in motor vehicles. Benefits payable under this section shall not exceed the following maximums for any one year: (1) \$231.00 for Insureds between the ages of 20 and 39, inclusive; (2) \$269.00 for all male Insureds ages 40 and over; (3) \$436.00 for all female Insureds ages 40 and over; and (4) \$276.00 for a left-sided colon examination for each person 45 years of age and older.

STATE MANDATED HEALTH BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with New Jersey insurance laws: Maternity Length of Stay Benefit, Mammography, Wellness Health Examinations, Inpatient Coverage for Mastectomies, Reconstructive Breast Surgery, Diabetes Treatment, Alcoholism Treatment, Home Health Care, Treatment of Wilm's Tumor, Blood Products and Blood Infusion Equipment, Dose-Intensive Chemotherapy Cancer Treatment, Prostate Cancer Screening, Treatment of Inherited Metabolic Diseases, Pap Smear Coverage, Audiology and Speech-Language Pathology, Certain Dental Services, Biologically-Based Mental Illness, Infertility Diagnosis and Treatment Benefit, Colorectal Cancer Screening, Off-Label Drugs, Orthotics and Prosthetics Benefits, Autism, Prescription Female Contraceptive Benefit, and Maternity Claim Installments.

EXTENSION OF MAXIMUM BENEFIT

For Both Injury and Sickness

After the Company pays \$5,000 in basic benefits under either the Injury or Sickness provision of the policy for any one Injury or Sickness, the policy will pay 100% of the expenses incurred in excess of \$5,000 up to but not exceeding \$45,000 for physician's services, hospital confinement, nursing services, X-Rays, operating room, emergency room, anesthesia, laboratory service, dressings, prescription medicines, casts, use of wheel chair, crutches, or ambulance for any one covered Injury or Sickness. Expenses must be incurred within two years from the date of Injury or Sickness.

The maximum benefit for Intercollegiate/Intramural Sports related Injuries is \$25,000.

EXCLUSIONS

The policy does not cover any loss caused or contributed by any of the following;

1. Surgical, medical or other services received in a facility primarily designed to care for students, faculty or employees of a college or other institution of learning, (with the exception of some services performed at the College Student Health Services);
2. 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, except as mandated by law and specifically provided under this Policy;
3. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law;
4. Elective abortion;
5. 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);
6. Eyeglasses, radial keratotomy, contact lenses, hearing aids (Except for dependent children ages 15 and under) or prescriptions or examinations except as required for repair caused by a covered Injury;

BURLINGTON COUNTY COLLEGE

Student Medical Benefit Plan - I.D. Card

This is to certify that as of June 30, 2012, insurance coverage is provided in accordance with all terms and provisions of Policy No. C5341 issued to the above named college for the student named below.

Name _____ Student ID # _____
Street Address _____
Town _____ State _____ Zip Code _____

This coverage expires June 30, 2013

UNDERWRITTEN BY:
**MONUMENTAL LIFE
INSURANCE COMPANY**

Cedar Rapids, Iowa

PREFERRED PROVIDER NETWORK:



ADMINISTERED BY:

Bollinger
Insurance Solutions

PO Box 727
Short Hills, NJ 07078
1-866-267-0092