



**Injury and Sickness Insurance
Designed for Students of
CHESTNUT HILL COLLEGE**

2012-2013

Visit us on the Web:

www.BollingerColleges.com/chestnuthill

Policy# A576I

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, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage has a maximum of \$25,000 per Injury and \$50,000 per Sickness benefit restriction. If you have any questions or concerns about this notice, contact Bollinger Insurance Services, 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

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

Dear Student:

Again this year Chestnut Hill College will provide group Injury and Sickness Insurance for all its full time students enrolled in the School of Undergraduate Studies. The Injury portion of the plan is mandatory, and is already included in the tuition. All students will be automatically billed for the Sickness portion of the plan. However, students who are already covered under comparable coverage may waive out of the Sickness portion of the plan and have the insurance charge deleted from their college bill. This may be accomplished by completing the following steps:

- Access the Student Health Plan website at www.BollingerColleges.com/chestnuthill. Go to the “Request a Waiver” link and follow the instructions carefully.
- Once you’ve completed all steps in the “Request a Waiver” link, you will be given a confirmation page.
- Bollinger must receive the request for waiver by 9/22/12. 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.

ELIGIBILITY

Traditional students enrolled in classes and actively attending classes for at least 31 days after the date for which coverage is purchased will be insured for the period for which premium has been paid, including interim vacations.

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 or the date of Premium Payment, whichever is later, until August 1, 2013. For students enrolled during the Spring Semester, coverage will be in effect from either January 1, 2013, or the date of Premium Payment, whichever is later, until August 1, 2013. The plan covers Injuries sustained and Sickness contracted and causing loss commencing during the coverage period. The policy expires August 1, 2013. (Please note that this 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.)

DEFINITIONS

Hospital means a legally constituted institution operating under the supervision of a licensed Physician primarily for the care and treatment of injured or sick persons. It must have organized facilities on the premises for diagnosis, major surgery or major surgical facilities available to the Hospital on a pre-arranged basis and 24-hour-a-day nursing service. It is not primarily a place for alcoholics or drug addicts. It is not a nursing, rest or convalescent home.

Elective Surgery means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supply that is deemed by us to be research or experimental; or is not recognized as generally accepted medical practice in the United States. Elective Surgery and Elective Treatment do not include any procedures deemed a Medical Necessity. Elective Surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under the Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vials; including allergy testing; bio-feedback type services; birth control; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the Policy, and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered new born child for which benefits are otherwise payable under the Policy; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; fertility tests; hair growth or removal; impotence, organic or otherwise; infertility male or female, including any services and supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom including hernia of any kind, except for the treatment of an underlying covered Sickness; premarital examinations; preventative medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing; smoking cessation; temporomandibular joint dysfunction (TMJ); tubal ligation; vasectomy; and weight loss or reduction.

Prescription Drugs means any Medically Necessary drugs that, under the applicable state or federal law, may be dispensed only upon written prescription of a Physician; and injectable insulin.

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.ccnusa.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.ccnusa.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 prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

Schedule of Benefits - Injury and Sickness

\$25,000 maximum benefit for each Injury and \$50,000 maximum benefit for each Sickness

Usual & Customary Charges are based on data provided by FAIR Health schedule of fees.

Injury - Benefits will be paid as specified below up to \$2,500. After the Company has paid \$2,500, benefits will be paid for 80% of additional covered medical expenses not to exceed the maximum benefit.

Sickness - Benefits will be paid as specified below up to \$2,500. After the Company has paid \$2,500, benefits will be paid for 80% of additional covered medical expenses not to exceed the maximum benefit.

Basic Benefits will be paid up to the \$2,500, incurred within 52 weeks of treatment rendered for Injury or first treatment for Sickness. Covered Medical Expenses include:

INPATIENT	INJURY BENEFIT	SICKNESS BENEFIT
Hospital Room and Board - Benefits will be payable when a Covered Person incurs a daily charge for Room and Board while Hospital confined in a semi-private room or approved intensive care unit.....	Semi-Private Rate	Semi-Private Rate
Hospital Miscellaneous Expense - Use of Operating Room; Anesthesia; Medications and Drugs; Plaster Casts; X-ray examination (not treatment); Temporary surgical appliances including dressing; Laboratory tests; Oxygen Tent.....	Usual & Customary	Usual & Customary
Surgical Expense - When by reason of a covered Injury or Sickness the Insured requires a surgical operation, the Company will pay the expense actually incurred for such surgical operation up to.....	Usual & Customary	Usual & Customary
Registered Graduate Nurse	Usual & Customary per 24 hour period	\$40 per 24 hour period or \$400 per Sickness
Physician's Expense	Usual & Customary	\$75 per visit to \$750
Anesthesia Expense	30% of surgeon's allowance	25% of surgeon's allowance
Mental & Nervous Disorders Benefit (Serious Mental Illness paid as per State Mandate)	N/A	\$35 per visit to \$250 worth of visits
OUTPATIENT		
Outpatient Miscellaneous - When Insured by reason of covered Injury or Sickness incurs expense in the outpatient department of a Hospital for: Use of Operating Room; Anesthesia; Medications and drugs; Plaster Casts; X-ray examination (not treatment); Temporary surgical appliances including dressings; Laboratory tests; and Oxygen tent.....	Usual & Customary	Usual & Customary to \$1,500
Surgical Expense - When by reason of a covered Injury or Sickness the Insured requires a surgical operation, the Company will pay the expense actually incurred for such surgical operation up to	Usual & Customary	Usual & Customary
Physician's Expense	Usual & Customary	Usual & Customary \$75 per visit to \$750
Prescription Drug Expense	Usual & Customary	\$75 per covered Sickness
Physiotherapy Benefit	Usual & Customary	\$50 per visit to \$500
Mental & Nervous Disorders Benefit (Serious Mental Illness paid as per State Mandate)	N/A	\$35 per visit to \$250 worth of visits
OTHER		
Ambulance	Usual & Customary	\$300 per Sickness
Consultant's Expense	Usual & Customary	\$150 per Sickness
Dental Expense	Usual & Customary For Injury to sound natural teeth	N/A

MEDICAL EVACUATION AND REPATRIATION

Medical Evacuation: following hospital confinement for 5 or more days, for medical evacuation to the student's home country or a better equipped hospital enroute	Up to \$10,000 when pre-approved
Repatriation: for preparation and return of a deceased student to his/her home country	Up to \$7,500 when pre-approved

MANDATED BENEFITS

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

MAJOR MEDICAL EXPENSES

For Both Injury and Sickness

After the Company pays \$2,500 in basic benefits under either the Injury or Sickness provision of the policy for any one Injury or Sickness, the policy will pay 80% of the expenses incurred in excess of \$2,500 up to but not exceeding \$22,500 for Injury and \$47,500 for Sickness 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 one year from the date of Injury or Sickness.

EXCLUSIONS

The Policy does not cover:

1. Service or treatment rendered as part of the duties of a physician or any other person employed or retained by the Policyholder;
2. Injury sustained or caused by any act of war, riots, civil disorders, or commotions;
3. Eyeglasses, contact lenses, or prescriptions therefor;
4. Self-inflicted Injuries, suicide, or attempt thereat while sane or insane;
5. Congenital defect;
6. Injuries sustained as a result of practice or participating in intercollegiate sports in any form;
7. Injuries sustained as a result of skiing, unless sponsored, scheduled and supervised by the Policyholder;
8. Injury or Sickness for which the Insured is entitled to benefits under any Worker's Compensation Act or Law or similar legislation, or medical expenses covered under any Automobile Reparations Reform Act, or Automobile No-Fault Law, or similar legislation;
9. Any loss sustained or contracted in consequence of the Insureds being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
10. Air travel except as a fare-paying passenger on a commercial aircraft;
11. Expense incurred as a result of mental disorders of any type but only as it

pertains to Major Medical Benefits outlined under Part IV the Major Medical Expense Benefits;

12. Health treatment or examinations where no Injury or Sickness is involved;
13. Elective abortions or any other voluntary termination of pregnancy;
14. Dental treatment except for Injury to sound, natural teeth;
15. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
16. Elective surgery, or cosmetic surgery unless performed in conjunction with a covered loss;
17. Services or treatment rendered by a Physician or nurse who is the Insured or a member of his immediate family;
18. Preventative medicines, serums, or vaccines;
19. An Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation.

INFIRMARY PROCEDURE

In the event of an Injury or Sickness the Insured student should:

1. If at school, report immediately to the Student Health Service so that proper treatment can be prescribed or to the hospital emergency room if Student Health Service is closed;
2. If away from school, consult a doctor and follow his instructions; notify the Student Health Service as soon as possible.

CLAIM PROCEDURE

Claim forms and instructions on claim procedures are available at the Student Health Service. Claim forms may also be obtained from our website:

www.BollingerColleges.com/chestnuthill

Notification of Injury or Sickness must be provided to:

Bollinger
Insurance Solutions

P.O. Box 727
Short Hills, NJ 07078-0727

Bills for which benefits are to be paid must be submitted within 90 days of the date of treatment. Medical attention for which benefit is to be paid is limited to the one year benefit period beginning with the date of the accident or the first date of treatment for a Sickness.

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 above.

STUDENT ASSISTANCE SERVICES **(Administered by On Call International)**

Nurse Helpline: 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 a Student's ailments. NOTE: The Nurse Advice Line benefit is available to all students, not just the students who purchased the College Student Health plan.

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 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.

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.

Identity Theft Recovery Assistance: In the event that a covered student suspects he or she is a victim of identity theft, the student may contact On Call International to speak to the Identity Theft Recovery Unit. The Identity Theft Recovery Unit is a team of trained Fraud Specialists who will listen, document, and support participants who experience identity theft. The Fraud Specialist will: obtain participant's permission to pull and review their 3-bureau credit report in detail, with the participant; enroll the customer in six months of daily credit bureau monitoring to monitor and detect suspicious activity; document the event and contact history with participant; at participant request, assist in the placement of Fraud Alerts with major credit reporting agencies; write dispute letters on behalf of participant for signing and forwarding to National Credit Bureaus and Creditors. The Identity Theft Recovery Unit provides victims with a Fraud First Aid Kit which includes: Tips for Fraud Victims; Credit Bureau Reporting Agency Information; Contact History Tracking; Pre-populated letters to creditors to dispute suspicious items.

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.