

**2012-2013**  
**STUDENT INJURY & SICKNESS INSURANCE**  
**SUMMARY OF COVERAGE**  
**METHODIST UNIVERSITY**  
**INTERNATIONAL STUDENTS**

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 or Sickness maximum benefit with internal limits thereunder. After the base plan has been exhausted the policy pays 80% of expenses incurred up to \$45,000.00 per Injury or Sickness. 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**  
Cedar Rapids, Iowa  
a Transamerica company

Administrative Office:  
100 Light St., FL B-1  
Baltimore, Maryland 21202

Visit us on the Web: [www.BollingerColleges.com/MU](http://www.BollingerColleges.com/MU)

Please Read Your Summary of Coverage Carefully.

**Non-Renewable Term Insurance – This Policy Will Not Be Renewed.**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Policy Number: CNC304I



Methodist University offers its international students an insurance plan to help defray medical fees during their stay at Methodist University. The student insurance is mandatory for all international students. No coverage is provided for visits or treatments that occur in the student's homeland country. The insurance plan also provides a low-cost coverage for prescription medications. This plan is offered on a mandatory or hard waiver basis only and all international students will be automatically enrolled.

The purpose of this mandatory plan is to reduce the financial strain of students and parents from medical services in the event of an Injury or Sickness, while meeting all federal guidelines. This plan provides a \$50,000 aggregate limit per Injury or Sickness.

We understand health insurance in the United States can be confusing and expensive compared to your home country, but we have selected this plan for its coverage and affordability. You can maximize your benefits and limit your costs when you seek treatment at the Student Health Center located on campus. Our plan also covers Medical Evacuation and Repatriation and meets all requirements. For additional information about the International Student Injury and Sickness plan, contact the Student Insurance Coordinator, Lori French or call Collegiate Risk Management at 1-800-922-3420.

This brochure is a brief description of the benefits provided through Methodist University for international students enrolled full-time or part-time for the 2012-2013 academic year. The policy term will cover enrolled students from June 30, 2012 to August 1, 2013.

### **ELIGIBILITY**

This plan is mandatory for all international students for the 2012-2013 academic year.

### **PREMIUM REFUND**

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased will not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid, and no refund will be allowed.

A covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents, upon written request received by Bollinger, Inc. within 90 days of withdrawal from school.

### **OUTPATIENT PRESCRIPTION DRUG BENEFIT**

Outpatient Prescription Drugs discounts are available through a prescription drug program managed by Caremark. Student will be required to pay a copay of \$0 for generic and \$15 for brand name drugs up to a maximum benefit of \$2,000 per policy year. Prescription contraception is not subject to copays and is subject to the same prescription maximum. In order to access this program and receive discounted prices for your Prescription Drugs, you must present your insurance ID Card to the pharmacy to identify yourself as a participant in this Plan. You can locate a participating pharmacy by calling 1-800-391-6443 or visit the website at [www.caremark.com](http://www.caremark.com).

### **INJURY MEDICAL EXPENSE BENEFIT**

In addition to the Plan's Aggregate Maximum, the policy may contain benefit level maximums. Please review the Summary of Benefits section of the plan brochure for any additional benefit level maximums.

### **HOW DOES THIS PLAN WORK?**

- There is No Deductible under this plan.
- This plan will pay 100% of the Usual and Customary Charge for the first \$5,000 for covered Injuries and inpatient hospitalization for Sicknesses.
- Outpatient Sickness Benefit – for most outpatient Sickness services, the plan will pay 100% of the Usual and Customary Charge for the first \$5,000 and 80% thereafter of the Usual and Customary charge up to a maximum limit of \$50,000.
- A claim form must be submitted within 90 days from the date of Injury or first treatment of Sickness.

**WHAT IS COVERED UNDER THIS PLAN?**

- Hospital Expenses when confined for 18 consecutive hours or more and is limited to semi-private rate.
- Physical Therapy Expense: 35 visits per policy year paid at 100%.
- Outpatient Sickness services including but not limited to emergency room services, diagnostic x-rays, lab work, day surgery & miscellaneous charges, surgeon fees, office visits and consultant visits at a limit of one per day, therapeutic services & supplies for an Injury or a Sickness.
- Prescription Drugs are covered at 100% up to \$1,000 policy year maximum (this includes contraceptives). No copayment for generic and \$15 copayment for brand name drugs.
- Outpatient Mental Nervous & Substance Abuse are covered to \$500 for outpatient care lifetime maximum.
- Provides Repatriation and Medical Evacuation Benefits.

**USE OF STUDENT HEALTH CENTER SERVICES**

The Insured is encouraged to use the resources of the Student Health Center when first seeking medical treatment. Treatment will be either administered at the Health Center or a referral to another facility will be given.

Student Health Center referral will not be required under the following conditions:

- (1) a Medical Emergency;
- (2) when the Student Health Center is closed;
- (3) when service is rendered at another facility during school break or vacation periods;
- (4) when Necessary Medical service is received and the Insured is more than 100 miles from the campus;
- (5) maternity care;
- (6) Psychiatric Care; and
- (7) services not offered by the Student Health Center.

**SUMMARY OF BENEFITS**

**MAXIMUM EXPENSE BENEFIT OF:** \$50,000 per Injury or Sickness per Policy year. All expenses are considered based upon Usual and Customary Charge for these services provided.

**INPATIENT BENEFITS:**

Hospital Expenses: When your Injury or Sickness requires hospital confinement (18 consecutive hours or more), we will consider covered expenses incurred by you subject to the Hospital & Surgical Provisions. Expenses must be incurred while you are a covered person under this plan.

- Hospital is limited to semi-private room rate.
- Surgery charges are included based on the FAIR Health survey of surgical fees valued at the 90th percentile.
- In-hospital doctor, intensive care, anesthetist and pre-admission testing expenses are included.
- Doctor visit expenses are limited to one visit per day.

**Inpatient Mental Illness and Chemical & Substance Abuse Expense:** 10 day lifetime limit for hospitalization.

**DESCRIPTION OF BENEFITS**

**Hospital & Surgical Provisions:**

1. Hospital room and board are included up to the semi-private room rate.
2. When Injury or Sickness requires multiple Surgical procedures through the same incision, we will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the covered

percentage of the covered charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the covered percentage of the Covered Charge for these procedures.

3. Services of an assistant surgeon are included, up to 25% of the amount payable for the surgery.
4. Services of an anesthetist who is not employed or retained by the hospital are included, up to 25% of the amount payable for surgery.

**Outpatient Physiotherapy:**

Expenses incurred on an outpatient basis for physiotherapy due to an Injury or Sickness is limited to a maximum of 35 visits per policy year. Physiotherapy includes any form of physical or mechanical therapy, diathermy, ultra-sonic therapy, heat treatment in any form, manipulation or massage.

**BASIC INJURY AND SICKNESS EXPENSE BENEFIT: \$5,000**

When you suffer a loss from an Injury or Sickness, we will pay the covered expense incurred up to a maximum of \$5,000. Expenses incurred for an accident will be considered up to 52 weeks after the date of the accident.

- The covered percentage is 100% of the Usual and Customary Charge for the first \$5,000; additional benefits are provided at 80% thereafter under the Major Medical Expense Benefit up to \$50,000 (refer to page 7 for Major Medical Expense Benefits).
- Initial medical treatment must be incurred within 90 days from the date of the Injury.

All benefits are unallocated, except those shown as follows:

**BASIC EXPENSE PLAN LIMITS:**

- **Dental Injury Expense:** \$250 per tooth (Injury must be to sound natural teeth).
- **Ambulance (ground):** Limited to one trip per Injury or Sickness to a maximum of \$500 per trip.
- **Mental Illness and Chemical Substance Abuse Expense:** \$500 lifetime maximum for outpatient care.
- **Physical Therapy Expense:** 35 visits per policy year paid at 100%
- **Wisdom Teeth:** \$100 per tooth/\$400 maximum limit (treatment for bony impacted teeth or dental abscesses).

**OUTPATIENT BENEFITS:**

A referral from the Student Health Center must be secured for outpatient treatment. This provision is waived in case of a Medical Emergency or when the Student Health Center is not accessible.

If, while not confined to a hospital, your Sickness requires the medical services listed below, we will consider the Usual and Customary Charges when services are prescribed by a licensed doctor.

Day surgery, miscellaneous charges, surgeon fees as shown under Hospital and Surgical Provision, diagnostic x-ray and laboratory charges, therapeutic services or supplies, doctor & consultant visits at a limit of one per day and emergency room services.

**MAJOR MEDICAL EXPENSE BENEFITS: \$45,000**

If the covered expense for your Injury or Sickness exceeds the Basic Injury & Sickness Expense Benefits of \$5,000, we will pay 80% of the covered expenses up to a major medical maximum of \$45,000 not to exceed a total aggregate limit of \$50,000.

**ACCIDENTAL DEATH BENEFIT**

\$1,000 payable when Injury results in loss of life within 100 days of the accident.

**ACCIDENTAL DISMEMBERMENT BENEFIT**

\$1,000 payable per the schedule shown in the Master Policy.

### **MEDICAL EVACUATION BENEFIT**

Upon receipt of due proof that a Covered Person incurred expenses for Physician ordered Emergency Medical Evacuation, including medically appropriate transportation and Medically Necessary Care, en route to the nearest suitable Hospital or to the Covered Person's home country, when the Covered Person is critically ill or Injured and has been Hospital Confined for at least 5 days, and appropriate local care is not available, we will pay the Usual and Customary Charge incurred not to exceed \$10,000, as shown on the Schedule of Benefits, subject to the prior approval of the Claims Administrator for this Policy and the attending Physician. Prior approval can be obtained by calling Bollinger, Inc. at 800-526-1379.

### **REPATRIATION EXPENSE BENEFIT**

Upon receipt of due proof of a Covered Person's death, we will pay the actual charges for the preparation of the deceased's body for burial or cremation in the her or her Home Country, including the cost of embalming and coffin; and transportation of the deceased's body to his or her Home Country. The benefit payable is up to \$7,500, as shown on the Schedule, and is subject to the following conditions:

- 1) Prior approval of the Claims Administrator of this Policy, contact Bollinger, Inc. at 866-267-0092; and
- 2) Death must occur at least 100 miles away from the Covered Person's city of residence; and
- 3) Provided the Covered Person's death occurred outside the territorial limits of his or her Home Country.

#### **Definitions:**

Home Country – means a Covered Person's country of regular domicile and is named on the Covered Person's Enrollment Form or as provided by and on file with the University indicated on the Schedule of Benefits.

### **EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under this Policy ceases on the termination date. However, if a Covered Person 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 for the duration of recovery but not to exceed 90 days from the expiration date of coverage or the Maximum Policy benefit whichever occurs first.

### **DEFINITIONS**

**COINSURANCE** means the out-of-pocket expenses to be paid by the Insured as a percentage of the Covered Medical Expenses.

**COVERED MEDICAL EXPENSES** are Usual, Customary, and Medically Necessary charges that are:

- (1) not in excess of the Maximum amount payable for services as specified in the Schedule;
- (2) in excess of any Deductible amount; and
- (3) incurred while the Covered Person's coverage under this Policy is in force.

**HOSPITAL** means an institution which meets all of the following requirements:

- (1) it must be operated according to law;
- (2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an in-patient basis for which a charge is made;
- (3) it must provide diagnostic and surgical facilities supervised by Physicians;
- (4) Registered Nurses must be on 24 hour call or duty;
- (5) the care must be given either on the Hospital's premises or in facilities available to the Hospital on a pre-arranged basis.

Hospital also includes a state tax-supported institution that would otherwise be considered a Hospital, except that it does not have an operating room and related equipment for surgery.

A Hospital is not a rest, convalescent, extended care, rehabilitation or Skilled Nursing Facility. It is not a place which primarily treats mental illness, alcoholism or drug addiction; nor does it include any ward, wing or other section of the Hospital that is used for such purposes. It is not a facility where, in the absence of insurance, there is no legal obligation to pay.

**INJURY** means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under this Policy. 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.

**INSURED** means an eligible student as outlined in this Policy and has paid the required premium. The words he, his, and him refer to the Insured, regardless of gender.

**MAXIMUM BENEFIT** means the maximum amount payable for expenses incurred by a Covered Person for any one Injury or Sickness.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, permanent placement of Covered Person's health in jeopardy, serious impairment of bodily functions or serious and permanent dysfunction of any body organ or part. Expenses incurred for a Medical Emergency will be paid only for Sickness or Injury which fulfills the above conditions.

**MEDICAL NECESSITY** means the covered services or supplies that are:

- a) provided for the diagnosis, treatment, cure or relief of a health condition, illness, disease, Injury, or Sickness; and except as allowed under G.S. § 58-3-255, not for experimental, investigational, or cosmetic purposes;
- b) necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, disease, Injury or Sickness, or its symptoms;
- c) within generally accepted standards of medical care in the community; and
- d) not solely for the convenience of the Covered Person, his or her family, or the provider.

#### **NON-PREFERRED HEALTH CARE PROVIDER**

Any individual or organization, including, but not limited to, Physicians, psychologists, nurse practitioners, physical therapists, Hospitals, substance abuse treatment centers, residential treatment centers, skilled nursing facilities, and laboratories, x-ray, MRI or other radiological centers, licensed to provide health care services in North Carolina, but which has not contracted or is not affiliated with the Preferred Provider Organization. Through out this Policy this is also referred to as Out of Network.

**PREFERRED ALLOWABLE CHARGE** means the contracted amount that the Preferred Provider agrees to accept as payment in full. Covered Medical Expenses incurred at a non-Preferred Provider will be based on the Usual and Customary Charge.

**PREFERRED HEALTH CARE PROVIDER** A facility, organization, or individual person who has a contract with First Health Network to provide certain health care and/or related services to Covered Persons of carrier. Any reference to preferred provider in this Policy shall also mean any subcontractor, employee, agent, or other individual person or entity providing covered service on behalf of the preferred provider. Through out this Policy this is also referred to as In Network.

**SICKNESS** means an illness, or disease which causes a loss while this 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.

## EXCLUSIONS

Except as specifically provided under this Policy, benefits will not be paid under this 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. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
3. Injury resulting from racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), snow skiing, snow boarding, snow sports, water sports, hunting, or any other hazardous sport or hobby;
4. Congenital conditions, except for Newborn Children insured under this Policy;
5. Surgical, medical or other services when performed to treat work related illness, conditions or Injury whether or not covered by Workers' Compensation;
6. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
7. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
8. Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions;
9. Treatment for 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; obesity and any condition resulting therefrom; skeletal irregularities of one or both jaws, including testing thereof; tubal ligation; and vasectomy;
10. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
11. 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, not including mammograms and routine Papanicolaou cytology test;
12. Services or supplies which are experimental or investigative in nature: including the treatment, procedure, facility, equipment, 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;
13. Elective Surgery or Elective Treatment;
14. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
15. Alopecia, biofeedback-type services, gynecomastia, hirsutism, nicotine addiction, patient controlled analgesia (PCA).

## STATE MANDATED HEALTH BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with North Carolina insurance laws:

Anesthesia and Hospitalization Coverage for Dental Procedures; Bone Mass Measurement Benefit; Cervical Cancer Screening Benefit; Clinical Trials Coverage; Colorectal Cancer Screening; Diabetes Benefit; Emergency Services Benefit; Lymphedema Benefit; Mammography Benefit; Maternity Post delivery Care Benefit; Mental Health & Mental Illness Benefit, Prostate Cancer Screening Benefit; Reconstructive Breast surgery following mastectomy; Surveillance Tests for Ovarian Cancer Benefit; Temporomandibular Joint Disorder(TMJ) Benefit; Chemical Dependency Treatment Benefit; Cancer Drug Coverage; Prescription Drug Contraceptive Coverage and Hearing Aid.

## CLAIM PROVISIONS

**NOTICE OF CLAIM** We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible.

**PROOF OF LOSS** Written proof must be sent to us within 180 days after the date of service. If it was not reasonably possible to give us written proof within 180 days, we will not reduce or deny a claim for this reason if it is shown that written proof of the loss was given as soon as reasonably possible, but in no event more than one year after the date of loss.

**PAYMENT OF CLAIMS** Claims for benefits provided by this Policy will be paid as soon as written proof is received. All benefits are paid directly to the Insured, unless he directs us otherwise. If a benefit is unpaid at his death or if we feel he is not able to give a valid receipt for payment, we may pay an amount up to \$1,000 to any relative by blood or marriage who we deem to be equitably entitled. Any payment we make in good faith will fully discharge us to the extent of the payment.

**PHYSICAL EXAMINATION AND AUTOPSY** At our expense, we have the right to have the Insured examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law forbids it.

**LEGAL ACTIONS** No legal action may be brought to recover against this Policy within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given.

If a time limit of the Policy is less than allowed by the laws of the state where the Insured lives, the limit is extended to meet the minimum time allowed by such law.

#### **OBTAINING MEDICAL CARE**

- 1) In the event of a non-emergency Injury or Sickness, the student is encouraged to report immediately to the Health/Wellness Center if at school.
- 2) In the event of a Medical Emergency, the student should go immediately to the nearest Hospital. Medical Emergency means the occurrence of a sudden, serious and unexpected Sickness or Injury which, in the absence of immediate medical attention, a reasonable person believes could result in: (1) Death; (2) Placement of the Insured's health in death, permanent placement of Covered Person's health in jeopardy, serious impairment of bodily functions or serious and permanent dysfunction of any body organ or part. Expenses incurred for a Medical Emergency will be paid only for Sickness or Injury which fulfills the above conditions.

**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.

**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.

**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.

**CLAIM PROCEDURE**

All claims must be submitted to Bollinger, Inc. within 180 days from the date of loss. The claim form is available online at:

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

Attach all available bills at that time. If they are not available send them in at a later date, properly identifying them with the name of the student and school. If away from school, obtain the appropriate form from the school, or Plan Administrator as soon as possible.

Information regarding the Monumental Life procedures for filing an inquiry, grievance or appeal can be obtained at [www.BollingerColleges.com/MU](http://www.BollingerColleges.com/MU). A paper copy of this information is available upon request.

**FOR QUESTIONS CONTACT THE PLAN ADMINISTRATOR:**



P.O. Box 727 • SHORT HILLS, NJ 07078  
(866) 267-0092 (Claims/Coverage)  
(800) 526-1379 (Other Questions)

SERVICING AGENT:

*Collegiate Risk Management*  
110 Athens Street  
Tarpon Springs, FL 34689  
Phone: 1-800-922-3420 Fax: 727-939-8323  
[www.collegiaterisk.com](http://www.collegiaterisk.com)

PREFERRED PROVIDER NETWORK:



Policy Number:  
CNC304I

PLEASE READ THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included on 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: SHI5000GPM.NC

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