

2012-2013
STUDENT INJURY & SICKNESS INSURANCE
SUMMARY OF COVERAGE
Domestic Students
METHODIST UNIVERSITY

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 \$2,500.00 per Injury maximum benefit and a \$3,000 per Sickness maximum benefit with internal limits thereunder. 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.

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

Please Read Your Summary of Coverage Carefully.

In NC: Only blanket coverage where policyholder pays premium and 100% of members of group are covered can claim excess-only or secondary payor.

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: CNC104I

Dear Students and Parents:

Methodist University is pleased to make available a health insurance plan to offer its students through Collegiate Risk Management, underwritten by Monumental Life Insurance Company, and administered by Bollinger, Inc. The purpose of this plan is to assist students and parents in paying for medical services in the event of a Sickness or Injury. The Methodist University plan provides coverage 24 hours a day, whether you are in Fayetteville or traveling around the world. You can maximize your benefits under this plan when you first seek treatment at the Student Health Center located on campus. Please read the enclosed brochure for complete details and exclusions of this plan.

If you have a question about eligibility, please contact Collegiate Risk Management at 1-800-922-3420. For all claims/coverage questions, contact Bollinger, Inc. at: 866-267-0092.

Notice

Your actual costs for Covered Medical Expenses may exceed the stated Coinsurance amount because actual provider charges may not be used to determine the plan's and your payment obligations.

ELIGIBILITY

The plan is mandatory for all full time undergraduate students for the 2012-2013 academic year. All full time undergraduate students will automatically be covered from June 30, 2012 to August 1, 2013.

For International Students, student health insurance is mandatory and the coverage is described in a separate brochure.

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, upon written request received by Bollinger, Inc. within 90 days of withdrawal from school.

OUTPATIENT PRESCRIPTION DRUG BENEFIT

Outpatient Prescription Drug discounts are available through a prescription drug program managed by Caremark. Students will be required to pay a copay of \$10 for generic and \$20 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.

INJURY MEDICAL EXPENSE BENEFIT

INJURY MEDICAL EXPENSE BENEFIT

Up To \$2,500 Basic Injury Benefits

Benefits are provided up to \$2,500 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 30 days of the accident and benefits are limited to treatment rendered while insured. Benefits will be paid at 100% of the Preferred Allowable Charge for in network provider care, or 100% of the Usual & Customary Charge for out of network provider care.

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.

SICKNESS MEDICAL EXPENSE BENEFIT

Up To \$3,000 Basic Sickness Benefits

Benefits will be paid at 100% of the Preferred Allowable Charges, unless otherwise specified, for services rendered by Preferred Providers in the First Health Network. Services obtained by Out-of-Network providers (any provider outside the First Health Network) will be paid at 100% of Usual and Customary Charges (unless otherwise specified). Benefits are limited to 90 days maximum per Hospital confinement for each Sickness. Re-admissions within 90 days of a previous discharge are considered continuations of the prior admissions.

Benefits will be paid up to the Maximum Benefit for each service as specified below regardless of the provider selected, not to exceed the Basic Medical Expense Benefit Maximum of \$3,000. Unless otherwise specified, the maximum amounts apply on a per covered Sickness basis. Covered Expenses are:

Sickness Outpatient Benefit: \$500

If, while not confined to a hospital, your Sickness requires the use of the outpatient facilities of a hospital for emergency room services, ambulance service, diagnostic x-ray or laboratory services prescribed medicines, doctor's office visit, therapeutic services or supplies under a doctor's direction we will consider the covered expense up to the combined maximum limit of \$500 per Sickness.

Outpatient Surgical Benefit: \$2,000

If, while not confined to a Hospital, your Sickness requires Surgery, we will consider the covered expenses subject to the Hospital & Surgical Provisions to the \$2,000 maximum limit.

Treatment for bony impacted wisdom teeth or dental abscesses is limited to a maximum of \$100 per tooth, \$400 total.

All benefits combined may not exceed the aggregate limit of \$2500 per Injury or \$3000 per Sickness.

Sickness Inpatient Benefit: \$3,000

When your Sickness requires hospital confinement (18 consecutive hours or more), we will consider the covered expenses incurred by you to the aggregate limit of \$3,000. Expenses are covered provided you are a covered person during the time the covered expense is incurred.

- The covered percentage is 100% of Usual & Customary for the first \$500, then 80% thereafter to the maximum;
- Hospital miscellaneous charges are included;
- Surgery charges are included based on the FAIR Health survey of surgical fees valued at the 90th percentile;
- In-hospital doctor charges are included.

Outpatient Mental Illness and Chemical & Substance Abuse: If, while not confined to a Hospital, your Sickness requires the services of a licensed psychiatrist, doctor or psychologist, prescriptions, or lab expenses, we will pay the covered expense the same as any other Sickness as per any state mandate.

Pap Smear Expense Benefit: We shall pay for an annual cervical smear or Pap Smear test for female covered persons.

Hospital & Surgical Provision

- 1) Hospital room and board are included up to the semi-private room rate;

- 2) When more than one surgical procedure is performed at the same time, through the same incision, the highest payment will be for surgery which costs the most. We will pay a maximum of 50% for a second or subsequent surgical procedure;
- 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 the surgery;
- 5) If the insured student is admitted into the hospital on a Friday or Saturday on a non-emergency basis and the procedure for which the student is admitted is not performed on the date of or the date after the admission, we will not pay the hospital room & board or miscellaneous expenses for the initial Friday or Saturday preceding the procedure.

Expenses incurred on an outpatient basis for physiotherapy due to an Injury or Sickness is limited to \$300 as specifically ordered by a doctor. Physiotherapy includes any form of physical or mechanical therapy, diathermy, ultra-sonic therapy, heat treatment in any form, manipulation or massage.

EXCESS PROVISION

We will not pay any hospital, surgical or medical expenses under any provisions to the extent that those same expenses are paid or payable under any of the following plans: Individual, Group, Blanket Franchise Plans, or Union Welfare Plans, including Group Blue Cross and Blue Shield. However, if such expenses remain unpaid after such plans have paid their benefits in full, we will pay such remaining expenses, which are covered under this policy. The same terms of the Policy will apply in paying such remaining expenses.

This provision will apply even though the plans named above contain coordination of benefits, non-duplication of benefits or similar provisions.

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; Hearing Aid (effective 1/1/11).

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)

The following services are available for use by the students insured under this plan. For additional information, please refer to the plan web site: www.BollingerColleges.com/MU

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: 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

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. 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

PREFERRED PROVIDER NETWORK:



Policy Number:
CNC104I

KEEP 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.