

STUDENT INJURY AND SICKNESS INSURANCE

2013-2014

Designed Especially For The Students of

NEW HAMPSHIRE INSTITUTE OF ART

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 \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. 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.

Limited Benefits Read Your Certificate Carefully

This Plan is underwritten by:
Monumental Life Insurance Company
Cedar Rapids, Iowa
a Transamerica company

Please read this brochure to understand your coverage.

Policy Number: CNH101J

Visit us on the web at: www.BollingerColleges.com/NHIA

Please keep this certificate as a summary of your insurance. The Insurance Policy is on file at the Academy and contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the certificate and the Policy, the Policy will govern and control the payment of benefits.

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ELIGIBILITY

Full-Time students attending the Institute, taking 12 credits or more, are eligible to participate in this plan. Part Time students are not eligible for coverage under this plan, unless they are enrolled in six credit hours or more.

The Company maintains the right to investigate student status and attendance records to verify that policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium.

Students may also secure family coverage. Eligible dependents are the spouse (residing with the Insured Student) and children, up to 26 years of age.

Newborn children are covered for Injury or Sickness from birth until 31 days old. Adopted children are covered for 31 days from date of placement or adoption. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth or adoption or placement and required premium is paid. Eligibility requirements must be met each time a premium is paid to continue coverage.

EFFECTIVE AND TERMINATION DATES

The policy will become effective September 1, 2013 at 12:01 am. The student's coverage will become effective on that date or on the date we receive the required premium.

Enrollment for coverage under the policy will not be accepted after October 1, 2013. Exceptions will be made for the following: 1) Adding a new spouse or dependent child within 31 days of marriage, birth, adoption or child placement with an Insured for adoption.

TERMINATION DATES

A Covered Person's coverage terminates at the earliest of: 1) The date the Policy terminates for all insured persons; or 2) The end of the period of coverage for which premium has been paid; or 3) The date an insured Person ceases to be eligible for the insurance; or 4) The date an Insured Person enters military service.

DEFINITIONS

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.

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 this Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; 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 this 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 newborn child for which benefits are otherwise payable under this Policy; deviated nasal septum, including submucous resection and/or other surgical correction; fertility tests; hair growth or removal; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities, except for prescription drugs prescribed by a physician to treat such 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; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction (TMJ); tubal ligation;

vasectomy; and weight loss or reduction.

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 inpatient 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.

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. The Injury must not be caused by or contributed to by Sickness.

INSURED means an eligible student as outlined in this Policy and in the Master Application for whom an application has been received and has paid the required premium. The words he, his, and him refer to the Insured.

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 the 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. These expenses will not be paid for minor injuries or minor sicknesses.

MEDICALLY NECESSARY means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the Covered Person's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the Insured.

PHYSICIAN means a person licensed by the state in which he is resident to practice the healing arts or social worker. He must be practicing within the scope of his license for the service or treatment given. He may not be the Insured or a member of his Immediate Family.

SICKNESS means an illness, or disease which first manifests 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.

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires Medically Necessary treatment by a Physician the Policy will provide the following benefits while your coverage is in force during the Policy Year for the Usual & Customary charges (U&C) scheduled below up to an aggregate maximum benefit of \$500,000. Benefits will be coordinated with any Other Valid and Collectible Insurance plan. Deductible (per covered person per Policy Year) of \$250 In Network and \$500 Out of Network

BASIC BENEFIT DESCRIPTION

Hospital Expense Benefit

Room & Board.....U&C Semi-Private room rate, 80% In Network/60% Out of Network subject to a \$150 co-pay
Misc. Hospital ExpenseU&C, 80% In Network/60% Out of Network
Outpatient ExpenseU&C, 80% In Network/60% Out of Network subject to a \$150 co-pay
Emergency Room Expense..... U&C, 80% In Network/80% Out of Network subject to a \$250 co-pay if not admitted

Surgical Expense Benefit.....U&C, 80% In Network/60% Out of Network

Anesthetist Services.....U&C, 80% In Network/60% Out of Network

Assistant SurgeonU&C, 80% In Network/60% Out of Network

Physician Service Benefits

Inpatient VisitsU&C, 80% In Network/60% Out of Network subject to a \$15 co-pay

Outpatient visitsU&C, 80% In Network/60% Out of Network subject to a \$15 co-pay

Outpatient Surgery Misc.U&C, 80% In Network/60% Out of Network subject to a \$150 co-pay

Maternity ExpenseU&C, 80% In Network/60% Out of Network. Conception must occur after coverage effective date.

Ambulance Expense.....U&C, 100% In Network/100% Out of Network

Accidental Dental ExpenseU&C up to \$500(injury only)

Physiotherapy ExpenseU&C, 80% In Network/60% Out of Network; limited to one visit per day

Mental Illness Expense, Including treatment of

Chemical Dependency and AlcoholismU&C, 80% In Network/60% Out of Network

Prescription DrugsSubject to co-pays of \$15 Generic, \$35 Brand, and \$50 Specialty, per prescription

The following benefits are mandated in the state of New Hampshire. They will be in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered Sickness.

Mandated benefits as required by the state in which the Policy is issued include, but are not limited to: Attending Physician; Assistant Surgeon; Biologically Based Mental Illness; Children's Early Intervention; Clinical Trial; Dental General Anesthesia; Diabetes Supplies, Equipment and Self Management Training; Hearing Aids; Telemedicine Services; Mammography; Mental Health; Miscellaneous Hospital Expenses; Non-Prescription Enteral Formulas; Reconstructive Breast Surgery; Maternity; Orthopedic Appliances; Outpatient benefits for X-ray, diagnostics, hemodialysis, blood, radiation and outpatient contraceptive services; Scalp Hair Prostheses; Midwife; Treatment for Diseases and Ailments Caused by Obesity and Morbid Obesity; Inpatient, Outpatient Prescription Drugs; Dependent Coverage for Students on Medical Leave (if the coverage for dependent children includes coverage for dependent children who are full-time students); See the Policy on file with the school for further details on these benefits.

MEDICAL EVACUATION AND REPATRIATION (FOREIGN STUDENTS AND FOREIGN STUDY)

Medical Evacuation: Following hospital confinement for five or more days for Medical Evacuation to the Student's home country or a better equipped hospital en route, up to \$10,000 when approved by the Company. Repatriation: for preparation and return of a deceased student to his or her home country, up to \$7,500 when approved by the Company.

ACCIDENTAL DEATH & DISMEMBERMENT

Occurring within 180 days from an accident, pays in addition for one of the following: Accidental Death, Single Dismemberment or Double Dismemberment.....\$3,000

All insurance companies and group health plans must use the same standard Summary of Benefits and Coverage (“SBC”) form to help you compare health plans. You should review your SBC before enrolling in coverage by logging onto www.BollingerColleges.com/ You may also request a copy from Bollinger by contacting them at 1-866-267-0092.

EXCLUSIONS

Benefits will not be paid under this Policy and any attached Rider for any expenses which result from:

1. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as 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 University credit;
2. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
3. Injury sustained or Sickness contracted while in the service of the armed forces of any country. When an Insured enters the armed forces, we will refund any unearned pro-rata premium with respect to such person;
4. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate or interscholastic contest or competition sponsored by the University, any professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
5. Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy);
6. 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;
7. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician;
8. Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations including routine care of a newborn infant, well baby nursery and related Physician charges, other than Hospital nursery expense of a newborn baby, and any associated laboratory work, not including mammograms and routine Papanicolaou cytology test;
9. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
10. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
11. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of this Policy;
12. Treatment for acne; breast implants; breast reduction; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; lesions; warts; obesity and any condition resulting therefrom (including hernia of any kind); inguinal hernia; skeletal irregularities of one or both jaws, including testing thereof; sleep disorders; tubal ligation; and vasectomy;
13. Injury or Sickness for which benefits are payable under any Worker’s Compensation or Occupational Disease Law;
14. Expenses resulting from a motor vehicle accident for which benefits are payable from Other Valid Insurance;
15. Expenses incurred for the treatment of and supplies for weight reduction, hair growth or removal, or smoking cessation;
16. Elective Surgery or Elective Treatment;
17. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
18. Treatment of temporomandibular joint dysfunction (TMJ) and associated myofacial pain; and
19. Expenses for preventative medicines, vaccines except anti-toxins administered within twenty-four (24) hours after an accident, or prescription drugs, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition.

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Insured's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Insured was medically diagnosed, treated (including medication), or advised by a Physician within the six months immediately prior to his Effective Date of Coverage under this Policy.

Covered Medical Expenses resulting from a Pre-existing Condition will not be covered unless:

- (1) Six consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
- (2) The Insured has been insured under this Policy and the University's prior policies for 9 months; or
- (3) The insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

CREDIT FOR PRIOR COVERAGE

This Policy provides portability of coverage as it relates to "Pre-existing Conditions". The Pre-existing Condition limitation set forth in this Policy will be reduced to the extent an Insured Person was covered under a Qualifying Previous Coverage if: 1) the person is not a late enrollee; and 2) the prior coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage, exclusive of any applicable waiting period.

Any Pre-existing Condition limitation is reduced by the aggregate of the periods of creditable coverage, if any, applicable to the Insured Person as of the enrollment date, for similar services covered under this Policy and the prior coverage.

COORDINATION OF BENEFITS

EXPLANATION When a person is covered by more than one Plan, the benefits that are paid will be shared between the Plans. This is done so that the total benefits paid will not be more than 100 percent of the Allowable Expenses for any Covered Person.

In a Policy Year this Policy will pay:

- (1) its regular benefits in full; or
- (2) a reduced amount of benefits if a Covered Person is covered under more than one Plan. If a reduced amount of benefits is paid using this provision, each benefit that would be payable in the absence of this provision:
 - a) will be reduced to the same proportion; and
 - b) the reduced amount will be charged against any benefit limit of this Policy that applies.

PREMIUMS

	9/1/13 - 9/1/14	1/1/14 - 9/1/14
Student Under Age 26	\$1,523.00	\$1,102.00
Student Age 26 or Older	\$2,113.00	\$1,521.00
Each Dependent	\$1,974.00	\$1,422.00

CLAIM PROCEDURE

Written proof of loss must be submitted to Bollinger, Inc. by you or your health care provider within 90 days of treatment or as soon as reasonably possible.

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.

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.

This Plan is Administered By:



P.O. Box 727

Short Hills, NJ, 07078

Claims/Coverage 1-866-267-0092

Other Questions 1-800-526-1379

Or to our website at www.BollingerColleges.com/NHIA

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Monumental Life Insurance Company

Cedar Rapids, Iowa

a Transamerica company

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.

Preferred Provider Network:



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