

# **Student Injury and Sickness Insurance Summary of Coverage for 2012-2013**



Your student health insurance coverage, offered by Monumental Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years beginning on or after July 1, 2012, but before September 23, 2012, 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 \$35,000 limit per Injury and per Sickness with internal limit restrictions. If you have any questions or concerns about this notice, contact Bollinger Inc., Short Hills, NJ, 1-866-267-0092. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

THIS PLAN UNDERWRITTEN BY:  
MONUMENTAL LIFE INSURANCE COMPANY  
Home Office: Cedar Rapids, Iowa  
a Transamerica company

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

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

Attention Students:

The Student Injury and Sickness Plan described in this brochure is available to all students. The plan is specifically designed for students and is offered at a reasonable premium. We encourage all students to read this brochure to familiarize themselves with the plan's benefits and limitations.

### **ELIGIBILITY**

Full-time students are required by the state of New Jersey to have medical insurance which includes hospitalization. Students who register for 12 credits or more will be automatically billed for medical insurance coverage. In the Fall semester any student who changes status from full-time (12 credits or more) to part-time (less than 12 credits) by September 30, 2012 will not be billed for medical insurance coverage, and any fee collected will be refunded to the student. If you already have health/hospital insurance and do not wish this coverage, you must request a waiver of the insurance fee. A waiver form will be available at the time of registration. You must complete the form and provide your insurance carrier's name and address and your policy number. Upon receipt of the form, the fee will be waived and/or your payment refunded. The deadline for submitting waivers for the Fall semester is September 30, 2012 and February 15, 2013 for those students enrolling for the Spring semester. You may wish to retain this coverage regardless of other insurance since it may help to cover part or all of your medical/hospitalization costs.

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 June 30, 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 June 30, 2013.

### **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.

### **MEDICAL BENEFIT PLAN**

The plan covers Injuries sustained and Sickness contracted and causing loss commencing during the coverage period. The policy expires June 30, 2013 (Please note that this policy cannot establish physician's fees, and therefore, cannot guarantee that payments made by the insurance company will cover all physician and surgeon charges in full.)

## **INJURY MEDICAL EXPENSE BENEFITS**

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

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

**Hospital Inpatient Miscellaneous Expense:** The expenses actually incurred are allowed not to exceed \$2,000 as the result of any one Injury.

**Surgical Expense:** The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$2,000 in total for all surgical operations performed for any one Injury.

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

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

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

**Outpatient Miscellaneous Expense:** The expense actually incurred is allowed subject to a maximum \$1,000 as the result of any one Injury.

**Dental Expense:** The Company will pay up to the Usual and Customary Charge per tooth with a maximum of \$500 per injury for treatment to sound and natural teeth injured in a covered accident.

**Physiotherapy Benefit:** Up to the Usual and Customary Charge per visit is allowed subject to a maximum of \$2,500 for any one Injury.

**Prescription Drug Expense:** The expense actually incurred is allowed up to a maximum of \$500 per covered Injury.

**Anesthesia Expense:** The expense actually incurred is allowed up to 30% of the surgical allowance under the policy subject to a maximum of \$2,500 for any one Injury.

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

## **ACCIDENTAL DEATH BENEFIT**

\$1,000 payable when injury results in the loss of life within 180 days of the accident.

## **ACCIDENTAL DISMEMBERMENT BENEFIT**

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

## SICKNESS MEDICAL EXPENSE BENEFITS

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

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

**Hospital Inpatient Miscellaneous Expense:** The expenses actually incurred are allowed not to exceed \$2,000 as the result of any one Sickness.

**Surgical Expense:** The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$2,000 in total for all surgical operation(s) performed for any one Sickness.

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

**Physician's Expense:** The expense incurred is allowed not to exceed the Usual & Customary Charge for any one Sickness. Second surgical opinions will be covered up to the expense incurred subject to a maximum of the Usual & Customary Charge.

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

**Outpatient Miscellaneous Expense:** The expense actually incurred is allowed subject to a maximum \$1,000 as the result of any one Sickness.

**Prescription Drug Expense:** The expense actually incurred is allowed up to a maximum of \$500 per covered Sickness.

**Anesthesia Expense:** The expense actually incurred is allowed up to 30% of the surgical allowance under the policy subject to a maximum of \$2,500 for any one Sickness.

**Medical Consultation Expense:** The expense actually incurred is allowed up to the Usual & Customary Charge per covered Sickness.

**Wellness Health Examinations:** Benefits will be provided for expenses incurred in a health promotion program through health wellness examinations and counseling. Benefits shall include, but not be limited to, the following tests and services: (1) for all Insureds 20 years of age or older, annual tests to determine blood hemoglobin, blood pressure, blood glucose level, and blood cholesterol level or, alternatively, low-density lipoprotein (LDL) level and blood high-density lipoprotein (HDL) level; (2) for all Insureds 35 years of age or older, a glaucoma eye test every 5 years; (3) for all Insureds 40 years of age or older, an annual stool examination for presence of blood; (4) for all Insureds 45 years of age or older, a left-sided colon examination of 35 to 60 centimeters every 5 years (this examination is subject to a limit of \$164.00); (5) for all female Insureds 20 years of age or older, a pap smear; (6) for all female Insureds 40 years of age or older, a mammogram examination; (7) for all adult Insureds, recommended immunizations; and (8) for all Insureds 20 years of age or older, an annual consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being including, but not limited to, smoking control, nutrition and diet recommendations, exercise plans, lower back protection, weight control, immunization practices, breast self-examination, testicular self-examination, and seat belt usage in motor vehicles. Benefits payable under this section shall not exceed the following maximums for any one year: (1) \$300.00 for Insureds between the ages

of 17 and 39, inclusive; (2) \$300.00 for all male Insureds ages 40 and over; (3) \$436.00 for all female Insureds ages 40 and over; and (4) \$276.00 for a left-sided colon examination.

**Vaccines:** The expense actually incurred for the administration of vaccines includes, but is not limited to, MMR, Hepatitis, Meningitis, PPD or Tetanus/Diphtheria Toxoid. The benefit is subject to the annual maximums shown above under Wellness Health Examinations.

### **STATE MANDATED HEALTH BENEFITS**

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

### **EXTENSION OF MAXIMUM BENEFIT**

#### **(For Full-Time Students Only)**

#### **For Both Injury and Sickness**

After the Company pays \$5,000 in basic benefits under either the Injury or Sickness provision of the policy for any one Injury or Sickness, the policy will pay 80% of the expenses incurred in excess of \$5,000 up to but not exceeding \$30,000 for physician's services, hospital confinement, nursing services, X-Rays, operating room, emergency room, anesthesia, laboratory service, dressings, prescription medicines, casts, use of wheel chair, crutches, or ambulance for any one covered Injury or Sickness. Expenses must be incurred within two years from the date of Injury or Sickness.

### **LIMITATIONS AND EXCLUSIONS**

#### **(All Participants)**

Benefits will not be paid under this plan for expenses which result from:

1. Surgical, medical or other services received in a facility primarily designed to care for students, faculty or employees of a college or other institution of learning. With the exception of some services performed at Student Health Center;
2. Routine screenings or tests which are not Medically Necessary for the diagnosis or treatment of your condition or which are not specifically ordered by the admitting Physician, except as mandated by law and specifically provided under this Policy;
3. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law;
4. Elective abortion;
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for school credit;
6. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;

7. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
8. Elective Surgery or Elective Treatment;
9. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, contest or competition sponsored by the school, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
10. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
11. Injury sustained or Sickness contracted as a result of the misuse of drugs, medicines, or narcotics or hallucinogen, unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician; and;
12. Injury resulting from racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby.

### **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.

**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.

## CLAIM PROCEDURE

Written notice of claim must be given to the Insurer within 90 days after loss occurs or as soon as reasonably possible.

A Company claim form is required for filing a claim. Mail to the address below all Medical and Hospital bills along with the patient's name and insured student's name, address, social security number and name of the college under which the student is insured. Claim forms are available at the Student Health Center or your college's Student Insurance Web site at [www.BollingerInsurance.com/bergen](http://www.BollingerInsurance.com/bergen)

Submit all claims to:

Bollinger, Inc.  
PO Box 727 Short Hills  
NJ 07078-0727

**BERGEN COMMUNITY COLLEGE  
Student Medical Benefit Plan - I.D. Card**

This is to certify that as of June 30, 2012, insurance coverage is provided in accordance with all terms and provisions of Policy No. C504I issued to the above named college for the student named below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

This coverage expires June 30, 2013

UNDERWRITTEN BY:  
**MONUMENTAL LIFE  
INSURANCE COMPANY**

Cedar Rapids, Iowa

PREFERRED PROVIDER NETWORK:

ADMINISTERED BY:

**Bollinger**  
Insurance Solutions

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



Claims Administered by:



PO Box 727

Short Hills, NJ 07078

866-267-0092 (Claims/Coverage) 800-526-1379 (Other Questions)

[www.BollingerColleges.com/bergen](http://www.BollingerColleges.com/bergen)

Preferred Provider Network:



For a more complete description of Benefits visit us on the web at

[www.BollingerColleges.com/bergen](http://www.BollingerColleges.com/bergen)

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF INSURANCE. Your certificate, which contains complete information concerning your coverage, as well as full procedures for filing an inquiry, grievance or appeal can be obtained at [www.BollingerColleges.com/bergen](http://www.BollingerColleges.com/bergen). A paper copy of your certificate is available upon request.

The Master Policy on file at the College contains all of the policy 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 Master Policy, the Master Policy will govern and control the payment of benefits.

Policy Form SHI5000GPM.NJ

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