

2012-2013

STUDENT INJURY & SICKNESS INSURANCE SUMMARY OF COVERAGE



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 maximum benefit and \$2,500.00 per Sickness maximum benefit with internal limits thereunder. After the base plan has been exhausted the policy pays 80% of expenses incurred up to \$10,000.00 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.

Underwritten By:
MONUMENTAL LIFE INSURANCE COMPANY
Cedar Rapids, Iowa
a Transamerica company

Administrative Office:
100 Light Street., FL B-1
Baltimore, Maryland 11202

Visit us on the Web:
www.BollingerColleges.com/NCWC

Please Read Your Summary of Coverage Carefully.

Pre-existing Conditions may be limited. See the Pre-existing Conditions Limitations section.

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.

Dear Students and Parents:

This student insurance program has been arranged through Bollinger, Inc. which specializes in school programs and is underwritten by Monumental Life Insurance Company.

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

Coverage is in effect 24 hours a day. All full-time Students taking 12 or more credit hours, are required to enroll in this insurance plan. Students may waive out of this plan with proof of comparable insurance.

The Master Policy on file at the school becomes effective 12:01a.m. on June 30, 2012. Coverage becomes effective on that date. The Master Policy terminates 12:00 a.m. on July 31, 2013. Coverage terminates on that date or at the end of the period through which the rate is paid, whichever is earlier.

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 start of classes 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. Expenses are payable 85% of Usual and Customary Charges for Sickness and 100% of Usual and Customary Charges for Injury. 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. If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms or for information about mail-order prescriptions or network pharmacies, please call Caremark Customer Care toll free at 1-800-391-6443. Note: Caremark is not connected with Monumental Life Insurance Company

INJURY MEDICAL EXPENSE BENEFIT

**Up To \$5,000 Basic Injury Benefits
\$2,500 for Intercollegiate Sports**

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 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 90% of the Usual & Customary Charge for out of network provider care.

Intercollegiate Sports Benefit - Payable per the schedule shown in the Master Policy.

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 \$2,500 Basic Sickness Benefits

Benefits will be paid at 85% 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 70% 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 \$2,500. Unless otherwise specified, the maximum amounts apply on a per covered Sickness basis. Covered Expenses are:

PAC = Preferred Allowable Charge UC= Usual & Customary Charges AC = Actual Charge	In-Network Providers	Out-of-Network Providers
INPATIENT BENEFITS		
Surgical and Anesthesia Benefit (only one surgical procedure will be covered when multiple surgeries are performed, unless Medically Necessary)	85% PAC	70% UC
Room and Board Allowance Benefit Maximum numbers of days per Sickness 365 Up to Maximum Benefit of \$2,000 per Policy Year Covered Expenses for daily Hospital Room and Board will not be more than the usual semi-private room charge.	85% PAC	70% UC
Hospital Miscellaneous Expenses Benefit (excluding take home drugs)	85% PAC	70% UC
Physician Benefit (benefits are limited to one visit per day and do not apply when related to Surgery)	85% PAC	70% UC
Lab Fees	85% PAC	70% UC
MRI Cat Scans Benefit	85% PAC	70% UC
Mental Health and Mental Illness Benefit (30 visits, except as Mandated by NC)	Same as Sickness/ per State Mandate	Same as Sickness/ per State Mandate
OUTPATIENT BENEFITS		
Surgical and Anesthesia Benefit , (only one surgical procedure will be covered when multiple surgeries are performed, unless Medically Necessary)	85% PAC	70% UC
Day Surgery Miscellaneous Expenses Benefit	85% PAC	70% UC
Outpatient Miscellaneous Expenses Benefit Emergency Treatment – Out of Network Providers paid at 85% UC (for Medical Emergency Only)	85% PAC	70% UC
Physician's Office Visit Fees Benefit (while an Outpatient) Maximum Benefit 15 visits	85% PAC	70% UC
Physical Therapy Benefit (Surgery or Hospital Confinement Not Required) Maximum number of treatments 15	85% PAC	70% UC
Prescription Drugs Benefit - Outpatient Maximum Benefit	Sickness, 85% UC Injury, 100%	Sickness, 85% UC Injury, 100%
Surgical and Anesthesia Benefit (only one surgical procedure will be covered when multiple surgeries are performed, unless Medically Necessary)	85% PAC	70% UC
Tests and Procedures	85% PAC	70% UC

SICKNESS MEDICAL EXPENSE BENEFIT CONTINUED

	In-Network Providers	Out-of-Network Providers
Mental Health and Mental Illness Benefit (30 visits, except as Mandated by NC)	Same as Sickness/ per State Mandate	Same as Sickness/ per State Mandate
OTHER		
Ambulance Benefit	85% PAC	70% UC
Dental Services Benefit (for treatment required for impacted wisdom teeth or dental abscesses) up to \$200 per Covered Person	85% PAC	70% UC

EXTENSION OF MAXIMUM BENEFIT

Up to \$10,000 Major Medical Expense Benefits

The Extension of Maximum Benefit begins payment after the basic Maximum Benefit for Injury of \$5,000 has been paid, or the basic Maximum Benefit for Sickness of \$2,500 has been paid. For in-network care the Policy will pay 80% of the Preferred Allowable Charge for medical expenses incurred in excess of the basic Maximum Benefits and up to maximum of \$10,000. For out-network care the Policy will pay 70% of Usual and Customary medical expenses incurred in excess of the basic Maximum Benefits and up to a maximum of \$10,000. The total benefit payable under Extension of Maximum Benefit is \$10,000 minus the basic Maximum Benefits already paid. Covered expenses include Physician's services, Hospital Confinement, nursing services, laboratory and x-rays, operating room expenses, emergency room, anesthesia, and Outpatient Expenses.

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.

Qualifying Previous Coverage means coverage of the Insured Person under any of the following: 1) An employee sponsored plan; 2) health benefit plan; 3) Part A or Part B of Title XVIII of the Social Security Act; 4) Title XIX of the Social Security Act, other than coverage consisting solely of benefits under §1928 of that Act; 5) Chapter 55 of Title 10 of the United States Code; 6) a medical care program of the Indian Health Service or of a tribal organization; 7) a state health benefits risk pool; 8) a health plan offered under the Federal Employees Health Benefits Program (FEHBP), Title 5, Chapter 89 of the United State Code; 9) a public health plan as defined by federal regulations authorized by the Public Health Service Act, §2701(c)(1)(i), as amended by P.L. 104-191; or 10) a health benefit plan under §5(e) of the Peace Corps Act, 22 U.S.C. 2504(e).

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.

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.

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.

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.

LIMITATION AND 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). Expenses incurred as the result of dental treatment, except as specifically provided for treatment outlined in the schedule of benefits and as a result from injury to natural teeth;
- (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). 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.
- (5). Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- (6). Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury.
- (7). 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;

- (8). Treatment for acne; breast implants; breast reduction; circumcision; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; obesity and any condition resulting therefrom; skeletal irregularities of one or both jaws, including testing thereof; sleep disorders; tubal ligation; and vasectomy;
- (9). Services that are provided normally without charge by the College's Health Center, infirmary or Hospital; or by any person employed by the College;
- (10). Expenses incurred for the treatment of and supplies for weight reduction, hair growth or removal, smoking cessation;
- (11). Injury expenses in excess of \$2,500 incurred resulting from the playing, practice, participating, or conditioning in any intercollegiate contest or competition sponsored by the school, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
- (12). Injury resulting from racing or speed contests, skin diving or sky diving, or any other hazardous sport or hobby;
- (13). Services or supplies for the treatment of an Occupational Injury or Sickness which are payable under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
- (14). Committing or attempting to commit an assault or felony; or fighting, except in self defense;
- (15). Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
- (16). 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;
- (17). Elective abortion;
- (18). Elective Surgery or Elective Treatment;
- (19). Injury expenses incurred resulting from the playing, practice, participating, or conditioning in any club sport 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;
- (20). Expenses incurred for vitamins.

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 Benefit.

CLAIM PROVISIONS

NOTICE OF CLAIM We must be given written notice of claim within 60 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.

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/ncwc

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.

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 jeopardy; (3) Serious impairment of bodily functions; (4) Serious dysfunction of any body organ or part; or (5) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

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/NCWC

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/NCWC. 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)**

**FOR CAMPUS ASSISTANCE:
Health/Wellness Center
(252) 985-5186**

PREFERRED PROVIDER NETWORK:



**Policy Number:
CNC103I**

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included 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: MLSH5100GBP.NC

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