

**An Injury & Sickness
Insurance Summary of Coverage designed
especially for the students of ...**

***The College of New Jersey*
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 (which are lower than those for group and individual 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. Because your policy was issued prior to July 1, 2012, your student health insurance coverage is not subject to the \$100,000 annual limit restrictions. Your student health insurance coverage has no annual limit restrictions, but it does have limits per event, which limits are described in the policy and policy summary. 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

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

YOUR 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.”

TERM OF COVERAGE

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 January 15, 2013. For students enrolled during the Spring Semester, coverage will be in effect from either January 15, 2013, or the date of Premium Payment, whichever is later, until June 30, 2013. 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 Monumental Life Insurance Company, hereafter referred to as the Company, will cover all physician and surgeon charges in full.)

ELIGIBILITY

All registered full-time students taking 12 or more credit hours are automatically enrolled in this insurance plan. The cost to full-time students for this coverage is included in your tuition billing. The College's plan may be waived only if you can demonstrate that you have adequate coverage under some other plan. The waiver procedure can be found at www.tcnj.edu/healthservices.

In addition, there are voluntary plans available for dependents of full-time students and for part-time students and their dependents. Enrollment information can be found on the website www.BollingerColleges.com/TCNJ.

Eligible Dependents are the spouse and children up to age 26. Dependent coverage expires concurrently with that of the Insured student.

INJURY MEDICAL EXPENSE BENEFITS

Benefits are provided up to \$3,000 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 Injury and benefits are limited to treatment rendered within 52 weeks of the date of Injury. 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 up to a maximum of \$3,000.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$3,000 as the result of any one Injury. **Surgical Expense:** The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$2,500 in total for all surgical operation(s) performed for any one Injury.

Day Surgery Miscellaneous Expense: The expense actually incurred is allowed up to a maximum of \$1,500 per covered Injury.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$300 for any one Injury.

Attending Physician's Expense: Inpatient, limited to one visit per day, paid at the Usual and Customary Charge, up to \$45 per visit, to a \$700 maximum. Outpatient, limited to one visit per day, paid at the Usual and Customary Charge, up to \$80 per visit, to an \$800 maximum. Second surgical opinions will be covered up to the expense incurred subject to a maximum of \$80.

Inpatient Registered Graduate Nurse Expense: The expense actually incurred is allowed subject to a maximum benefit of \$50 per 24-hour period, or \$800 maximum per Injury.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$1,500 as the result of any one Injury. Diagnostic procedures deemed necessary by a physician, or nurse practitioner, are covered on the same basis as any other medical condition, regardless of the results.

Dental Expense: The Company will pay up to a maximum of \$800 per Injury for treatment to sound and natural teeth injured in a covered Injury.

Physiotherapy Benefit: Up to \$60 per visit is allowed subject to a maximum of \$300 for any one Injury.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$500 per year (combined with Sickness).

Anesthesia Expense: The expense actually incurred is allowed up to 40% of the surgeon's allowance.

Medical Consultation Expense: The expense actually incurred is allowed up to \$80 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 \$3,000 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 up to a maximum of \$3,000.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$3,000 as the result of any one Sickness.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$2,500 in total for all surgical operations performed for any one Sickness. (Note: Treatment of impacted wisdom teeth is covered on the same basis as any other medical condition.)

Day Surgery Miscellaneous Expense: The expense actually incurred is allowed up to a maximum of \$1,500 per covered Sickness.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$300 for any one Sickness.

Attending Physician's Expense: Inpatient, limited to one visit per day, paid at the Usual and Customary Charge, up to \$45 per visit, to a \$700 maximum. Outpatient, limited to one visit per day, paid at the Usual and Customary Charge, up to \$80 per visit. Second surgical opinions will be covered up to the expense incurred subject to a maximum of \$80.

Inpatient Registered Graduate Nurse Expense: The expense actually incurred is allowed subject to a maximum benefit of \$50 per 24-hour period or \$800 as the result of any one Sickness.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$1,500 as the result of any one Sickness. Diagnostic procedures deemed necessary by a physician, or nurse practitioner, are covered on the same basis as any other medical condition, regardless of the results. Additionally, the removal of nonmalignant growths will be covered, when deemed Medically Necessary.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$500 per year (combined with Injury).

Anesthesia Expense: The expense actually incurred is allowed up to 40% of the surgeon's allowance.

Medical Consultation Expense: The expense actually incurred is allowed up to \$80 per covered Sickness.

WELLNESS BENEFIT

Benefits will be provided for expenses incurred in a health promotion through health wellness examinations and counseling. Benefits shall include, but not be limited to, the following tests and services:

- (1) For all persons 17 years of age and 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 persons 35 years of age or older, a glaucoma eye test every five years;
- (3) For all persons 40 years of age or older, an annual stool examination for presence of blood;
- (4) For all persons 45 years of age or older, a left-sided colon examination of 35 to 60 centimeters every five years;
- (5) For all women 17 years of age or older, a pap smear pursuant to the provisions of section 4 of P.L. 1995, c. 415 (C. 17B:27-46.1n);
- (6) For all women 40 years of age or older, a mammogram examination pursuant to the provisions of section 5 of P.L. 1991, c. 279 (C. 17B:27-46.1f);

- (7) For all adults, recommended immunizations; and
- (8) For all persons 17 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. Notwithstanding the provisions of the statute to the contrary, if a physician or other health care provider recommends that it would be medically appropriate for a covered person to receive a different schedule of tests and services than that provided for in the statute, the insurer shall provide payment for the tests or services actually provided. This mandate is subject to annual benefit maximums, to be adjusted each year by the Commissioner of Banking and Insurance, in consultation with the Department of the Treasury in direct proportion to the increase or decrease in the consumer price index for all urban consumers in the New York City and Philadelphia areas as reported by the United States Department of Labor. This year's adjustments are based on an average 3.7 percent increase from December 2009 to December 2010 in the medical component of the Consumer Price Index for all urban consumers in the New York-Northern New Jersey-Long Island region and the Philadelphia-Wilmington-Atlantic City region as reported by the United States Department of Labor.

Effective July 1, 2011, each policy must provide payment for the aforementioned wellness benefits in an amount which shall not exceed:

1. \$250.00 a year for each person between the ages of 17 to 39 inclusive;
2. \$269.00 a year for each man of 40 years of age and older;
3. \$436.00 a year for each woman of 40 years of age and older; and
4. \$276.00 for a left-sided colon examination for each person 45 years of age and older, which shall be in addition to the amounts otherwise specified in Items 2 and 3 above.

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: Alcoholism Treatment Benefit, Audiology and Speech Language Pathology Benefit, Biological-based Mental Illness Benefit, Blood Products and Blood Infusion Equipment Benefit, Certain Dental Services Benefit, Colorectal Cancer Screening Benefit, Diabetes Treatment Benefit, Home Health Care Benefit, Infertility Diagnosis and Treatment Benefit, Inherited Metabolic Diseases Benefit, Inpatient Coverage for Mastectomies and Reconstructive Breast Surgery Benefits, Mammography Benefit, Maternity Length of Stay Benefit, Pap Smear Benefit, Prostate Cancer Screening, Prosthetics and Orthotics Benefit, Treatment of Wilm's Tumor Benefit, Wellness Health Examinations Benefit, Off-Label Drug Use Benefit, Prescription Female Contraceptive, Dose-Intensive Chemotherapy, Autism, and Maternity Claims-Installments.

EXTENSION OF MAXIMUM BENEFIT

For Both Injury and Sickness

After the Company pays \$3,000 in basic benefits under either the Injury or Sickness provisions of the policy for any one Injury or Sickness, this policy will pay, per the policy schedule of benefits, 70% of the expenses incurred in excess of \$3,000 up to but not exceeding \$47,000 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.

EXCLUSIONS

The Policy does not cover:

1. 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;
2. Eyeglasses, radial keratotomy, contact lenses, hearing aids (except for children ages 15 and under) or prescriptions or examinations except as required for repair caused by a covered Injury;
3. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth; or in the course of treatment for infected wisdom teeth.
4. War or any act of war, declared or undeclared: (1) while the Covered Person is serving in the armed forces of any country; (2) while the Covered Person is serving in any civilian non-combatant unit supporting or accompanying any armed forces of any country or international organization; or (3) while the Covered Person is not serving in any armed force if the Injury or Sickness occurs outside the home area. A pro-rata premium will be refunded upon request for such period not covered;

5. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
6. 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;
7. 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;
8. Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
9. Elective Surgery or Elective Treatment;
10. Well baby care other than Hospital nursery and related Physician's charges for a newborn or care specifically provided under this Policy;
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law;
12. Organ transplants, except as specifically provided in this Policy;
13. Assistant surgeon fees;
14. Services and supplies not Medically Necessary for the diagnosis recommended by the attending Physician.

OPTIONAL MEDICAL EVACUATION AND REPATRIATION BENEFIT

This optional benefit is subject to payment of the additional premium, as specified on the enrollment card. These optional benefits may only be purchased at the time of initial enrollment in the plan and may not be added later. When recommended and approved by the attending Physician, arrangements will be made for the evacuation of the Insured to his natural country. Travel assistance services can be arranged by On Call International (details available from Bollinger). Send proof of expenses incurred as a result of a covered Injury or Sickness to Bollinger using a college claim form. Please see CLAIM PROCEDURE, in this brochure, for instructions. Please see the plan web site for a more detailed description of the benefits and On Call's services: www.BollingerColleges.com/TCNJ.

Benefits:

Medical Evacuation Usual & Customary Charge up to Policy Maximum

Repatriation Usual & Customary Charge up to Policy Maximum

BENEFIT HIGHLIGHTS

Benefit	Coverage
Per Injury/Sickness Max.....	\$3,000
Per Injury/Sickness Extension of Maximum Benefit.....	\$47,000
Hospital room & board	Semi-private room rate
Hospital inpatient misc.....	\$3,000
Surgical expense	Usual and Customary Charge up to \$2,500 in total for all surgical operation(s) performed for any one Injury or Sickness
Day surgery miscellaneous expense.....	\$1,500
Anesthesia expense.....	40% of surgeon's allowance
Inpatient registered graduate nurse expense	\$50/day, \$800 max
Treatment of impacted wisdom teeth	Same as any Sickness
Emergency Contraception.....	\$10
Wellness Benefit (routine preventive health care, including up to an additional \$20 for a flu shot, as recommended by current clinical guidelines/standard)	See Wellness Benefit section of this brochure for details
Ambulance	\$300
Outpatient Miscellaneous (Including Emergency Room)	\$1,500
Prescription Drugs	\$500 Per Policy Year (Injury and Sickness combined)
Durable medical equipment (including air cast, joint supports, crutches)	\$55
Laboratory/X-rays (Sickness) - Covered regardless of results	\$600
X-Rays (Injury) - Covered regardless of results.	\$1,000
Maternity expense	Coverage for hospital confinement due to pregnancy, childbirth or miscarriage. Pregnancy and complications of pregnancy considered as any other Sickness. A minimum stay of 48 hours for vaginal delivery and 96 hours for caesarean section. Includes newborn child.
Attending Physician's Expense	Inpatient, limited to one visit per day, paid at the Usual and Customary Charge, up to \$45 per visit, to a \$700 maximum. Outpatient, limited to one visit per day, paid at the Usual and Customary Charge, up to \$80 per visit.
Second surgical opinions.....	\$80 max
Audiological exam when made necessary by Injury or Sickness.....	\$50
Physical therapy (Injury or Sickness)	\$60 per visit/\$300 max
Dental Treatment when made necessary by Injury	\$800 total

CLAIM PROCEDURES

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, student ID number and name of the college under which the student is insured. Claim forms are available at www.BollingerColleges.com/tcnj.

Submit all claims to:
Bollinger, Inc
P.O. Box 727
Short Hills, NJ 07078

For a more complete Description of Benefits
visit us on the Web at:
www.BollingerColleges.com/tcnj

THIS PLAN IS ADMINISTERED BY:

Bollinger
Insurance Solutions

101 JFK PARKWAY
SHORT HILLS, NJ 07078
(866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)

PREFERRED PROVIDER NETWORK PROVIDED BY:



PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. Your certificate, which contains information concerning your coverage, as well as full procedures for filing an inquiry, grievance or appeal can be obtained at www.BollingerColleges.com/TCNJ. A paper copy of your certificate is available upon request. 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 in this Brochure. If any discrepancy exists between the Brochure and the Policy, the Master Policy will govern and control the payment of benefits. This brochure is based on Policy # C-528I.