

**Student
Medical
Benefit
Plan
for**

**SUSSEX
COUNTY
COMMUNITY
COLLEGE
2010-2011**

**THIS PLAN UNDERWRITTEN BY:
MONUMENTAL LIFE
INSURANCE COMPANY**

Cedar Rapids, Iowa
an AEGON company

Visit us on the web:
<http://www.BollingerColleges.com/sussex>

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 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.

Dear Students and Families:

Maintaining good health is important for the successful completion of your studies at Sussex County College. No one can avoid occasional sickness or accidental injuries. Yet we can all prepare for the financial consequences of such occurrences and provide for the required medical care.

As a service to you, the College has contracted to provide all full-time students with health and accident medical insurance. The cost of \$57.50 per semester is included in your tuition billing and is to be paid along with your tuition. In fact, the State of New Jersey requires that every full-time student have health and accident insurance. The College's plan may be waived only if you demonstrate that you presently have adequate coverage. A waiver form is available from the College Cashier, and must be returned by September 25, 2010, or you can go to the College student health insurance website at www.BollingerColleges.com/sussex and waive on-line.

Even if you do currently have coverage, you may wish to purchase the College plan. The College plan pays claims without regard to other coverage, and if your plan has deductibles and co-insurances, your "out of pocket" expenses would be reduced by the benefits available through the College plan.

I am certain that you can see the clear advantage and excellent benefits of this program. On the other hand, I hope that you will never have to utilize the benefits available under this program.

Best wishes for a successful year!

Sincerely,

Mr. Harold Damato
Senior Vice President of Student Services

SUSSEX COUNTY COMMUNITY COLLEGE

Student Medical Benefit Plan - I.D. Card

This is to certify that as of September 1, 2010, insurance coverage is provided in accordance with all terms and provisions of Policy No. C515G issued to the above named college for the student named below.

Name

Social Security No.

Street Address

Town

State

Zip Code

This coverage expires September 1, 2011

UNDERWRITTEN BY:

ADMINISTERED BY:

Monumental Life
Insurance Company
Cedar Rapids, Iowa

Bollinger
Insurance Solutions

PREFERRED PROVIDER NETWORK:

PO Box 727
Short Hills, NJ 07078
1-888-267-0092



MEDICAL BENEFIT PLAN

Coverage is in effect 24 hours a day. For students enrolled during the Fall Semester, coverage will be in effect from either September 1, 2010 or the date of Premium Payment, whichever is later, until September 1, 2011. For students enrolled during the Spring Semester, coverage will be in effect from either January 1, 2011, or the date of Premium Payment, whichever is later, until September 1, 2011. The plan covers injuries sustained and sickness contracted and causing loss commencing during the coverage period. The policy expires September 1, 2011. (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.)

ACCIDENT MEDICAL EXPENSE BENEFITS

Benefits are provided up to \$2,500 for accidental injuries for which medical treatment by a physician, surgeon, dentist, registered nurse, hospital services, ambulance services, or x-rays are rendered. The initial treatment must be rendered within 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 \$500 as the result of any one injury.

Surgical Expense: The expense actually incurred is allowed not to exceed \$24 times the unit value of the 1974 California Relative Value Studies, or \$2,500 in total for all surgical operation(s) 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 Usual and Customary Charge is allowed not to exceed \$2,500 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 \$500 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 \$25 per covered injury.

Surgical and Anesthesia Benefit: The expense actually incurred is allowed up to 30% of the surgeon's allowance under the policy subject to a maximum of \$750 for any one injury.

Medical Consultation Benefit: The expense actually incurred is allowed up to the usual and customary charge per covered injury.

ACCIDENTAL DEATH

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

ACCIDENTAL DISMEMBERMENT

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

SICKNESS MEDICAL EXPENSE BENEFITS

Sickness benefits will be paid up to \$2,500 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 \$100 per day.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$500 as the result of any one Sickness.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$1,000 in total for all surgical operation(s) performed for any one Sickness.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$100 for any one Sickness.

Physician's Expense: The expense actually incurred is allowed not to exceed \$250 for any one Sickness. The allowance will be \$25 for the first qualifying call and \$25 for each subsequent call. Second surgical opinions will be covered up to the expense incurred subject to a maximum of \$50.

Registered Graduate Nurse Expense: The expense actually incurred is allowed subject to a maximum of \$50 per 24-hour period or \$200 as the result of any one Sickness.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$50 as the result of any one sickness.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$50 per covered Sickness.

Anesthesia Expense: The expense actually incurred is allowed up to 30% of the surgeon's allowance under the policy subject to a maximum of \$180 for any one Sickness.

Medical Consultation Benefit: The expense actually incurred is allowed up to the usual and customary charge per covered Sickness.

Wellness Benefit: 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) \$208.00 for Insureds between the ages of 20 and 39, inclusive; (2) \$241.00 for all male Insureds ages 40 and over; (3) \$391.00 for all female Insureds ages 40 and over; and (4) \$248.00 for a left-sided colon examination.

MANDATED 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, Autism, Maternity Claims-Installments, and Dose-Intensive Chemotherapy Cancer Treatment.

EXTENSION OF MAXIMUM BENEFIT For Both Accident and Sickness

After the Company has paid \$2,500 in basic benefits under the Maximum Benefit for any one Injury or Sickness, the policy will pay, per the Policy Schedule of Benefits, 80% of the expenses incurred in excess of \$2,500 up to but not exceeding \$12,500 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

This Policy does not cover:

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 College 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 (except for dependant children ages 15 and under) 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;
12. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
13. 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;
14. Treatment for mental or emotional disorders, except for Biologically Based Mental Illness covered under this Policy;
15. Expenses resulting from a motor vehicle accident if the Covered Person is operating and 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).

CLAIM PROCEDURES

In the event of an injury or illness, students should contact the College Health Office at once to obtain a claim form. All claim payments are made from the Short Hills office of Bollinger Inc. Proofs of loss must be submitted within 90 days following the date of accident or start of sickness.

24-HOUR NURSE HELPLINE and TRAVEL ASSISTANCE PROGRAM

(Administered by On Call International)

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 Student's ailments.

Each Insured Student and his/her enrolled Dependents are also 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.

U.S. & Canada Toll Free: 866-525-1955

International Collect: 603-328-1955

Note: The 24-Hour Nurse Helpline and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

THIS PLAN IS ADMINISTERED BY:

Bollinger
Insurance Solutions

**101 JFK PARKWAY
SHORT HILLS, NJ 07078
(973) 467-0444**

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

PREFERRED PROVIDER NETWORK PROVIDED BY:

CHN
SOLUTIONS
www.chn.com