

2012-2013

STUDENT INJURY & SICKNESS INSURANCE PLAN

Designed Especially for the Domestic Students of



ECKERD COLLEGE

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 \$10,000 limit per Injury and per Sickness. You have the option to increase the maximum benefit per Injury and per Sickness up to \$25,000 for Option I or \$50,000 for Option II by paying the additional premium. If you have any questions or concerns about this notice, contact Bollinger Insurance Services, 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 policy is Excess Insurance

THIS PLAN UNDERWRITTEN BY:
MONUMENTAL LIFE INSURANCE COMPANY
Cedar Rapids, Iowa • a Transamerica Company

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

Policy Number: CFL219I

Policy Form: SH1000GPM.FL(rev. 03-07)

25643914



ECKERD COLLEGE

ELIGIBILITY

All full-time domestic students, taking 10 1/2 credits or more, are automatically enrolled in the basic Injury plan covering Injury during the 9 month academic year.

All full-time domestic students are also automatically enrolled in the expanded Injury and Sickness coverage unless they waive coverage in accordance with the college's waiver requirements. Waiver forms may be obtained online at www.BollingerColleges.com/Eckard.

All insured domestic students may purchase major medical coverage (Option I or Option II) on an optional basis. Optional coverages may only be purchased simultaneously and in conjunction with the purchase of basic Injury and Sickness coverage at the time of initial enrollment in the plan. Only those students enrolled in the basic Injury and Sickness coverage may purchase optional major medical (Option I or Option II) coverage.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, internet, and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. The company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If the company discovers the eligibility requirements have not been met, its only obligation is to refund the premium.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective on June 30, 2012. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the company (or its authorized representative), whichever is later. The Master Policy terminates on August 12, 2013. Coverage terminates on the date or at the end of the period through which premium is paid, whichever is earlier.

Refunds of premiums are allowed only upon entry into the armed forces.

This is a non-renewable one year term policy.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this Policy ceases on the termination date. However, if a Covered Person is Totally Disabled on the termination date from a covered Injury or Sickness, Covered Medical Expenses for such Injury or Sickness will continue to be paid until the Covered Person is no longer Totally Disabled, but not to exceed 90 days from the expiration date of coverage, or the Maximum Policy benefit, whichever occurs first. Covered Medical Expenses for maternity care for a pregnancy which commenced while the Policy was in effect, shall be continued for the period of that pregnancy and will not be based upon total disability.

The total payments made in respect of the Covered Person for each condition both before and after the termination date will never exceed the Maximum Benefit.

OPTIONAL MAJOR MEDICAL BENEFIT

**Option I - \$25,000 maximum benefit
(for each Injury or Sickness)**

**Option II - \$50,000 maximum benefit
(for each Injury or Sickness)**

This optional benefit is subject to payment of an additional premium as specified on the enrollment card.

The optional major medical benefit begins payment after the basic maximum benefit of \$10,000 has been paid by the company.

The company will pay 80% for additional covered medical expenses incurred up to the major medical maximum of \$25,000 for each Injury or Sickness (Option I), or \$50,000 for each Injury or Sickness (Option II). The total benefit payable under major medical is \$35,000 for each Injury (Option I) or \$60,000 for each Injury or Sickness (Option II) minus the basic benefits already paid.

No benefits will be paid under major medical for:

1. Room and Board/Hospital Miscellaneous expenses which exceed the semi-private room rate.
2. Intercollegiate sports.

MATERNITY TESTING

This policy does not cover routine, preventive or screening examinations or testing unless medical necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a Pregnancy Test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One ultrasound will be considered in every pregnancy, with out additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the pregnancy record and ultrasound report that establishes medical necessity. Additionally, the following tests will be considered for women over 35 years of age: amniocentesis/afp screening and chromosome testing. Fetal stress/non-stress testes are payable. Pre-natal vitamins are not covered. For additional information regarding maternity testing, please call the company at 1-866-267-0092.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of life, limb or sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the injured person or beneficiary may request the company to pay the applicable amount below.

For loss of:

life	\$1,000
two or more Members	\$1,000
one Member	\$ 500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one injury will be paid.

SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS

Injury & Sickness

Up to \$10,000 Maximum Benefit Paid As Specified Below (For Each Injury or Sickness)

The Policy provides benefits for the Medically Necessary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$10,000 for each Injury or Sickness.

Services provided by the College’s Student Health Center will be covered at 100%. There is a \$20 copay per visit for the Physician’s Visit.

All outpatient services require a referral from the Student Health Center, waived in the case of Medical Emergency or when the SHC is closed.

Note: Expenses related to the testing and diagnosis of learning disabilities will not be covered.

Mandatory Injury Only Benefit: Covered Medical Expenses are payable at 100% of Usual & Customary Expenses Incurred for the first \$5,000. There are no additional Injury Benefits payable beyond this \$5,000 unless additional premium for Expanded Injury and Sickness coverage has been paid.

Subject to Additional Premium - Expanded Injury and Sickness benefits are payable as follows:

- Coverage is expanded to 12 months of coverage.
- An additional \$5,000 of Injury Only coverage, payable at 80% of Usual & Customary Charges to an Aggregated maximum of \$10,000 per Injury.

Sickness Only Benefits: Covered Medical Expenses are payable at 100% for the first \$500, then 80% thereafter up to the Aggregate maximum of \$10,000.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

Covered Medical Expenses include:

max = Maximum INPATIENT	U&C=Usual and Customary Charges	
	INJURY	SICKNESS
<p>Hospital Expense, daily semiprivate room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date discharge.</p>	U&C	U&C

max = Maximum	U&C=Usual and Customary Charges	
INPATIENT CONTINUED	INJURY	SICKNESS
Routine Newborn Care, 4 days Hospital Confinement expense maximum. While Hospital Confined and routine nursery care provided immediately after birth.	No Benefits	Paid as any other Sickness
Physiotherapy	U&C	No Benefits
Surgeon's Fee, in accordance with data provided by Ingenix based on the 90th Percentile. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. (Except Dental Surgery. See Other)	U&C	U&C
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist, professional services in connection with inpatient surgery.	25% of U&C	25% of U&C
Registered Nurse's Services, private duty nursing care. (Benefits include services of an LPN)	U&C	U&C
Physician's Visits benefits are limited to one visit per day and do not apply when related to surgery.	U&C	U&C
Pre-Admission Testing, payable within 3 working days prior to admission.	U&C	U&C
Psychotherapy, benefits are limited to one visit per day.	No Benefits	Paid as any other Sickness
OUTPATIENT	INJURY	SICKNESS
Surgeon's Fee, in accordance with data provided by Ingenix based on the 90th Percentile. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures. (Except Dental Surgery. See Other)	U&C	U&C/\$1,000 max per Sickness
Day Surgery Miscellaneous, related to scheduled surgery performed in a Hospital, including the cost of the operating room; room, laboratory tests, x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge index.	U&C	Paid under Surgeon's Fees
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist, professional services in connection with inpatient surgery.	25% of U&C	25% of U&C

OUTPATIENT CONTINUED	INJURY	SICKNESS
Physician's Visits, benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or physiotherapy.	U&C	Paid under Outpatient Miscellaneous Benefit/\$20 Deductible per visit
Outpatient Miscellaneous Benefit, includes benefits designated as Paid under Outpatient Miscellaneous. A referral from the Student Health Center must be secured for outpatient treatment. This provision is waived in case of a Medical Emergency or when SHC is not accessible.	U&C	U&C/ \$1,000 max per Sickness
Physiotherapy, Benefits are limited to one visit per day. Limited to \$300 unless specifically ordered by a Physician. Includes any form of physical or mechanical therapy, diathermy, ultra-sonic therapy, heat treatment in any form, manipulation or massage.	U&C	Paid under Outpatient Miscellaneous Benefit
Diagnostic X-ray and Laboratory Services	U&C	Paid under Outpatient Miscellaneous Benefit
Medical Emergency Expenses, use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness	U&C	Paid under Outpatient Miscellaneous Benefit
Injections, when administered in the Physician's office and charged on the Physician's statement	U&C	Paid under Outpatient Miscellaneous Benefit
Tests & Procedures, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures.	U&C	Paid under Outpatient Miscellaneous Benefit
Radiation Therapy and Chemotherapy	No Benefit	Paid under Outpatient Miscellaneous Benefit
Psychotherapy charges incurred as a result of a Mental and Nervous Disorder. Benefits are limited to one visit per day.	No Benefit	Paid under Outpatient Miscellaneous Benefit
Prescription Drugs	U&C	Paid under Outpatient Miscellaneous Benefit

OTHER	INJURY	SICKNESS
Ambulance Services	U&C	Paid under Outpatient Miscellaneous Benefit
Durable Medical Equipment, a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	U&C	No Benefits
Consultant Physician Fees, when requested and approved by the attending Physician.	U&C	Inpatient: U&C Outpatient: Paid under Outpatient Miscellaneous Benefit
Dental Treatment	U&C (made necessary by Injury to Sound Natural Teeth only)	U&C/\$100 max per tooth/\$400 max (Treatment for bony impacted wisdom teeth or dental abscesses only)
Alcoholism/Drug Abuse	U&C	Paid under Psychotherapy
Maternity	No Benefits	Paid as any other Sickness
Complication of Pregnancy	No Benefits	Paid as any other Sickness
Elective Abortion	No Benefits	No Benefits
Preventative Care, includes routine gynecological exam, Pap Smear, STD screening and immunizations.	No Benefits	Paid as any other Sickness
Home Health Care	U&C	No Benefits
Intramural & Club Sports	Paid as any other Injury	No Benefits
Intercollegiate Sports	No Benefits	No Benefits

NON-DUPLICATION OF BENEFITS

This Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any Other Valid and Collectible Insurance. If the Covered Person is covered by Other Valid and Collectible Insurance, all benefits payable by such insurance in excess of \$100 will be determined before benefits will be paid by this Policy. This Policy is the second payor to any other insurance having primary status or no Coordination or Non-Duplication of benefits provision.

If the Covered Person is insured under group or blanket insurance which is also excess to other coverage, this Policy pays a Maximum of 50% of the benefits otherwise payable.

Benefits paid by this Policy will not exceed: (1) any applicable Policy Maximums; and (2) 100% of the compensable expenses incurred when combined with benefits paid by any Other Valid and Collectible Insurance.

STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED

The Insured should use the resources of the Student Health Center when first seeking medical treatment. Treatment will be either administered at the Health Center or a referral to another facility will be given.

Student Health Center referral will not be required under the following conditions:

- (1) a Medical Emergency. The student must return to the Student Health Center for any needed follow-up care;
- (2) when the Student Health Center is closed;
- (3) when service is rendered at another facility during school break or vacation periods;
- (4) when Necessary Medical service is received and the Insured is more than 100 miles from the campus;
- (5) when Necessary Medical care is obtained and the Insured is no longer able to use the Student Health Center due to a change in student status;
- (6) maternity care;
- (7) psychiatric care; and
- (8) services not offered by the Student Health Center.

MANDATED BENEFITS

The Plan will pay benefits for the following Mandated Benefits and any other mandate in accordance with Florida insurance laws: Mammography Benefit; Prosthetic Device and Reconstructive Breast Surgery Benefit; Post-Surgical Mastectomy Care Benefit; Osteoporosis Prevention and Treatment; Maternity, Mid-Wife Care; Post Delivery Care Diabetes Supplies, Equipment and Self-Management Training Benefit; Dental General Anesthesia Benefit and Hospital Dental Procedure Benefit; Bone Marrow transplant and therapy; Enteral formulas coverage; Cleft lip and cleft palate of children coverage; Mental and Nervous Disorders; Substance Abuse Impaired Persons Benefit; and Children Health Supervision Services.

DEFINITIONS

ELECTIVE SURGERY means any surgery or treatment that is not Medically Necessary 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 allergy and allergy vials, including allergy testing; bio-feedback type services; 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 the 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 the Policy; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; 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; 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; preventive medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing; smoking cessation; temporomandibular joint dysfunction (TMJ) except as specifically provided under this Policy; tubal ligation; vasectomy; and weight loss or reduction.

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in effect under this Policy. A Covered Person must begin receiving services, supplies or treatment within 30 days from the time of accident in order for it to be considered a covered Injury. 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 NECESSITY 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.

SICKNESS means an illness or disease. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. It also includes Pregnancy.

TOTALLY DISABLED means as the result of an Injury or Sickness, the Covered Person's inability to perform the material and substantial duties of any occupation for which he is reasonably fitted by education, training, or experience.

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. and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile provided by Ingenix.

EXCLUSIONS

1. Expenses for allergy testing;
2. 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;
3. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
4. Elective Surgery or Elective Treatment;
5. Elective abortion;
6. Routine Physician 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, and association laboratory work, not including child and newborn care specifically provided under this Policy.
7. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
8. Injury or Sickness for which benefits are paid under any Worker's Compensation or Occupational Disease Law;
9. Expenses resulting from a motor vehicle accident for which benefits are payable from Other Valid Insurance;
10. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate or interscholastic sport, contest or competition sponsored by the University, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
11. Declared or undeclared war, riot, civil disorder or civil commotion;
12. Accident sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics, unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician;
13. Services that are provided normally without charge by the University's health center, infirmary or Hospital; services for free provided by the University, or services rendered by any person employed by the University, including school team Physician and trainer, or any other services performed at no cost;
14. 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;

15. Treatment for acne; breast implants, except for prosthetic devices incident to a mastectomy; 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; sleep disorders; tubal ligation; and vasectomy;
16. Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance.

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/Eckerd

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.

Identity Theft Recovery Assistance: On Call International has an Identity Theft Recovery Unit who will listen, document, support, and guide participants who experience identity theft.

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 PROCEDURES

1. Complete a claim form, which is available on-line at our website, www.BollingerColleges.com/Eckerd. Please read and follow the instructions provided on the back of the claim form carefully.
2. The claim form must be completed and signed. Written proofs of loss (itemized bills) must be furnished with the claim within 90 days from the date of loss. Mail the claim to the address on the form.
3. Preauthorization and pre-certification of the benefits to providers of medical service are not required nor pro-vided by us.
4. No claim will be processed until a Bollinger, Inc. claim form is received.

For Information contact the Plan Administrator:



P.O. Box 727

SHORT HILLS, NJ 07078-0727

(866) 267-0092 (Claims/Coverage)

(800) 526-1379 (Other Questions)

Preferred Provider Network:



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.

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 website: www.BollingerColleges.com/Eckerd