

**2011-2012
STUDENT INJURY &
SICKNESS
INSURANCE PLAN**

Designed Especially for the
Students of



*Florida Institute
of Technology*

High Tech with a Human Touch™

- ✓ This Policy is Excess Insurance
- ✓ This Policy contains a deductible provision

THIS PLAN UNDERWRITTEN BY:

**MONUMENTAL LIFE
INSURANCE COMPANY**

Cedar Rapids, Iowa
an AEGON Company

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

Policy Number: CFL221G
Policy Form: SH1000GPM.FL(rev.03-07)

22974851

Student Health Care Services

Introduction

Your primary care provider

FLORIDA TECH HOLZER HEALTH CENTER—

OMNI HEALTHCARE

West corner of Country Club Rd. and University Blvd.

Melbourne, FL 32901 • Phone (321) 674-8078

Fall and Spring Semester:

Monday through Thursday 8 a.m. – 8 p.m.,

Friday 8 a.m to 5 p.m.

Summer Semester:

Monday through Friday 9 a.m. to 3 p.m.

Appointments

Walk in only, no appointments are required

Routine Medical Care

Holzer Health Center can provide routine and preventative services including women's wellness to students registered at the university. Routine and preventative services are considered services not related to a specific Injury or Sickness. These services are NOT covered by the policy. Payment for such treatment is expected at the time of service.

Primary care provider for Dependents

Enrolled Dependents (spouse residing with the Insured student, and children up to age 26 that are not self-supporting and reside with the Insured student) should seek medical advice from First Health Provider for Dependents. There will be a \$25 Co-Pay collected at the time of service. Appointments are required.

Emergencies and After Hours

If there is a medical emergency, please seek immediate medical care. Call 911 or go to the closest emergency room. If it is after hours and you are not sure if your condition can wait, call the emergency number (321) 723-9411. An on-call Physician will respond.

Acute Care Clinic 723-9411

Please call ahead for availability.

Hours: Monday through Friday, 8 a.m.–6 p.m.

This location is intended to provide care for conditions that require immediate care and cannot wait for medical treatment from the primary care locations (see Holzer Health Center and/or First Health Provider for independent hours of operations). **Services obtained will be subject to terms and conditions of your insurance.**

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STUDENT BLANKET HEALTH INSURANCE

Introduction

Florida Institute of Technology requires all full-time degree-seeking domestic and all international students to have medical insurance to cover the costs of treatment for Injury and Sickness. Florida Tech offers a medical insurance policy, underwritten by Monumental Life Insurance Company. The plan utilizes the First Health Network of providers. (HHC). OMNI Healthcare Inc. staffs the Holzer Health Center, which is the primary care provider for students participating in the school-endorsed health insurance program.

NOTE: OMNI Healthcare Inc. is a multispecialty group based in Melbourne, Florida. OMNI Healthcare Inc. is an independent contractor and is solely responsible for the diagnostic services, treatment and care it provides. Monumental Life Insurance Company and Florida Institute of Technology cannot be held responsible for these services. Always confirm whether or not your provider participates in First Health Network.

First Health Network Plan

The plan has been established to provide you with most of the medical services you and your covered Dependents will need while you are attending school. Primary medical care will be provided to you at the Holzer Health Center. If additional medical treatment is necessary, you may be referred to one of the specialists who participate in the First Health Network. You must visit the Holzer Health Center first for medical care to obtain In-Network benefits. Note: Dependents of covered students should seek medical advice from a provider in the First Health Network. A \$25 Co-pay will be collected at the time of service. You may contact First Health directly at (888) 685-7774 or visit www.myfirsthealth.com.

In-Network Physician Co-pay, Coinsurance and Deductible

Each time you obtain medical service for a Sickness or Injury (other than at the Holzer Health Center) from a First Health Physician, whether a PCP or Specialist, you pay a \$25 Co-pay for the office visit and 20% coinsurance for medical services other than the office visit. You are required to pay the \$25 Co-pay at the time of services. The provider will bill the 20% coinsurance to you. The policy's annual \$75 Deductible will apply to medical services, other than the Physician's visit. See the Schedule of Benefits for details on reimbursement and specific services. All other policy provisions and limitations remain the same.

Out-of-Network Services

Any advice, treatment or care obtained from a provider who is not part of the First Health Network will be subject to the \$250 Out-of-Network Deductible and 40% coinsurance. Also, You may have to pay for these services at the time of the visit and submit a claim form with paid bills for reimbursement. Please note: First Health has providers around the country. You can always call (888) 685-7774 or visit www.myfirsthealth.com to locate a provider in your area, if you are 50 miles away from Melbourne or are a Dependent of a covered student.

ELIGIBILITY

Full-time employees of the university, including adjunct faculty, and part-time employees including their Dependent children and spouses, are not eligible to enroll in the student medical plan. University Alliance enrolled students are not eligible to participate in the Florida Institute of Technology Student Health Insurance program.

Domestic Students

Student health insurance is MANDATORY for all full-time degree-seeking undergraduate (12 credits or more) students and degree-seeking graduate students (9 credits or more). All other degree-seeking students taking a minimum of 6 credit hours are eligible. Online students or students attending classes through the Extended Studies Division of University College do not meet the eligibility requirements.

International Students

All international students are automatically charged on their student account for Florida Tech's student health insurance, unless they are officially sponsored by their home government or agency that guarantees health insurance fees as part of the student's contract with Florida Tech. Exceptions may be granted only if you have an insurance plan meeting very strict requirements. For consideration, you may request a waiver of participation from the Office of Business and Retail Operations prior to the deadline. No submissions will be considered after this date. The Office of Business and Retail Operations is located at Grissom Hall West Wing room 304.

Dependents

Full-time degree-seeking domestic and all international students participating in this program may insure their Dependents for an additional charge. Eligible Dependents are the spouse who lives with the Insured and any children and stepchildren up to the calendar year of his/her 26th birthday and who is dependent on the Insured for support.

TERM OF COVERAGE

This policy becomes effective on August 10, 2011, at 12:01 a.m. and expires on August 9, 2012 at 11:59 p.m. Your enrollment/waiver will extend for your uninterrupted enrollment at Florida Tech. Students withdrawing from Florida Tech within the first 21 days of any term will have the applicable semester’s health insurance charge refunded at 100 percent, unless a claim has been submitted. Students withdrawing after the first 21 days will remain covered under the policy for the full period for which the premium has been paid.

- All eligible students and their Dependents enrolled in this plan will be insured for a covered Injury or Sickness 24-hours a day anywhere in the world for the period for which the premium has been paid. Protection is in effect during all vacation periods.
- Coverage will terminate at the end of the period for which the premium has been paid. Any termination will be without prejudice to any claim beginning before termination.
- Students who elect to purchase the Supplemental Major Medical Benefit Limit must apply by the close of the business day of August 10, 2011, at the Campus Services Office.

ANNUAL COST

Basic Accident and Sickness Coverage

Student.....	\$1,107
Spouse.....	\$1,666
Dependent Child(ren).....	\$1,666

Optional Increased Supplemental Coverage*

Student under 26.....	\$460
Students age 26 and over.....	\$692

** Not available for their Dependents*

The cost for basic Injury and Sickness coverage is automatically added to the student’s account unless the completed waiver form with proof of coverage is submitted to the Campus Services Office by the second week of the student’s first semester. Your enrollment/waiver will extend for the length of your stay at Florida Tech, unless you officially withdraw or do not enroll in Florida Tech.

REFUND PROVISION

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro-rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

Optional Increased Supplemental Major Medical Benefit Eligibility: This benefit is optional. Students who elect to purchase this option must have purchased the basic plan as well. Coverage is available to registered, full-time students only.

Term of Coverage: Students who elect to purchase the Optional Supplemental Major Medical Benefit must submit the enrollment form prior to the effective date of coverage, August 10, 2011.

If the Covered Medical Expense for an Injury or Sickness exceeds the maximum paid under the basic Injury or Sickness Expense benefit (\$50,000), payment will be made for 80 percent of the remaining covered Injury or Sickness Expenses (\$200,000). The combined maximums under the basic plan and the Optional Supplemental Major Medical Benefit will not exceed \$250,000.

The total benefits payable for all policy terms for which You are enrolled for the Optional Supplemental Major Medical Benefit will not exceed \$250,000 for any one Accident or Sickness.

Covered Medical Expense under this coverage will be the same as Covered Medical Expenses under the basic policy.

Provisions relating to coverage for Pre-Existing Conditions will apply to the Optional Supplemental Major Medical Benefit separately from the basic policy.

DEFINITIONS

COINSURANCE means the out-of-pocket expenses to be paid by the Insured as a percentage of the Covered Medical Expenses.

COMPLICATIONS OF PREGNANCY means conditions whose diagnoses are distinct from pregnancy, but are adversely affected by pregnancy or are caused by pregnancy, such as: (1) acute nephritis; (2) nephrosis; (3) cardiac decompensation; (4) missed abortion; (5) non-elective cesarean section; (6) ectopic pregnancy which is terminated; (7) spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible; (8) pernicious vomiting; (9) pre-eclampsia; (10) similar medical and surgical conditions of comparable severity.

It does not include: (1) false labor; (2) occasional spotting; (3) Physician prescribed rest; (4) morning sickness; and (5) similar conditions associated with the management of a difficult pregnancy not constituting a medically distinct complication of pregnancy.

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.

DEDUCTIBLE means the dollar amount of Covered Medical Expenses that must be paid as an out-of-pocket expense by each Covered Person per Injury or Sickness each Policy Year before benefits are payable under this Policy. The Deductible Amount is shown on the Schedule. Under certain conditions, the Deductible Amount may be lowered or waived by the Company.

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.

HOSPITAL means an institution which meets all of the following requirements:

- (1) it must be operated according to law;
- (2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an in-patient basis for which a charge is made.
- (3) it must provide diagnostic and surgical facilities supervised by Physicians;
- (4) Registered Nurses must be on 24 hour call or duty;
- (5) the care must be given either on the Hospital's premises or in facilities available to the Hospital on a pre-arranged basis.

The plan provides benefits for the charges incurred by an Insured person for a maximum. Benefits will be paid for each service as scheduled below. Any Expense

BENEFITS

Deductible

Hospital Room and Board Expense When Your Injury or Sickness requires Hospital Confinement, We will pay the Hospital room and board Expense up to the semiprivate rate.

Hospital Miscellaneous Expense We will pay the Expenses incurred by You during a Hospital Confinement or as an Outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center, anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressing and other necessary non-room-and-board expenses.

Licensed Nurse Expense If, while confined in a Hospital, Your Injury or Sickness requires the services of an R.N. or licensed practical nurse, We will pay the Expense.

In-Hospital Physician's Fees Expense If, while confined to a Hospital, Your Injury or Sickness requires the services of a Physician, We will pay the Expense.

Surgical Expense When Your Injury or Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 80th percentile. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

Anesthetist If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred.

Assistant Surgeon If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred.

Ambulance Expense When Your Injury or Sickness requires the use of an ambulance or air ambulance, We will pay the Expense.

Outpatient Hospital Expense When your Injury or Sickness requires use of an outpatient facility of a Hospital for emergency room services and supplies, We will pay the Expense.

Outpatient Diagnostic X-ray and Laboratory Expense When Your Injury or Sickness requires diagnostic x-rays, including ultrasound, MRI and CAT Scan, or laboratory services, under the Physician's direction, We will pay the Expense.

Voluntary Termination of Pregnancy Expense We will pay the Expense for the voluntary termination of Your pregnancy.

Durable Medical Equipment (rental) and Other Medically Necessary Prescribed Supplies when your Injury or Sickness requires the use of durable medical equipment and other medically necessary prescribed supplies, We will pay the Expense.

Outpatient Physician's Fees Expense When Your Injury or Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense.

Outpatient Prescribed Medicines Expense When Your Injury or Sickness requires prescribed drugs We will pay the Expense. This shall include coverage of a drug for a particular indication that has not been approved by the United States Food and Drug Administration. If the drug is recognized for the treatment of that indication in a standard reference compendium or recommended in the medical literature. Required coverage of a prescription drug under this section shall include coverage of Medically Necessary services associated with the administration of the drug to be contraindicated. This includes, but is not limited to, drugs used in the treatment of cancer, AIDS, etc.

Sickness Dental Expense If the Insured's Sickness requires treatment for impacted wisdom teeth, We will pay the Expense.

Outpatient Psychiatric Expense If, while not confined to a Hospital, Your Sickness requires the services of a licensed psychiatrist, licensed psychologist, mental health counselor, marriage and family therapist or licensed clinical social worker, We will pay the Expense.

Acupuncture, Chiropractic (including diagnosis, evaluation, x-ray and lab, manipulation and therapeutic modalities)

Physical Therapy (including diagnosis, evaluation, x-ray and lab, manipulation and therapeutic modalities)

OF BENEFITS

Loss due to a covered Injury or Sickness up to a \$50,000 aggregate maximum not specifically listed in the following sections is not covered.

IN NETWORK \$75 Annual	OUT OF NETWORK \$250 Annual
80% of Provider Allowance	60% of Usual and Customary
80% of Provider Allowance	60% of Usual and Customary
80% of Provider Allowance	60% of Usual and Customary
80% of Provider Allowance	60% of Usual and Customary
80% of Provider Allowance	60% of Usual and Customary
80% of Provider Allowance	60% of Usual and Customary
80% of Provider Allowance	60% of Usual and Customary
80% of Provider Allowance	80% of Usual and Customary
80% of Provider Allowance after \$75 Deductible	60% of Usual and Customary
80% of Provider Allowance	60% of Usual and Customary
80% to \$300 maximum	60% to \$300 maximum
80% of Provider Allowance	60% of Usual and Customary
\$25 Co-Pay	60% of Usual and Customary
\$5 Co-Pay Generic \$15 Co-Pay Name Brand Caremark	80% Generic 50% Brand Name
80% of Provider Allowance	60% of Usual and Customary
75% per visit to \$1,500 max. after assessment by the Director of Counseling and Psychological Services (CAPS)	75% per visit to \$1,500 max
50% per visit to \$500 max. when prescribed by First Health PCP	50% per visit to \$500 max.
75% per visit to \$500 max. when	75% per visit to \$500 max.

Hospital includes a rehabilitation facility, if such rehabilitation is specifically for treatment of physical disability. A Hospital is not a rest, convalescent, extended care or skilled nursing facility. It is not a place which primarily treats mental illness, alcoholism or drug addiction; nor does it include any ward, wing or other section of the Hospital that is used for such purposes. It is not a facility where, in the absence of insurance, there is no legal obligation to pay.

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.

INSURED means an eligible student as outlined in this Policy and in the Master Application for whom an application has been received and has paid the required premium. The words he, his, and him refer to the Insured, regardless of gender.

MEDICALLY NECESSARY 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.

OUTPATIENT means expenses incurred for Medically Necessary services received other than as Confined.

PHYSICIAN means a person licensed by the state in which he is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given. He may not be the Insured or a member of his Immediate Family.

PRESCRIPTION DRUGS means any Medically Necessary drugs that, under the applicable state or federal law, may be dispensed only upon written prescription of a Physician; and injectable insulin.

SICKNESS means an illness, or disease which first manifests while this Policy is in effect 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.

TOTALLY DISABLED means as the result of an Injury or Sickness, the Covered Person's the 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 and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile provided by Ingenix.

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Covered Person's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Covered Person was medically treated or advised by a Physician within the twelve months immediately prior to his Effective Date of Coverage under this Policy. This Pre-Existing Conditions Limitation provision does not apply to:

- (1) Genetic information in the absence of a diagnosis of the condition related to such information;
- (2) a Covered Person who, as of the last day of the 30-day period beginning with the date of birth, was covered under prior creditable coverage;
- (3) a Covered Person who has prior coverage without a lapse of 62 days or more;
- (4) a child who is adopted or placed for adoption before attaining 18 years of age; and as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, is covered under creditable coverage;
- (5) Pregnancy.

Covered Medical Expenses resulting from a Pre-existing Condition will not be covered unless: (1) six consecutive months have elapsed during which no medical treatment or advice is given by a Physician for such condition; or (2) the Covered Person has been insured under this Policy or the University's prior policies for the immediate prior year; or (3) the Covered Person has been receiving benefits under the University's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

NON-DUPLICATION OF COVERAGE

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 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.

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.

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; Enteral formulas coverage; Cleft lip and cleft palate of children coverage; Mental and Nervous Disorders; Substance Abuse Impaired Person Benefit; Children Health Supervision Services; Well baby & child screening for Autism.

CAREMARK PRESCRIPTION DRUG PLAN

This Plan includes a prescription drug benefit for prescription drug services throughout the United States. A listing of contracted pharmacies and service is available from Caremark Customer Service at 1-800-391-6443 or online at www.caremark.com. This pharmacy benefit is provided to cover prescriptions associated with a covered Sickness or Injury occurring during the Policy Year. After enrolling, your Caremark ID card will be sent to you within 6 weeks. Until your ID card is received, eligible prescriptions will be paid on a reimbursement basis, and a claim form from Caremark Customer Service will need to be completed per the standard Caremark claim procedures. For questions about the benefit please contact Bolinger, Inc. at 866-267-0092.

COVERAGE OF DEPENDENTS

A child born to an Insured person while the policy is in force will be covered by this policy from birth. Coverage for such newborn child will consist of coverage for Injury or Accident, including necessary care or treatment of congenital defects, birth abnormalities or premature birth and transportation costs of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition, when such transportation is certified by the attending Physician as necessary to protect the health and safety of the newborn child. The coverage of such transportation will not exceed a maximum of \$1,000. All liability with respect to such child shall terminate at the end of 31 days, unless on or before such 31st day when additional premium is paid.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an accident, directly and independently of all other causes. The Accident must take place while you are an Insured under this policy. Also, the Loss must take place within 52 weeks after the accident.

The following table shows the amounts We will pay:

For loss of	Amount:
Life.....	\$5,000
Both hands or both feet or sight of both eyes.....	\$5,000
One hand and one foot.....	\$5,000
One hand and sight of one eye.....	\$5,000
One foot and sight of one eye.....	\$5,000
One hand or one foot or sight of one eye.....	\$2,500

The most We will pay for all Losses as the result of one Accident is \$5,000. Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

MEDICAL EVACUATION BENEFIT

Upon receipt of due proof that a Covered Person incurred expenses for Physician ordered Emergency Medical Evacuation, including medically appropriate transportation and Medically Necessary Care, en route to the nearest suitable Hospital or to the Covered Person's home country, when the Covered Person is critically ill or Injured and has been Hospital Confined for at least 5 days, and appropriate local care is not available, we will pay the Usual and Customary Charge incurred not to exceed \$50,000, subject to the prior approval of the Claims Administrator for this Policy and the attending Physician. Prior approval can be obtained by calling Bollinger, Inc. at 800-526-1379.

REPATRIATION OF REMAINS BENEFIT

If the Insured person suffers a covered loss of life We will pay, subject to the limitations stated below, for Covered Expenses reasonably incurred to return the Insured person's body to their home country, but not exceeding a Maximum Per Insured person benefit amount of \$50,000, and this is also the Aggregate Maximum for all travel benefits including the Medical Evacuation Benefit.

EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

- (1) Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
- (2) Services that are provided normally without charge by the College's health center, infirmary or Hospital; services for free provided by the College, or services rendered by any person employed by the College, including school team Physician and trainer, or any other services performed at no cost;
- (3) Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- (4) 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;
- (5) 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;
- (6) Declared or undeclared war, riot, civil disorder or civil commotion;
- (7) 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 or 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;

- (8) Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
- (9) 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;
- (10) Injury or Sickness for which benefits are paid under any Worker's Compensation or Occupational Disease Law;
- (11) Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
- (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) Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate sport, in excess of \$1,000, contest or competition sponsored by the College, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant.
- (14) Elective Surgery or Elective Treatment.

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/FIT

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.BollingerInsurance.com/FIT. 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 Proof 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 provided 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 07078-0857
(866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)

Preferred Provider Network;



PLEASE PRINT OUT THIS BROCHURE AND KEEP IT AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the school 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.