

MAJOR MEDICAL EXPENSES

For Both Injury and Sickness

After the Company pays \$3,000 in Basic Benefits under either the Injury or Sickness provision of the policy for any one accident or Sickness, the Policy will pay 80% of the expenses incurred in excess of \$3,000 up to but not exceeding \$12,000 for Domestic students and \$22,000 for International students 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 date of the first treatment in the event of Sickness.

EXCLUSIONS

The Policy does not cover:

1. Service or treatment rendered as part of the duties of a physician or any other person employed or retained by the Policyholder;
2. Injury sustained or caused by any act of war, riots, civil disorders, or commotions;
3. Eyeglasses, contact lenses, or prescriptions therefor;
4. Congenital defect;
5. Injuries sustained as a result of practice or participating in intercollegiate sports in any form;
6. Injury or Sickness for which the Insured is entitled to benefits under any Worker's Compensation Act or Law or similar legislation, or medical expenses covered under any Automobile Reparations Reform Act, or Automobile No-Fault Law, or similar legislation;
7. Air travel except as a fare-paying passenger on a commercial aircraft;
8. Expense incurred as a result of mental disorders of any type but only as it pertains to Major Medical Benefits;
9. Health treatment or examinations where no Injury or Sickness is involved;
10. Elective abortions;
11. Dental treatment except for Injury to sound, natural teeth;
12. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
13. Elective surgery, or Elective Treatment;
14. Services or treatment rendered by a Physician or nurse who is the Insured or a member of his immediate family;
15. Preventative medicines, serums, or vaccines;
16. An Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation.

STUDENT ASSISTANCE SERVICES

(Administered by On Call International)

Nurse Advise Line: 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 a Student's ailments.

Travel Assistance Services: Each Insured Student and his/her enrolled Dependents are 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.

Bedside Visit: In the event that a covered student will be hospitalized 7 days or longer, On Call International will provide a benefit of up to \$2,500 for a parent or family member to join the hospitalized student. The benefit can go towards transportation and accommodations. In all cases On Call International must make and pay for the travel and accommodations arrangements. There is no reimbursement for transportation or accommodations if made by the family or school.

Emergency Return Home: If a parent or sibling of a covered student dies or is hospitalized for a life threatening illness while the student is away at school (100 miles or more), On Call International will provide a benefit of up to \$2,500 for the student to return home. In all cases On Call International must make and pay for the travel arrangements. There is no reimbursement for transportation if made by the student, family or school.

U.S. & Canada Toll Free: 866-525-1955
International Collect: 603-328-1955

Note: The On Call related services listed above are not insurance and are not connected with or provided by Monumental Life Insurance Company.

CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

- a) If at college, in a non-emergency situation, report at once to the Health Center;
- b) If away from college, secure treatment at the nearest hospital or physician, pay the bill, and obtain a copy of the bill. The Health Center will instruct you in filing for benefits.

Proofs of loss must be submitted within 90 days following the date of Injury or start of Sickness.

Claim forms are available at the Student Health Service, or may be obtained from our website:

www.BollingerColleges.com/elizabethtown

Notification of Injury or Sickness must be provided to Bollinger, Inc.

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:

 **First Health**
Network

Student Insurance Program

For Students Of



Elizabethtown COLLEGE

The student policy becomes effective
August 15, 2009 or January 15, 2010
and expires August 15, 2010.

2009 - 2010

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

an Aegon company
Cedar Rapids, Iowa

Visit us on the Web:

www.BollingerColleges.com/elizabethtown

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 Policy, the Master Policy will govern and control the payment of benefits.

ELIZABETHTOWN COLLEGE STUDENT HEALTH SERVICES

This message is important to all students

Elizabethtown College is pleased to make available an Accident and Sickness insurance policy to its students. The details of all coverages and instructions for enrollment are enclosed. PLEASE READ ALL DETAILS AND INSTRUCTIONS CAREFULLY.

1. All full-time students are automatically enrolled in the injury/sickness plan for a fee of \$365.00 for Domestic Students and \$499.00 for International Students per calendar year. The fee is included in your Fall college bill.
2. To be exempt from this coverage and fee, the student must return the enclosed insurance Waiver Card to the Elizabethtown College Business Office by **August 15, 2009**. **This will be the only opportunity to waive coverage.**

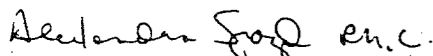
The college realizes that many students are covered under their parent's policies or have coverage of their own. Please be certain to verify that you remain eligible under these plans and compare them to the student plan in cost and coverage.

Medical costs have risen dramatically while many insurance benefits have been reduced. We urge you to consider the student plan for supplemental coverage while attending college.

Students who have comparable coverage and wish to be exempt must sign and return the Waiver card to the Elizabethtown College Business Office by **August 15, 2009**. **This will be the only opportunity to waive coverage.**

If you have any questions, call our Plan Administrator, Bollinger Inc. toll-free nationwide at 1-866-267-0092.

Sincerely,



Alexandra Spayd
Director of Health Services

ELIZABETHTOWN COLLEGE

Student Medical Benefit Plan - I.D. Card

This is to certify that as of August 15, 2009, insurance coverage is provided in accordance with all terms and provisions of Policy No. A583F issued to the above named college for the student named below.

Name	Student ID No.	
Street Address		
Town	State	Zip Code

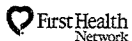
This coverage expires August 15, 2010

UNDERWRITTEN BY:
**MONUMENTAL LIFE
INSURANCE COMPANY**
Cedar Rapids, Iowa

ADMINISTERED BY:

Bollinger
P.O. Box 727
Short Hills, NJ 07078
1-866-267-0092

PREFERRED PROVIDER NETWORK:



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 August 15, 2009 or the date of Premium Payment, whichever is later, until August 15, 2010. Coverage is in effect on August 1, 2009 for students who must report to campus prior to August 15, 2009. For students enrolled during the Spring Semester, coverage will be in effect from either January 15, 2010, or the date of Premium Payment, whichever is later, until August 15, 2010. The plan covers Injuries sustained and Sickness contracted and causing loss commencing during the coverage period. The Policy expires August 15, 2010. (Please note that the 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.)

INJURY MEDICAL EXPENSE BENEFITS

Benefits are provided up to \$3,000 for each Injury 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. There is a \$50 deductible per Injury which is waived for treatment rendered at the Student Health Service. The deductible is also waived for treatment which is referred by the Student Health Service. The Student Health Service will be closed from June 30, 2010 until July 31, 2010. Deductibles are not waived during this period of time. 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 \$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 \$3,000 in total for all surgical operation(s) performed for any one Injury.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$3,000 for any one Injury.

Physician's Expense: The Usual and Customary Charge is allowed not to exceed \$3,000 for any one Injury.

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 \$3,000 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 \$3,000 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 \$3,000 for any one Injury.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$3,000 per covered Injury.

Anesthesia Expense: The expense actually incurred is allowed up to 30% of the surgeon's allowance under the Policy subject to a maximum of \$500 for any one Injury.

Consultant's Expense: The expense actually incurred is allowed up to \$3,000 per covered Injury.

ACCIDENTAL DEATH

\$1,000 payable when Injury results in the loss of life.

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 \$3,000 for each Sickness for medical expenses incurred within 52 weeks of the date of the first medical treatment. There is a \$50 deductible per Sickness which is waived for treatment received at the Student Health Service. The deductible is also waived for treatment referred by the Student Health Service. The Student Health Service will be closed from June 30, 2010 until July 31, 2010. Deductibles are not waived during this period of time. 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 \$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 \$3,000 in total for all surgical operation(s) performed for any one Sickness.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$3,000 for any one Sickness.

Physician's Expense: The expense actually incurred is allowed not to exceed \$3,000 for any one Sickness.

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 or \$3,000 as the result of any one Sickness.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$3,000 as the result of any one Sickness.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$3,000 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 \$3,000 for any one Sickness.

Consultant's Expense: The expense actually incurred is allowed up to \$3,000 per covered Sickness.

Mental or Nervous Disorders Benefit: The Company will pay for services rendered by a psychiatric consultant (in or out of the hospital) when an Insured is referred for counseling. The Company will pay \$50.00 a visit up to a maximum of \$750 worth of visits.

Immunizations: Immunizations are covered when required for enrollment. There is no coverage for meningitis immunization.

MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with Pennsylvania insurance laws: Maternity Length of Stay, Mammography Benefits, Women's Preventive Health Service Benefit including Gynecological Exam and Routine Pap Smear, Childhood Immunizations Benefit, Alcoholism and Drug Treatment Benefit, Mastectomy Reconstruction and Mastectomy Minimum Stays, Chemotherapy, Diabetes Supplies and Equipment, Emergency Services, Certified Midwife, Serious Mental Illness, Newborn Length of Stay, and Metabolic Disease Formula.

REPATRIATION (For International Students Only)

In the event of the death of a covered International Student, the Company will pay for those expenses as may reasonably be incurred up to the Maximum Limit of \$10,000 in connection with the preparation and transportation of the body to the person's place of residence in his home country. This benefit does not include the transportation expense of anyone accompanying the body.

MEDICAL EVACUATION

(For International Students Only)

The Company will pay, as a result of a covered Injury or Sickness, and upon the written certification of the attending Physician, for air evacuation of the covered International Student, including Physician or nurse accompaniment, the actual expense incurred, but not to exceed \$10,000 in the aggregate. Evacuation may be to his/her natural country or to a hospital operated pursuant to the law for the care and treatment of injured or ill persons. **Any expenses in respect to Medical Evacuation requires prior approval of the Company. Call Bollinger Inc. 1-866-267-0092.** Medical Evacuation to home country, will terminate any further coverage under the Policy.