



STUDENT INJURY & SICKNESS INSURANCE PLAN 2012-2013

Your student health insurance coverage, offered by Monumental Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for coverage issued beginning 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 no annual limit restrictions; however, it contains a per Injury/per Sickness limitation of \$10,000.00 with internal limits thereunder. 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 Plan Underwritten By:
MONUMENTAL LIFE INSURANCE COMPANY
Cedar Rapids, Iowa
a Transamerica company

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

Policy Number: CWY1011

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Eligibility

All registered students taking 4 or more credits are eligible to enroll in Plan I – the Optional Injury & Sickness insurance plan. All registered students taking 4 or more credit hours are required to purchase Plan II – the Mandatory Injury Only insurance plan, and are automatically enrolled by the College.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. 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.

Eligible students who do enroll in Plan I may also enroll their dependents in Plan I. Eligible dependents are the spouse and children under 26 years of age. Dependent eligibility expires concurrently with that of the Insured student. Coverage will coincide with the period for which the Insured student is covered or the date the premium and application are received by the plan administrator, whichever is later.

Effective and Termination dates

The Master Policy on file at the school becomes effective at 12:01 am 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 at 12:00 am on August 21, 2013. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Effective Dates

Annual	06/30/12 – 08/21/13
Fall	06/30/12 – 01/09/13
Spring	01/09/13 – 08/21/13
Summer	06/10/13 – 08/21/13

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

This is a non-renewable 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.

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 Medical Insurance. If Covered Person is covered by Other Valid and Collectible Medical 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 Medical Insurance.

**PLAN I- OPTIONAL STUDENT INJURY & SICKNESS
SCHEDULE OF MEDICAL EXPENSE BENEFITS
Injury & Sickness 100% of Usual & Customary (U&C)
to \$100,000 Maximum Benefit Paid
As Specified Below (For Each Injury or Sickness)**

Student Deductible - \$5,000 per Injury*/ \$50 for each Sickness

Dependent Deductible - \$50 for each Injury or Sickness

*NOTE, the Student Deductible per Injury is equal to the \$5,000 maximum benefit under Plan II for a covered Injury.

The Policy provides benefits for the Usual & Customary 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.

INPATIENT

Room and Board Expense , daily semi-private room rate; general nursing care provided by the Hospital.	100% of U&C
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 of discharge.	\$700 first day/ \$500 second day/ \$300 each subsequent day
Intensive Care	Paid under Room& Board
Routine Newborn Care , 4 days Hospital Confinement expense maximum. While Hospital Confined and routine nursery care provided immediately after birth.	Paid as any other Sickness, 4 days Hospital Confinement maximum

INPATIENT (Continued)

Physiotherapy	Paid under Hospital Miscellaneous Expenses
Surgeon's Fee , in accordance with data provided by Fair Health. 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.	100% of U&C, up to \$1,000 maximum per Injury or Sickness
Assistant Surgeon	No Benefits
Anesthetist , professional services in connection with inpatient surgery.	25% of Surgery Allowance
Registered Nurse's Services , private duty nursing care.	No Benefits
Physician's Visits benefits are limited to one visit per day and do not apply when related to surgery.	100% of U&C, \$25 per day, up to \$450 maximum per Injury or Sickness
Pre-Admission Testing , payable within 3 working days prior to admission.	Paid under Hospital Miscellaneous Expenses
OUTPATIENT	
Surgeon's Fees , in accordance with data provided by Ingenix. 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.	100% of U&C, up to \$1,000 maximum per Injury or Sickness

OUTPATIENT (Continued)	
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 data provided by Fair Health.	100% of U&C, up to \$1,000 maximum per Injury or Sickness
Assistant Surgeon	No Benefits
Anesthetist , professional services in connection with inpatient surgery.	25% of Surgery Allowance
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.	Paid under Outpatient Miscellaneous Benefit
Physiotherapy , \$300 max per Policy Year. Benefits are limited to one visit per day. (Treatment in excess of a \$300 per Policy Year Maximum of 30 visits per Policy Year only when ordered by the attending physician).	Paid under Outpatient Miscellaneous Benefit
Medical Emergency Expenses , Diagnostic X-ray and Laboratory Services use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. (\$5,000 aggregate maximum)	Paid under Outpatient Miscellaneous Benefit
Diagnostic X-ray and Laboratory Services	Paid under Outpatient Miscellaneous Benefit
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, diagnostic x-rays and lab procedures.	Paid under Outpatient Miscellaneous Benefit

OUTPATIENT (Continued)	
Prescription Drugs	100% of U&C, up to \$100 Maximum per Injury or Sickness
OTHER	
Ambulance Services	100% of U&C, upto \$150 Maximum per Injury or Sickness
Consultant Physician Fees , when requested and approved by the attending Physician.	100% of U&C, up to \$75 Maximum per Injury or Sickness
Dental Treatment	No Benefits
Maternity and Complication of Pregnancy	Paid as any other Sickness

Maternity Testing

This policy does not cover routine, preventive or screening examinations or testing unless medical necessity is established based on medical records. If you are enrolled in Part I, 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, without 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.

Mandated Benefits (Included in Plan I)

This plan will pay for the following Mandated Benefits and any other mandate in accordance with Wyoming state law:

Breast Cancer and Mammography Screening Benefit

Benefits will be paid for the Usual and Customary Charges not to exceed 80% of charges incurred up to \$250.00 maximum per Policy Year per Covered Person for A breast cancer examination including a screening mammogram and clinical breast examination for any nonsymptomatic Covered Person.

This benefit will be provided with no Deductible due and payable.

Colorectal Cancer Screening Benefit

Benefits will be paid for the Usual and Customary Charges not to exceed 80% of charges incurred up to \$250.00 maximum per Policy Year per Covered Person for a colorectal cancer examination and laboratory tests for cancer for any nonsymptomatic Covered Person.

This benefit will be provided with no Deductible due and payable.

Diabetes Benefit

Benefits will be paid for the Usual and Customary Charges for the equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin using diabetes if prescribed by a Physician.

Outpatient self-management training and education shall be provided by a certified, registered or licensed health care professional with expertise in diabetes. Benefits for outpatient self-management training and education shall be limited to:

1. A one-time evaluation and training program when Medically Necessary, within one (1) year of diagnosis;
2. Additional Medically Necessary self-management training shall be provided upon a significant change in symptoms, condition or treatment. This additional training shall be limited to three (3) hours per year.

Pap Smear Benefit

Benefits will be paid for the Usual and Customary Charges not to exceed 80% of charges incurred up to \$250.00 maximum per Policy Year per Covered Person for pelvic examination and pap smear for any nonsymptomatic female Covered Person. This benefit will be provided with no Deductible due and payable.

Prostate Cancer Screening Benefit

Benefits will be paid for the Usual and Customary Charges not to exceed 80% of charges incurred up to \$250.00 maximum per Policy Year per Covered Person for a prostate examination and laboratory tests for cancer for any nonsymptomatic male Covered Person.

This benefit will be provided with no Deductible due and payable.

PLAN II- MANDATORY STUDENT INJURY ONLY SCHEDULE OF MEDICAL EXPENSE BENEFITS Injury 100% of Usual & Customary (U&C), except where noted, to \$5,000 Maximum Benefit Paid As Specified Below (For Each Injury)	
Deductible - \$100 for each Injury	
*NOTE, the Student Deductible in Plan I is equal to the \$5,000 maximum benefit under Plan II for a covered Injury.	
The Policy provides benefits for the Usual & Customary Charges incurred by an Insured Person for loss due to a covered Injury, up to the Maximum Benefit of \$5,000 for each Injury.	
INPATIENT	
Room and Board Expense , daily semi-private room rate; general nursing care provided by the Hospital.	100% of U&C
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 of discharge.	100% of U&C
Intensive Care	Paid under Room & Board
Physiotherapy	100% of U&C
Surgeon's Fee , in accordance with data provided by Fair Health. 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.	100% of U&C

INPATIENT (Continued)	
Assistant Surgeon	No Benefits
Anesthetist , professional services in connection with inpatient surgery.	25% of Surgery Allowance
Registered Nurse's Services , private duty nursing care. (Benefits include services of an LPN)	100% of U&C
Physician's Visits benefits are limited to one visit per day and do not apply when related to surgery.	100% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	100% of U&C
OUTPATIENT	
Surgeon's Fee , in accordance with data provided by Ingenix. 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.	100% of U&C
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 data provided by Fair Health.	100% of U&C
Assistant Surgeon	No Benefits
Anesthetist , professional services in connection with inpatient surgery.	25% of Surgery Allowance
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.	100% of U&C

OUTPATIENT (Continued)	
Physiotherapy , \$300 max per Policy Year. Benefits are limited to one visit per day. (Treatment in excess of a \$300 per Policy Year Maximum of 30 visits per Policy Year only when ordered by the attending physician).	100% of U&C, up to \$1,000 maximum per Injury
Diagnostic X-ray and Laboratory Services	100% U&C
Medical Emergency Expenses , Diagnostic X-ray and Laboratory Services use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. (\$5,000 aggregate maximum)	100% of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement	No Benefits
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, diagnostic x-rays and lab procedures.	100% of U&C
Prescription Drugs	100% of U&C
OTHER	
Ambulance Services	100% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	100% of U&C
Consultant Physician Fees , when requested and approved by the attending Physician.	100% of U&C
Dental Treatment , made necessary by Injury to sound, natural teeth.	100% of U&C/ \$100 max per Injury

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Injury, directly and independently of all other causes. The Injury must take place while You are insured under the policy. Also, the Loss must take place within 26 weeks after the Injury.

The following table shows the amounts We will pay:	Amount:
For Loss of 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 to an Insured as the result of one Injury is \$5,000.

Loss is defined as follows:

- (1) Loss of Hand: complete severance at or above the wrist joint.
- (2) Loss of Foot: complete severance at or above the ankle joint.
- (3) Loss of Sight: total and irrecoverable loss of sight.
- (4) Loss of Speech: total and irrecoverable loss of speech.
- (5) Loss of Hearing: total and irrecoverable loss of hearing.
- (6) Loss of Thumb and Index Finger: complete severance at or above the metacarpophalangeal joint.

Definitions

DEDUCTIBLE means the dollar amount of Covered Medical Expenses that must be paid as an out-of-pocket expense by each Covered Person per 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 AND ELECTIVE TREATMENT means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supply that is deemed by us to be research or experimental; 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.

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force 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.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, permanent placement of the Covered Person's health in jeopardy, serious impairment of bodily functions or serious and permanent dysfunction of any body organ or part. Expenses incurred for a medical emergency will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor sicknesses.

OTHER VALID and COLLECTIBLE MEDICAL INSURANCE includes but is not limited to group insurance; automobile medical payments and no-fault insurance; individual major medical policies; coverage provided by a Hospital or medical service organization; union welfare plans; or employer or employee benefits organization; or employer's liability coverage.

PREGNANCY means a pregnancy resulting from conception that occurred after the Covered Person's Effective Date of Coverage.

SICKNESS means an illness or disease which causes a loss while this Policy is in force and 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 Complications of Pregnancy.

USUAL AND CUSTOMARY CHARGE means the charge which in the Company's experience is most often incurred for any given procedure. In no event shall the Company's payment for surgical procedures exceed the Usual and Customary Charges which in the Company's experience are normally made by the majority of Physicians in that area.

Pre-Existing Condition Limitation

No benefits will be payable for the Insured's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Insured noticed symptoms or was medically diagnosed, treated (including medication), or advised by a Physician within the six months immediately prior to his Effective Date of Coverage under this Policy.

Covered Medical Expenses resulting from a Pre-existing Condition will not be covered unless:

- (1) twelve consecutive months have elapsed during which no medical treatment or advice is given by a Physician for such condition; or
- (2) the Insured has been insured under this Policy and the school's prior policies for one continuous year; or
- (3) The Insured has been receiving benefits under the school's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

Exclusions

Benefits will not be paid under this Policy and any attached Rider for any expenses which result from:

- (1). Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
- (2). Dental surgery or for the surgical removal of impacted and infected wisdom teeth other than oral surgery for excision of tumors, growths and cysts of the jaw and mouth, or procedure for treatment of fractures and dislocations of the jaw and facial bones;
- (3). Services that are provided normally without charge by the College's Health Center, infirmary or Hospital; or by any person employed by the College;
- (4). Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- (5). 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;
- (6). Elective Surgery or Elective Treatment;
- (7). 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;
- (8). Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;

- (9). Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law;
- (10). 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;
- (11). Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
- (12). Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, interscholastic, or club sport, 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;
- (13). Treatment of temporomandibular joint dysfunction (TMJ) and associated myofascial pain;
- (14). Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
- (15). Taking of alcohol in combination with any drug, medication or sedative;
- (16). Routine physical 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 including routine care of a newborn infant, well baby nursery and related Physician charges, other than Hospital nursery expense of a newborn baby, and any associated laboratory work, not including mammograms and routine Papanicolaou cytology test;
- (17). Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions, or toenails;
- (18). Expenses incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures, exams, and devices;
- (19). Committing or attempting to commit an assault or felony; or fighting, except in self defense;
- (20). 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;
- (21). Expenses resulting from a motor vehicle accident if the Covered Person 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);
- (22). Blood or blood plasma that is replaced by or for the patient;
- (23). Expenses for allergy testing, allergy injections, vials, and allergy serum;
- (24). Expenses for preventative medicines, vaccines except anti-toxins administered within twenty-four (24) hours after an accident, or Prescription Drugs, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition;

- (25). Services or supplies which are experimental or investigative in nature: including the treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice and any such items requiring federal or other governmental agency approval not received at the time services were rendered;
- (26). Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column;
- (27). Expenses for Physical Therapy unless required by the campus medical facility or other medical doctor (M.D.);
- (28). Organ transplants;
- (29). Assistant surgeon fees;
- (30). Elective abortion;
- (31). Expenses incurred for the treatment of and supplies for weight reduction, hair growth or removal, birth control, or smoking cessation;
- (32). Services and supplies not Medically Necessary for the diagnosis recommended by the attending Physician;
- (33). Biofeedback programs;
- (34). Orthopedic appliances or devices, including orthopedic shoes, for treatment of the foot or conditions relating to the foot;
- (35). Expenses incurred for manipulation and massage;
- (36). Outpatient therapy for speech, hearing, or other similar disorders; outpatient occupational therapy;
- (37). Cosmetic surgery or other reconstructive procedures or services except as the result of Injury occurring while coverage is in effect as to the Covered Person;]
- (38). Well baby care other than Hospital nursery and related Physician's charges for a newborn;
- (39). Alopecia, biofeedback-type services, gynecomastia, hirsutism, nicotine addiction, patient controlled analgesia (PCA);
- (40). Any charges for services and supplies which are required under the laws of a state other than the state of Wyoming and which are not provided under this Policy;
- (41). Treatments, procedures, facilities, equipment, drugs, devices, supplies or services that are experimental or investigative;
- (42). 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;
- (43). Educational or learning disabilities;
- (44). Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
- (45). Treatment for hernia of any kind, including treatment for inguinal hernia.

Student Assistance Services (Administered by On Call International)

The following services are available for use by the students insured under this plan.

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.

Claims Procedures

1. Complete a claim form within 30 days of the date of Injury or the first treatment for a Sickness and submit it to the Claims Administrator. Claim forms are available online at our website www.BollingerColleges.com/NWCCD.
2. Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in your submission: the student's school name, student name, policy number and student ID number, even if the charges are for a spouse or dependent.
3. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
4. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator: Bollinger Inc., PO Box 727, Short Hills, NJ 07078-0727, 1-866-267-0092.

Claims Administered by:

Bollinger
Insurance Solutions

PO Box 727 • Short Hills, NJ 07078-0727
866-267-0092 (Claims/Coverage)
800-526-1379 (Other Questions)
www.BollingerColleges.com/NWCCD

This brochure provides a description of your insurance program. You may obtain a complete certificate of insurance, including your appeal rights and grievance procedures, by accessing the link above.

Network Provider:

 **First Health**
Network

www.MyFirstHealth.com 800-226-5116

Servicing Agent:

Collegiate Risk Management

110 Athens Street • Tarpon Springs, FL 34689
800-922-3420

Website: www.collegiaterisk.com

Representations of this plan must be approved by the Company.

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Policy# CWY1011

Policy Form MLSH5100GBP.WY

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