

### PRE-EXISTING CONDITION LIMITATION

No benefits in excess of \$1,500 will be payable for a Covered Person's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which a Covered Person noticed symptoms or was medically diagnosed/ treated (including medication) or advised by a physician within the twelve months immediately prior to his effective date of coverage under the 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 Covered Person has been insured under the Policy or the College's prior policies for the immediately prior year; or
- (3) the Covered Person has been receiving benefits under the College's prior policies and has been continuously insured since the date of accident, Injury, or Sickness, whichever occurs first.

### NON-DUPLICATION OF BENEFITS

The 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 the Policy. The 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, the Policy pays a maximum of 50% of the benefits otherwise payable.

Benefits paid by the 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

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, expenses incurred during the continuation of that Hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 30-day period following such termination of insurance.

### PERIOD COVERED

Your coverage takes effect on August 15, 2011, or the effective date of the Policy if we receive your premium by or on that date. If we receive your premium after August 15, 2011, your coverage takes effect on the date received. The policy ceases to be in force on August 14, 2012 at 11:59 P.M. local time.

### TERMINATIONS

Your coverage will terminate on the earliest to occur of these dates:

1. The date the Policy ceases to be in force.
2. The end of the period for which premium has been paid.

Premium refund will be made only in the event of the insured person entering the armed forces.

### DEFINITIONS

**ELECTIVE SURGERY** and **ELECTIVE TREATMENT** 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 the Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for 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 submucosal 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; preventative medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; sleep disorders, including testing; smoking cessation; 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 force under the 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.

**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.

**SICKNESS** means an illness or disease which first manifests while the Policy is in force 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 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.

### Please be sure to retain this brochure

Questions may be directed to:

The Business Office  
802-447-6341

The cost for the insurance program is:

Annual term	\$730
Spring term	\$444
Summer term	\$252

### NOTICE OF PROOF OF LOSS

Written notice of Injury or Sickness together with a completed claim form must be submitted to Bollinger, Inc., PO Box 727, Short Hills, NJ 07078, within ninety (90) days after the date of Injury or Sickness. Claim forms may be obtained on the website at:

[www.BollingerColleges.com/svc](http://www.BollingerColleges.com/svc)

Failure to give such notice within the time period in the Policy shall not invalidate nor reduce any claim if it can be shown not to have been reasonably possible to give such notice and that notice was given as soon as reasonably possible. Notice given by or on behalf of the claimant to Bollinger, Inc. with particulars sufficient to identify the student shall be deemed notice to Bollinger, Inc.

### 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/svc](http://www.BollingerColleges.com/svc)

**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.

### PLAN ADMINISTRATOR:

**Bollinger**  
Insurance Solutions

P.O. Box 727

Short Hills, NJ 07078-0727

866-267-0092 (Claims/Coverage)

800-526-1379 (Other Questions)

[www.BollingerColleges.com/svc](http://www.BollingerColleges.com/svc)

### PREFERRED PROVIDER NETWORK:

 **First Health**  
Network

### LOCAL SERVICE BROKER:

**WILLS INSURANCE, INC.**

23113918

# Southern Vermont College 2011-2012

THIS PLAN IS UNDERWRITTEN BY:  
**MONUMENTAL LIFE  
INSURANCE COMPANY  
CEDAR RAPIDS, IOWA  
an AEGON company**

VISIT US ON THE WEB AT:  
[WWW.BOLLINGERCOLLEGES.COM/SVC](http://WWW.BOLLINGERCOLLEGES.COM/SVC)

## STUDENT INJURY AND SICKNESS INSURANCE

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the School contains all the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in the Brochure. If any discrepancy exists between the brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Master Policy Number CVT41211  
Policy Form: SH5000GPM

## SOUTHERN VERMONT COLLEGE

Southern Vermont College has always been concerned about student health care and the high cost to students when expenses for medical services are borne individually.

The College has arranged with Wills Insurance, Inc. to provide a twelve-month medical insurance coverage plan for Southern Vermont College students. Please read the brochure carefully, we believe this to be an excellent plan. The cost of the Policy is \$730 per year payable in two installments, one in August and one in January.

Although the insurance plan is optional, should you decide not to participate, you must return the enclosed waiver card to the College on or before the due date to have the payment deducted from your bill.

**All students will be billed for health insurance unless a waiver card is completed and returned to the Student Accounts Office. A separate waiver is required each academic year. The deadline for returning this waiver is August 30, 2011 for the Fall, January 23, 2012 for Spring and May 9, 2012 for the Summer.**

### INJURY BENEFITS

This plan will pay the covered expenses at 100% of the Usual and Customary Charges up to a maximum benefit of \$3,500 for any one Injury. Covered services include:

- Medical and surgical treatment by a Physician;
- Hospital confinement and services of a licensed registered nurse while an inpatient;
- Miscellaneous Hospital expenses, which include use of operating room, emergency room, anesthetics, x rays, diagnostic tests, medicines, and any other necessary hospital services;
- Dental treatment made necessary by Injury to sound natural teeth is limited to \$100 per tooth.

**Coverage is provided for intercollegiate sports injuries up to a maximum of \$500 per injury.**

### SICKNESS BENEFITS

Benefits are payable for covered expenses at 80%, except as noted, of the Usual and Customary charges up to an aggregate maximum benefit of \$3,500. Specific benefit maximums are included in, and not in addition to, the aggregate maximum for any one Sickness. All expenses are subject to the Deductible, co-insurance, limitations, and exclusions as defined within the Policy.

### USE OF STUDENT HEALTH SERVICES

The Insured must use the resources of the College's Student Health Services when first seeking medical treatment. Treatment will be either administered at the Student Health Services or a referral to another facility will be given.

Expenses incurred for medical treatment received outside of the Student Health Services without prior approval or referral will be paid as shown on the Schedule of Benefits. The written referral issued by the Student Health Services must accompany the written notice of the claim when it is submitted.

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

- (1) a Medical Emergency. The student must return to the Student Health Services for any needed follow-up care;
- (2) when the Student Health Services 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 50 miles from the campus;

- (5) when Necessary Medical care is obtained and the Insured is no longer able to use the Student Health Services due to a change in student status;
- (6) maternity care;
- (7) psychiatric care; and
- (8) services not offered by the Student Health Services.

### Inpatient (Hospital Confinement)

- Hospital room and board benefit at the semi-private room rate.

- Intensive care room rate.
- Miscellaneous hospital expenses including use of operating room, anesthesia supplies, laboratory, x-ray examination, medicines and any other Medically Necessary charges.
- Non-surgical Physician's fees, not to exceed one visit per day.

### Surgical Expense

- Expense for a surgical operation, inpatient or outpatient. Anesthetist expense.
- Assistant surgeon expense.
- Outpatient facility expense for the use of the operating and recovery rooms.
- Miscellaneous supplies necessary during a surgical operation.

### Outpatient Expense

Covered expenses are payable for Physician office visits, diagnostic x-rays, MRI and laboratory services, hospital emergency room or outpatient department services, physical therapy, and other Medically Necessary expenses. The following per visit Co-pay will apply:

Physician Visits	\$ 10
Emergency Room	\$100 (If referred by the college health services, the co-pay will be reduced to \$50)

### Annual Physical

One physical per year up to a \$150 maximum.

### Ambulance Expense

Pays up to a maximum of \$200 for any one Sickness for emergency transportation to a Hospital.

### Dental Expense

For the removal of impacted wisdom teeth \$100 per tooth to a maximum of \$400 for all charges combined for any one Sickness.

## MENTAL HEALTH BENEFITS

### Inpatient Benefits

Expenses incurred for treatment of Mental and Nervous Disorders are payable on the same basis as any other Sickness. An Insured Person must be admitted to the Hospital by a licensed psychiatrist to be eligible for Inpatient benefits.

### Outpatient Benefits

Services of a psychiatrist, licensed psychologist, or licensed clinical social worker in an outpatient setting or community mental health center are payable at 100% for the first five (5) visits then 80% thereafter. Outpatient benefits are limited to a maximum of \$500 per Policy year.

## ALCOHOL AND SUBSTANCE BENEFITS

### Inpatient Benefits

Inpatient and partial institutional rehabilitation benefits are limited to 28 days/day equivalents (56 days maximum lifetime benefit) per occurrence. Detoxification benefits are limited to five days per occurrence.

### Outpatient Benefits

Outpatient rehabilitation benefits for alcohol dependency are limited to 90 hours per occurrence for the Insured Person, including the Insured's family where necessary (180 hours maximum lifetime benefit).

## HOME HEALTH CARE BENEFITS

Home health care visits when made by a representative of a home health care agency, limited to 40 visits in any Policy term.

## ADDITIONAL BENEFITS

### School required Immunizations are payable up to \$250 per Policy Year.

### Prescription Drug Benefits

Following a \$10 co-payment for brand name drugs or a \$3.00 co-payment for generic drugs, the Plan will pay a maximum of \$500 per Policy term.

When obtaining a covered Prescription, please present your Caremark Pharmacy ID Card. Caremark will bill Bollinger for the cost of the drug, plus a dispensing fee. When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription and be reimbursed by submitting a completed claim form to Bollinger, along with the itemized Prescription. You will be reimbursed for covered medications directly from Bollinger. Prescription benefit management services are provided by Caremark Pharmacy.

### State Mandated Benefits

The Plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Vermont insurance laws: Chiropractic Benefit; Mental Health Benefit; Chemotherapy Benefit; Diabetes Supplies, Equipment and Self-Management Training Benefit; Inherited Metabolic Disease Benefit; Cancer Clinical Trials Benefit; Contraceptives Benefit; Mammography, Independent External Review; Maternity Benefit; Temporomandibular Joint Dysfunction (TMJ); Prescription Drugs Purchased and Used in Canada; Mental Health, Alcohol or Substance Abuse Treatment, Live Organ Donor Coverage; Colorectal Cancer Screening; Orally Administered Anti-Cancer Medication Benefit; Autism Treatment Benefit. Anesthesia for Certain Dental Procedures Benefit, and Tobacco Cessation

## MAXIMUM BENEFITS

The maximum aggregate benefit for each covered Injury or each covered Sickness is \$3,500.

## LIMITATIONS AND EXCLUSIONS

No benefits are payable for expenses incurred as a result of:

1. 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, or by any person employed by the College;
3. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;

4. Eye surgery for the correction of refractive defects such as myopia or astigmatism;
5. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
6. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as 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 College credit;
7. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
8. 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;
9. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
10. 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 Injury. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of the Policy;
11. Elective Surgery or Elective Treatment;
12. Expenses for preventive medicines, vaccines or treatment where no Injury or Sickness is involved, except as may be required by law, or prescription drug 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;
13. Injury sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, narcotics, or hallucinogen unless taken in the dosage and of the purpose prescribed by the Covered Person's physician;
14. Homemaking, companion or chronic (custodial) care services. Charges of a home health aide who is a member of your household. Charges of any care provided by relatives (by blood, marriage or adoption);
15. 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;
16. Injury expenses in excess of \$500 incurred 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;
17. Expenses resulting from a motor vehicle Injury for which benefits are payable from other valid insurance;
18. Services rendered or supplies furnished after the coverage expiration date;
19. Expenses incurred within the Covered Person's home country or country of regular domicile other than the United States; and
20. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician.