

STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

Designed especially for
the students of:



MONMOUTH

- COLLEGE -

2004-2005

CLAIM PROCEDURE

In the event of injury or illness, the Student should:

1. Report at once to the nearest doctor or hospital.
2. Secure a Company claim form from the address or website address below, or the local agent's office, fill in the necessary information, attach all itemized bills and mail or fax to:

HERITAGE INSURANCE MANAGERS, INC.
P. O. BOX 659570
SAN ANTONIO, TEXAS 78265-9570
800-456-7480
FAX: 210-822-4113
www.heritage-ins.com

**THE COMPANY MUST BE NOTIFIED WITHIN
90 DAYS FROM DATE OF INJURY OR FIRST
TREATMENT FOR SICKNESS.**

AGENT:

Jeanne Kelley
6515 N. Camelot
Peoria, IL 61615
309-691-0485 or 309-245-2434
Fax: 309-245-2541
E-mail: jeannek@bitwise1.com

REGIONAL REPRESENTATIVE:

R RUST & ASSOCIATES
506 KELLOGG
AMES, IOWA 50010
800-336-0747

ADMINISTERED BY:



www.Heritage-Ins.com

Fairmont Specialty Group
a FAIRFAX company

UNDERWRITTEN BY:

TIG PREMIER INSURANCE COMPANY
a Fairmont Specialty Group Company

Brochure No.:1210-1895 (04)

PARTICIPATION REQUIRED

All students enrolled for 6 or more credit hours are required to participate in this insurance program unless proof of comparable coverage is furnished. **A completed waiver card and copy of both sides of the health insurance ID card must be submitted by August 9, 2004 or the insurance premium will be charged to your student account.** A waiver card must also be submitted and approved by January 7, 2005 for the Spring and Summer Semester or the insurance premium will be charged to your student account.

Many HMO plans do not provide adequate coverage outside of the student's home area. Often, emergency treatment is the only coverage available with follow-up care given in the home area. Students should review their HMO plan to determine if adequate coverage is provided in the event medical treatment is necessary when away from home.

The Base Plan pays \$5,000.00 in benefits per accidental bodily injury or sickness, and when that amount has been paid the Major Medical Coverage pays 80% of usual, reasonable and customary medical charges to a maximum of \$50,000.00 for all benefits under both the Base Plan and the Major Medical Coverage.

An Optional Catastrophic Plan increases this maximum payment to \$250,000.00 per accidental bodily injury or sickness and is available for an additional premium. Please see this brochure for plan details.

An ID Card is included in this brochure. Students should keep this card in their possession until they receive their plastic ID card.

A claim form must be completed for each accident or sickness. Additional information on how to file a claim is included in this brochure.

Students must actively attend classes for 31 consecutive class days following the date of enrollment in this insurance program.

Insured students may also purchase coverage for dependents. Eligible dependents are the lawful Spouse and unmarried children under nineteen years of age who are not self-supporting, and reside with the Insured Student. Dependent eligibility expires concurrently with that of the Insured Student.

INTERNATIONAL ASSISTANCE PROGRAM

The International Assistance Program (IAP) is offered along with this Accident and Health Insurance Plan. The premium Rates include both programs. The IAP plan provides 24-hour emergency telephone assistance service available during the Insured's coverage period. In the event of a medical emergency, English speaking help and advice may be available to you. Please see the International Assistance Program brochure for detailed information about this plan or visit our website at www.heritage-ins.com.

EFFECTIVE DATE OF COVERAGE

Coverage for an individual who makes the required premium payment shall become effective on the latest of:

- 1) 12:00 Noon, Standard Time on August 14, 2004; or
- 2) the beginning semester date; or
- 3) the day after the date of postmark when the premium is received by the Policyholder, Company Agent or Administrator.

Coverage will always become effective at 12:00 Noon, Standard Time on the date determined by this provision. The effective date of coverage for dependents will not precede that of the Insured Student.

The individual's insurance coverage is effective 24 hours a day on a worldwide basis.

TERMINATION DATE OF COVERAGE

Coverage for an Insured Student shall terminate on the earliest of:

- 1) the last day of the period for which premium has been paid; or
- 2) 12:00 Noon, Standard Time on August 14, 2005.

Coverage for a spouse or any dependent shall terminate as indicated above or on the time and date the Insured Student's insurance terminates, whichever is earlier.

Refund of premium will be made only in the event the Insured enters military service. Otherwise, coverage will continue for the period for which premium was paid.

CONTINUOUS COVERAGE

If a covered person is continuously covered under the policy offered through Monmouth College, he/she will be covered for any sickness diagnosed or injury sustained while so covered. If a covered person is enrolled for coverage offered through Monmouth College within 31 days of the end of any preceding company's policy, he/she will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 31 days occurs.

STATE MANDATED COVERAGE

Coverage includes benefits mandated by laws of the state under which the Policy issued to this institution has been approved. A copy of the Coverage Document defining state mandated benefits is on file at this institution.

EXCESS INSURANCE

Benefits are payable for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits.

DEFINITIONS

Company: herein called "we", "our", or "us".

Covered Expenses: charges not in excess of the usual, reasonable and customary charge; not in excess of the maximum benefit amount payable per service as shown herein; made for medical services and supplies not excluded under the policy; made for services and supplies which are medically necessary; and made for medical services specifically included herein.

Deductible: the amount of covered expenses paid on behalf of a covered person before benefits are payable under the policy. The deductible amount, if any, is shown under the Schedule of Medical Expense Benefits.

Doctor: a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include you; your spouse, dependent, parent, brother or sister; or a person who ordinarily resides with you.

Injury: bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

Medical Emergency: the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in (a) placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any body organ or part. Expenses incurred for medical emergency will be paid only for a sickness or injury fulfilling the above conditions. These expenses will not be paid for minor sicknesses or minor injuries.

Sickness: illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.

Usual, Reasonable and Customary: (a) charges and fees for the medical services or supplies that are the lesser of: the usual charge by the provider for the service or supply given; or the average charged for the service or supply in the area where service is received; and (b) treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

MAJOR MEDICAL COVERAGE

(Included in Base Plan)

When benefits of \$5,000.00 have been paid under the Base Plan, the Company will pay 80% of the usual, reasonable and customary charges which exceed the benefits paid under the Base Plan and which are incurred during the Insured Person's term of coverage. A maximum payment of \$50,000.00 per injury or sickness for all benefits under the Base Plan and this Major Medical Coverage will be allowed. Hospital room and board charges will be payable at the semi-private room rate.

OPTIONAL CATASTROPHIC MEDICAL BENEFITS

(Additional Premium Required)

When benefits of \$50,000.00 have been paid under the Base Plan and Major Medical Coverage, the Company will pay 80% of the usual, reasonable and customary charges, subject to all provisions of the policy, which exceed the benefits paid under the Base Plan and Major Medical Coverage combined, and which are incurred while the Insured Person's coverage is in force. A Maximum Lifetime Payment of \$250,000.00 per injury or sickness for all benefits under the Base Plan, Major Medical Coverage and these optional Catastrophic Medical Benefits will be allowed. Hospital room and board charges will be payable at the semi-private room rate.

**MEDICAL EXPENSE BENEFITS SCHEDULE
INJURY AND SICKNESS BENEFITS**

The insured is responsible for a \$50.00 deductible per injury or per sickness.

Benefits, as described below, are payable for the usual, reasonable and customary (URC) charges incurred while the Insured Person's coverage is in force for treatment by a licensed doctor for: 1) injury when first treatment commences within 90 days of the date of injury; and 2) sickness beginning with the date of first treatment, not to exceed in the aggregate a maximum of \$5,000.00 per injury or sickness.

INPATIENT COVERED EXPENSES

Room and Board Expense: daily semi-private room rate for a hospital stay and general nursing care provided and charged by the hospital, to a maximum of	\$250.00 Per Day
Intensive Care: including 24-hour nursing care, to a maximum of	\$500.00 Per Day
Miscellaneous Expenses: during a hospital stay or as a precondition for a hospital stay. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; supplies; and pre-admission testing, to a maximum of	\$2,000.00
Surgeon: doctor's fees for a surgical procedure, in accordance with Medicode, Inc. Schedule, to a maximum of	\$1,000.00
Anesthetist Services: in conjunction with the surgical procedure, to a maximum of	25% of Surgeon's Fee Paid
Doctor's Visits: during a hospital stay. Benefits are limited to one visit per day	\$50.00 for the First Visit /
Benefits do not apply when related to surgery.	\$35.00 Each Subsequent Visit

OUTPATIENT COVERED EXPENSES

Surgeon: doctor's fees for a surgical procedure, in accordance with Medicode, Inc. Schedule, to a maximum of	\$1,000.00
Miscellaneous for Day Surgery: benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicines; therapeutic services; and supplies, to a maximum of	\$1,000.00
Anesthetist Services: in conjunction with the surgical procedure, to a maximum of	25% of the Surgeon's Fee Paid
Outpatient Miscellaneous Benefit: aggregate maximum benefit for 1-6, below	\$600.00
1) Doctor's Visits, one visit per day when a surgery benefit is not paid, to a maximum of	\$50.00 Per Visit
2) Physiotherapy, when prescribed by the attending doctor after a surgical procedure has been performed	
3) Medical Emergency Expenses, incurred in a hospital emergency room, surgical center, or clinic	
4) Diagnostic X-ray Services, when prescribed by the attending doctor	
5) Laboratory Procedures, when prescribed by the attending doctor	
6) Miscellaneous Tests and Procedures, diagnostic services and medical procedures performed by a doctor, excluding doctor's visits; physiotherapy; x-rays; and laboratory procedures.	
Injections: when administered in an emergency room or the doctor's office and charged on the emergency room statement or the doctor's statement, to a maximum of	\$20.00
Prescription Drugs: for a covered sickness or injury, subject to a \$15.00 co-pay per prescription, to a maximum of	\$200.00

OTHER SERVICES

Ambulance Service: transportation to or from a hospital, to a maximum of	\$150.00 Per Trip
Braces and Appliances: when prescribed by a doctor and when a written prescription accompanies the claim when submitted, to a maximum of	\$100.00
No benefits will be paid for rental charges in excess of purchase price.	
Consulting Physician: when requested and approved by the attending doctor, to a maximum of	\$50.00
Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day.	
Dental Treatment: performed by a doctor and made necessary by injury to sound, natural teeth, to a maximum of	\$100.00 Per Tooth
Alcohol Abuse, covered as any other sickness, to a maximum of	\$1,000.00

Intercollegiate Sports Coverage

Injuries sustained while participating, playing or traveling to or from an intercollegiate sports event as a member of a sports team or tryout squad will be covered the same as any other injury, to a maximum of	\$10,000.00
Benefits for injury to sound, natural teeth will be limited to a per tooth maximum of	\$100.00

EXCLUSIONS AND LIMITATIONS

Unless provided within the Schedule of Medical Benefits no benefits will be paid for loss or expense caused by or resulting from:

1. Pre-existing sicknesses diagnosed, treated, or recommended for treatment prior to a covered person's effective date of coverage are not covered. Sickness must be initially diagnosed or treated after the effective date of coverage;
2. Services and supplies provided normally without charge by the (Institution's) infirmary;
3. Expenses incurred in excess of the usual, reasonable, and customary charge for the service, supply or treatment;
4. Services which are not Medically Necessary for an Injury or Sickness;
5. Routine health checkups; preventive tests, screenings, treatments, medicines, serums, and vaccines; eye examinations; prescriptions or fittings for eyeglasses or contact lenses; hearing examinations or hearing aids; routine dental treatment (except for accidental injury to sound, natural teeth); elective surgery and elective treatment;
6. War or act of war, declared or undeclared, or while in the armed forces of any country;
7. Participation in a riot or civil disorder; fighting (except self-defense); commission of, or attempt to, commit a felony;
8. Suicide or attempted suicide, or intentionally self-inflicted injury;
9. Injury sustained while participating in: (a) any interscholastic, professional or organized sports contest or competition; traveling to or from such sport, contest, or competition as a participant; while participating in any practice or conditioning program for such sport, contest or competition; or (b) skydiving, parachuting, bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft except while as a fare paying passenger on a regularly scheduled flight;
10. Injury sustained while traveling in or upon: (a) a snowmobile, any two-or-three-wheeled motor vehicle, or any off-road motorized vehicle not licensed as a motor vehicle; or (b) while operating a motor vehicle without a current valid motor vehicle license;
11. Treatment in a government hospital unless the covered person is legally obligated to pay;
12. Injury caused by, contributed to, or resulting from the use of alcohol, illegal drugs, or any drugs or medicines that are not taken as prescribed by a physician;
13. Injury or Sickness for which benefits are paid or payable by any workers Compensation or Occupational Disease Law or Act or similar legislation;
14. Treatment for mental or nervous disorders;
15. Hernia of any kind.

COMPANY'S RIGHT OF SUBROGATION

In the event you require medical treatment due to another person's negligence (such as an automobile accident) The Company has the right to seek recovery of any benefits it pays toward your medical expenses.

DISCLAIMER

This brochure is a brief description of the coverage provided under Policy AH27261, underwritten by TIG Premier Insurance Company. This is not an insurance contract. The Coverage Document is on file for review at Monmouth College.