

August 2009

Dear Student and Parent:

Ball State University's Health Center is staffed by licensed physicians and nurses, acts as an outpatient clinic for non-critical injuries and illnesses, and reserves the right to charge for its services. The Health Center may refer a student to a medical facility off campus. In all cases, the student is financially responsible for all medical services received.

Ball State University has authorized Bollinger, Inc. to market this optional insurance to students. Note that a student's unique medical history and condition may be better served by other coverage found in the commercial marketplace. Please keep in mind you purchase this plan directly from Bollinger, Inc. Read this brochure carefully and familiarize yourself with what is covered and not covered. Direct coverage questions to Bollinger, Inc. at 1-866-267-0092. Pay special attention to sections dealing with Deductible, Maximum Benefit, Eligibility, Effective and Termination Dates, Required Student Health Center Referral, and Claim Procedures.

**Who's Eligible**

All students as described in the Eligibility Section may enroll in this plan. A student may enroll a spouse and children for an additional premium. Since dependents may not use the Health Center, a student desiring family coverage should consult with other insurance agents and companies to consider alternative options better suited to a family's medical needs.

**How to Enroll**

Follow the instructions on the enrollment form and mail that form with your payment in the envelope provided.

If you have general questions or need additional forms, feel free to contact the Office of Controller and Business Services at Ball State University at 765-285-8444.

Sincerely,  
Lawrence Cistrelli, Jr., J.D., CPCU, HIA  
Director of Risk Management and Insured Benefit Plans  
Office of Controller and Business Services

**COVERAGE RATES**

	<b>Annual Rate</b>
	8/24/09-08/23/10
Student	\$ 984.00
Student & Spouse	\$ 3,249.00
Student & Child(ren)	\$ 3,249.00
Student, Spouse & Child(ren)	\$ 5,630.00

**ELIGIBILITY**

All registered students in a degree-seeking program are eligible to enroll in this insurance plan.

Students taking classes for at least the first 31 days after the date for which coverage is purchased. Home study and correspondence do not fulfill the eligibility requirement that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is a refund of payment.

Eligible students who do enroll may also insure their dependents. Eligible dependents are the spouse (residing with the insured student) and unmarried children under 19 years of age, or 23 years of age if a full-time student at an accredited institution of higher learning, who are not self-supporting and reside with the insured student. Dependent eligibility expires concurrently with that of the insured student.

**EFFECTIVE AND TERMINATION DATES**

The Master Policy on file at the school becomes effective at 12:01 a.m., August 24, 2009. Coverage becomes effective on that date or the date application and full rate is received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., August 23, 2010. Coverage terminates on that date or at the end of the period through which rate is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student. **Refunds are allowed only upon entry into the armed forces.**

If paying rates by semester, coverage expires as follows:

Fall	01-11-10
Spring/Summer	08-23-10
Summer	08-23-10

You must meet the eligibility requirements listed above each time payment is due to continue insurance coverage. To avoid a lapse in coverage, your payment must be received within 14 days after the due date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

**EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under the Policy ceases on the termination date. However, if an Insured is hospital confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, covered medical expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the termination date. The total payments made in respect of the Insured for such condition both before and after the termination date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

**STUDENT HEALTH CENTER  
(STUDENTS ONLY)**

This is a supplemental plan. The student is advised to use the resources of the Health Center first where treatment will be administered, or referral issued. **Expenses incurred for medical treatment rendered outside of the Student Health Center (SHC) for which no prior approval or referral is obtained could be paid at outside of network limits.**

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical emergency. The student must return to SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 35 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity; or
7. Psychiatric care.

Dependents are not eligible to use the SHC; and therefore, are exempt from the above limitations and requirements.

**STATE MANDATED BENEFITS**

The Policy will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Indiana insurance laws: Mastectomy; Breast Reconstruction; Pervasive Developmental Disorders; Diabetes Supplies, Equipment and Self-Management Training; Inherited Metabolic Disease.; Off-Label Drug Benefit; Mental Health Parity/Distance Traveled For Dialysis; Prosthetic or Orthodic Devices and Repair/Replacement; Early Intervention Services; Length of Stay Postpartum; Newborn Testing; and Newborn Examinations.

**MEDICAL EXPENSE BENEFITS-INJURY AND SICKNESS UP TO \$100,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW**

The Policy provides benefits for the Usual, and Customary charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$100,000. Benefits will be paid up to the maximum benefit for each service as scheduled below. This plan will pay 80% of Usual & Customary in-network and 50% of Usual & Customary out of network. Covered medical expenses include:

**INPATIENT**

**Room and Board Expense**, daily semi-private room rate; and general nursing care provided by the hospital . . . . . **Semi-private room rate**

**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. . . . . **\$50 copay per visit**

**Intensive Care** . . . . . **Covered under Hospital Misc**

**Surgeon's Fees**, in accordance with data provided by Medical Data Research, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession . . . . . **Covered under Hospital Miscellaneous**

**Anesthetist** . . . . . **Covered under Hospital Miscellaneous**

**Registered Nurse's Services**, private duty nursing care . . . . . **Covered under Hospital Miscellaneous**

**Physician's Visits**, benefits are limited to one visit per day and do not apply when related to surgery. . . . . **Covered under Hospital Miscellaneous**

**Pre-Admission Testing** . . . . . **Covered under Hospital Miscellaneous**

**Physiotherapy** . . . . . **\$1,000 maximum per policy year**

**Psychotherapy (does not include Psychiatric Hospitals)** . . . . . **Up to \$10,000 Maximum per lifetime for a maximum period of 30 days per lifetime**

**OUTPATIENT**

**Day Surgery Miscellaneous**, related to major scheduled surgery performed in a hospital, including the cost of the operating room, laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies . . . . . **\$50 copay per visit**

**Anesthetist** . . . . . **\$50 copay per visit**

**Physician's Visits**, benefits are limited to one visit per day . . . . . **\$20 copay per visit**

**Physiotherapy**, benefits are limited to one visit per day . . . . . **\$50 per visit / 20 visits per year**

**Medical Emergency Expense**, use of the emergency room and supplies. . . . . **\$50 copay per visit**

**Outpatient Psychotherapy including Alcoholism and Drug Abuse**. . . . . **\$1,000 per lifetime**

**Prescription Drugs** . . . . . **Reimbursed at 50% of actual charge**

**OTHER**

**Ambulance Services** . . . . . **\$50 copay**

**Braces and Appliances** . . . . . **\$50 copay**

**Elective Termination of Pregnancy** . . . . . **\$500 in network/\$400 out of network**

**Dental Treatment**, made necessary by Injury to sound, natural teeth . . . . . **\$500 per policy year**

**Accidental Death Dismemberment** . . . . . **\$10,000 per participant/\$5,000 per Spouse/\$1,000 per dependent**

**Bedside Visit** . . . . . **Up to a maximum benefit of \$1,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in the place of the Hospital Confinement for 1 person**

**24-HOUR NURSE ADVICE LINE and TRAVEL ASSISTANCE PROGRAM  
(Administered by On Call International)**

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 Student's ailments.

Each Insured Student and his/her enrolled Dependents are also 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.

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

Note: The 24-Hour Nurse Advice Line and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

### MEDICAL EVACUATION BENEFIT \$50,000 MAXIMUM BENEFIT

When hospital confined for at least five consecutive days, and recommended and approved by the attending physician, benefits will be paid up to \$50,000 for the evacuation of the Insured to his natural country. This benefit is limited to the maximum benefits specified above. No additional benefits will be paid under basic coverage for Medical Evacuation.

### REPATRIATION BENEFIT \$15,000 MAXIMUM BENEFIT

If the Insured dies while insured under the Policy, benefits will be paid up to \$15,000 for preparing and transporting the remains of the deceased's body to his home country. This benefit is limited to the maximum benefit specified above. No additional benefits will be paid under basic coverage for Repatriation.

### ALTERNATE COVERAGE

If you do not meet the eligibility requirements of this plan, please call 1-800-922-3420 for information on alternative insurance plans.

### DEFINITIONS

**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.

**SICKNESS** means an illness, or disease, or trauma related disorder due to Injury which causes a loss while the 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 pregnancy and complications of pregnancy.

**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.

**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 the Company and the Insured.

**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.

**ELECTIVE SURGERY** 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 the Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; 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; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom (including hernia or 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); tubal ligation; vasectomy; and weight loss or reduction.

### 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 was medically diagnosed, treated (including medication), or advised by a Physician within the six 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) six 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 the Policy and the University's prior policies for six months; or
- (3) the insured 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.

### EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Services that are provided normally without charge by the University's health center, infirmary or hospital; or by any person employed by the University;
2. 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, not including mammograms and routine Papanicolaou cytology test, including routine care of a newborn infant, well-baby nursery and related physician charges, and any other associated laboratory work;
3. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
4. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
5. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
6. 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;
7. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
8. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane (in Colorado and Missouri, while sane);
9. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate 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;
10. 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;
11. 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 University credit.
12. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
13. Injury 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;

14. Elective Surgery or Elective Treatment;
15. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
16. Organ transplants;
17. Assistant Surgeon fees;
18. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician;
19. Hospital care (admission tests, supplies or continued care), medical care, rehabilitation, or any other treatment, procedure, facility, equipment, drug, device, supply or service which we determine is not Medically Necessary. We have the right to deny payments if a Physician or hospital does not supply medical records required to determine Medical Necessity. We also have the right to deny or reduce payment if the records supplied do not provide adequate justification for performing the service;
20. Expenses incurred for vitamins;
21. Personal and convenience items, and completion of forms; and
22. 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).

### CLAIM PROCEDURE

In the event of an Injury or Sickness:

1. **A Company claim form is not required for filing a claim.** Mail all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the university under which the student is insured to the Plan Administrator's address. Please also include the Policy number.
2. File claim within 30 days of Injury or first treatment for a Sickness. Bills must be received by the Plan Administrator within 90 days of service to be considered for payment.
3. Response to a claim or any portion of the claim will be made, in writing, within 45 days upon receipt of additional information requested. Claims will be processed within 60 days after receipt. All claims will be processed no later than 120 days after the receipt of the claim.

### PLAN ADMINISTRATOR

**BOLLINGER, INC.**

**P.O. BOX 727**

**SHORT HILLS, NJ 07078-0727**

**1-866-267-0092 (CLAIMS/COVERAGE)**

**1-800-526-1379 (OTHER QUESTIONS)**

### LOCAL BROKER

*Collegiate Risk Management*

1-800-922-3420

Preferred Provider Network:



Students are encouraged to use First Health providers so that they will receive discounts on fees for services rendered. To find a First Health provider, go to [www.BollingerColleges.com/ball](http://www.BollingerColleges.com/ball).

PLEASE KEEP THIS BROCHURE 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 in this Brochure. If any discrepancy exists between the Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Policy Form: SH5000GPM.IN

11299386

# 2009-2010

# STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed Especially for the Students of:

# BALL STATE UNIVERSITY

visit us on the web:

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

Underwritten by:  
**Monumental Life  
Insurance Company**  
Cedar Rapids, Iowa  
(the "Company")

Policy# CIN200F