



**STUDENT INJURY AND SICKNESS  
INSURANCE PROGRAM**

**O G L E T H O R P E** 2012-2013

UNIVERSITY

**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. “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 policy years beginning on or after July 1, 2012, but before September 23, 2012, \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage has a \$25,000.00 per occurrence limit maximum benefit with internal limits thereunder. For students who purchase the optional extension of maximum benefit at the time of enrollment, the maximum benefit is \$50,000 per occurrence. If you have any questions or concerns about this notice, contact Bollinger Inc., 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/oglethorpe](http://www.BollingerColleges.com/oglethorpe)



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## **ELIGIBILITY**

All full-time students, taking 12 or more credit hours are required to have health insurance coverage. Students are automatically enrolled and charged \$280 for the University sponsored student health insurance plan. To have the charge removed, students are required to show evidence of personal health insurance. If you do not show evidence of coverage, the cost of the insurance will be added to your student statement. It is very important that you comply with this requirement in order to avoid a charge for the insurance on your student statement. All intercollegiate sport athletes, international and exchange students purchasing OU's student insurance as their sole coverage will be charged the additional \$319 for a combined Basic + Major Medical maximum benefit of \$50,000 per Injury or Sickness.

All other students taking less than 12 credit hours are eligible to enroll for coverage on a Voluntary basis. Please refer to the plan website. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (tv) 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 Premium.

## **EFFECTIVE AND TERMINATION DATES**

Coverage under the Master Policies on file at the school becomes effective at 12:01 a.m., June 30, 2012. Student coverage becomes effective on that date or the date the enrollment card and full payment is received by the Company (or its authorized representative), whichever is the later. Coverage under the Master Policies terminates at 12:00 a.m., August 09, 2013. Coverage terminates on that date or at the end of the period through which the payment is made, whichever is earlier. Refunds are allowed only upon entry into the armed forces. It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insureds who have not received information regarding a subsequent plan prior to this years termination date should inquire regarding such coverage with the school or its agent.

## **EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under this Policy ceases on the termination date. However, if under the care and treatment of a Physician, benefits will be provided for a Covered Person for up to 90 days past the expiration date of the Covered Person's coverage under this Policy. If the Insured is also an Insured under the succeeding Policy issued to the Policyholder, this "Extension of Benefits" provision will not apply. After the "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

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.

## DEFINITIONS

**COVERED MEDICAL EXPENSES** are usual, customary, and Medically Necessary charges that are:

- (1) not in excess of the maximum amount payable for services as specified in the Schedule;
- (2) in excess of any Deductible amount; and
- (3) incurred while the Covered Person's coverage under this Policy is in force.

**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.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vials, including allergy testing; bio-feedback type services; birth control; 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 this 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 this Policy; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; fertility tests; air 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; 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.

**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 72 hours 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.

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

**SICKNESS** means an illness, or disease, or trauma related disorder due to Injury which first manifests or 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 Pregnancy and 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.

**COVERAGE RATES - STUDENT ONLY**

Annual*	06/30/12-08/09/13	\$280.00
Spring/Summer	01/05/13-08/09/13	\$175.00
Summer	06/17/13-08/09/13	\$ 70.00

Repatriation / Medical Evacuation ..... Included  
 Optional Increased Supplemental Limit..... additional \$319.00  
 (This option must be purchased on initial enrollment into the plan.)

\*Rate includes an administrative fee.

**OPTIONAL INCREASED SUPPLEMENTAL LIMIT**

**Eligibility:** This benefit is optional. Students who elect to purchase this option must have purchased the basic plan as well. Coverage is available to registered students who elect to purchase it. The additional premium for this coverage is noted on the enrollment form.

**Term of Coverage:** Students who elect to purchase the Optional Increased Supplemental Limit must submit the enrollment form available online at [www.BollingColleges.com/Oglethorpe](http://www.BollingColleges.com/Oglethorpe) and pay additional premium to Monumental Life Insurance Company with a postmark date prior to the College's effective date of coverage, June 30, 2012.

**Coverage:** If the covered medical Expenses for an Injury or Sickness exceed the maximum paid under the basic and Supplemental Injury or Sickness benefit of \$25,000, payment will be made at 80% of the Usual and Customary charges In network or 65% Usual and Customary for Out of network for the remaining covered

Injury or Sickness Expenses, up to a \$50,000 maximum benefit. The combined maximums under the basic plan and Optional Increased Supplemental Limit will not exceed \$50,000. The total benefits payable for all policy terms for which You are enrolled for the Optional Increased Supplemental Limit will not exceed \$50,000 for any one Injury or Sickness. Covered medical Expenses under this coverage will be the same as covered medical Expenses under the basic plan. All other terms and conditions of the basic plan will apply to this coverage as well. Provisions relating to coverage for Pre-existing Conditions will apply to the Optional Increased Supplemental Limit Benefit.

**STATE MANDATED BENEFITS**

The Plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Georgia insurance laws: Autism; Pap Smears; Mammography; Prostate Cancer Screening; Ovarian Cancer Screening; Maternity; Reconstructive Breast Surgery Following Mastectomy; Diabetes Supplies, Equipment and Self-management Training; Dental General Anesthesia; Chlamydia Screening Test Benefit; Temporomandibular Joint Dysfunction (TMJ); Colorectal Cancer Screening; Child Wellness and Drug Treatment of Children's Cancer.

**PRE-EXISTING CONDITIONS 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.

## **BASIC MEDICAL EXPENSE BENEFITS**

Up to \$25,000 Maximum Benefit Paid as Specified Below  
(For Each Injury or Sickness) Student health Center Referral – Required  
(AC = Allowable Charges and UC = Usual and Customary)

Basic Plan Maximum - \$25,000 (Per Injury or Sickness) – No Deductible  
Injury: 100% to \$1,000 per Injury; 80% of AC In-Network /  
65% of UC Out-of-Network  
Sickness: Sickness to \$25,000; 80% of AC In-Network /  
65% of UC Out-of-Network

## **INPATIENT EXPENSES**

**Room & Board**, daily semi-private room rate;  
and general nursing care provided by the hospital..... \$1,200 per day

**Hospital Miscellaneous Expense**, such as the cost  
of the operating room, laboratory tests, x-rays  
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.....Paid under Room & Board

**Surgery** ..... 80% In-Network / 65% Out-of-Network

**Psychotherapy** ..... \$2,500 maximum

## **OUTPATIENT EXPENSES**

**Outpatient Miscellaneous Benefit (OMB)**, includes  
benefits designated as ..... \$2,000 per Injury or Sickness  
“Paid under Outpatient Miscellaneous.”

**Physician Visits and Urgent Care Visit** ..... \$20 co-pay

**Emergency Room** ..... \$50 co-pay

**Surgery** ..... 80% In-Network / 65% Out-of-Network

**Day Surgery Miscellaneous**, ..... 80% In-Network / 65% Out-of-Network 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. Usual, reasonable and customary charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.

**X-Rays & Lab** ..... Paid under OMB

**Test & Procedures**, diagnostic services and medical procedures performed by a physician,..... Paid under OMB other than physician’s visits, physiotherapy, x-rays and lab procedures.

**High Cost Procedures** (CAT Scan/MRI) ..... Paid under OMB

**Physiotherapy**, benefits are limited to one visit per day, and only for a condition that required surgery or hospital confinement within the 30 days immediately preceding such physiotherapy or (when referred by the SHS or if the condition within the 30 days immediately following the attending Physicians release for rehabilitation required surgery or hospital confinement)..... Paid under Physician Visits

**Psychotherapy**..... 80% In-Network / 65% Out-of-Network up to \$2,000

Other Expenses

**Dental** (Injury to sound, natural teeth) ..... \$250 per Injury and \$2,000 maximum for removal of impacted wisdom teeth or abscess

**Durable Medical Equipment** ..... Paid under OMB

**Ambulance** ..... \$300 maximum

**Repatriation** ..... Unlimited under Mondial

**Medical Evacuation**..... Unlimited under Mondial

**Intercollegiate / Club Sports**..... 100% up to \$1,000 per Injury

## **WAIVER OPTION**

Students with health insurance can waive coverage under the university sponsored plan. To do so, students are required to complete the online waiver at [www.BollingerColleges.com/ogelthorpe](http://www.BollingerColleges.com/ogelthorpe) before the deadline of June 30, 2012. Waivers received for the Fall semester will apply for the full Academic Year. For those students who enter school for the Spring semester, the fee is \$175.00 (1/5/13 - 8/09/13) and the waiver information must be submitted by January 20, 2013. Requests for exemption after the deadline may not be honored. If you do not submit a waiver, the cost of the insurance will be added to your student statement. The Business Office CANNOT accept waivers directly.

## **PREFERRED PROVIDER NETWORK**

The Oglethorpe University Student Injury and Sickness Insurance Plan utilizes the FirstHealth Network for the Insurance Plan. While you may utilize any provider you choose, you will decrease your out-of-pocket expenses if you receive care locally and nationally through First Health Network which provides access to hospitals and health care providers through its Network. However, you are not required to go to a Preferred Provider as use of this network is strictly optional.

There are advantages to using a Network Provider, and consequently out-of-pocket expenses will be less based on a Preferred Allowance, which means that Network Providers have agreed to accept a predetermined fee as payment for their services. The Insured Person should be aware that Network Provider Hospitals may be staffed with Out-of-Network Providers. Receiving services or care from an Out-of-Network Provider at a Network Hospital does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Doctors are Network Providers. The best way to identify Preferred Providers is when calling for an appointment or at the time of service, or by contacting the First Health Network at their toll free number at 1-800-226-5116 or visit their website at [www.MyFirstHealth.com](http://www.MyFirstHealth.com).

## **REPATRIATION/MEDICAL EVACUATION BENEFITS**

### **MEDICAL EVACUATION BENEFIT**

When an Insured incurs expense for his Medical Evacuation to his natural country, the Company will pay for the actual expenses incurred for such evacuation.. The evacuation must be recommended and approved by the attending physician.

### **REPATRIATION BENEFIT**

In the event of the death of an Insured, the Company will pay for those incurred for the preparation and transportation of the body to the Insured's place of residence in his/her home country. This benefit does not include the transportation expense of anyone accompanying the body.

**TRAVEL ASSISTANCE PROGRAM**  
**(Administered by On Call International)**

**Nurse Help Line:** On Call shall provide Students enrolled in this Plan with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Student's ailments.

**Travel Assistance:** 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 Help Line and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**  
**LOSS OF LIFE, LIMB OR SIGHT**

For Accidental Death or Dismemberment occurring within 365 days from the date of accidental bodily injury, the Company will pay, in addition to the medical expense benefits provided herein, one of the following (the largest applicable amount):

Accidental Death .....	\$10,000.00
Both Hands, Feet or Eyes .....	\$5,000.00
One Hand and One Foot .....	\$ 5,000.00
One Hand and Sight of One Eye .....	\$ 5,000.00
One Hand and Sight of One Eye .....	\$5,000.00
One Hand or Foot or Sight of One Eye .....	\$2,500.00

## EXCLUSIONS AND LIMITATIONS

Except as specifically provided under this Policy, 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). Services that are provided normally without charge by the University's Health Center, infirmary or Hospital; or by any person employed by the University;
- (3). Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- (4). 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;
- (5). Elective Surgery or Elective Treatment;
- (6). 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;
- (7). Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
- (8). Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law;
- (9). 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;
- (10). Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
- (11). Injury expenses in excess of \$1,000.00 incurred 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;
- (12). Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
- (13). 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;
- (14). Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions, or toenails;
- (15). Committing or attempting to commit an assault or felony; or fighting, except in self defense;

- (16). Injury resulting from bungee jumping, hang-gliding, parachuting (solo or tandem), paragliding, sailboarding, windsurfing;
- (17). 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;
- (18). Organ transplants, except as specifically provided in the policy;
- (19). Elective abortion;
- (20). 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;
- (21). Injury sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics or hallucinogen, unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician;
- (22). Birth control, sterilization or reversal, surgical procedures, examinations or devices;
- (23). Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury (except in Colorado and Missouri, while sane).

### **CONTINUATION PRIVILEGE**

If a Covered student no longer meets the Policy's eligibility requirements, he or she may continue coverage for three (3) months provided the school renews the Master Policy with Monumental Life Insurance Company. The student must notify us that he or she wishes to continue coverage under this Policy and pay any required premium within fourteen (14) days of ineligibility under the Policy's requirement.

### **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.

## **CLAIM PROCEDURE**

In the event of an Injury or Sickness:

1. A company claim form is required for filing a claim. Claim forms are available online at [www.BollingerColleges.com/oglethorpe](http://www.BollingerColleges.com/oglethorpe). Mail all medical and hospital bills along with the patient's name and insured student's name, address, and name of the university under which the student is insured to the Claim Administrator's address.
2. File claim within 30 days of Injury or first treatment for a Sickness. Bills must be received by Bollinger, Inc. within 90 days of service to be considered for payment.

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



Plan Administrator:



PO Box 727

Short Hills, NJ 07078-0727

866-267-0092 (Claims/Coverage)

800-526-1379 (Other Questions)

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

Network Provider:



[www.MyFirstHealth.com](http://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](http://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# CGA2151

Policy Form MLSH5100GPB.GA

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