



Dear Cadet/Parent:

All Cadets attending Valley Forge Military Academy and College are automatically covered under the Student Injury portion of the Student Insurance Plan outlined in this brochure. The Sickness portion of this policy must be purchased for any student not having other adequate applicable health insurance coverage.

The Injury plan which includes coverage for Interscholastic and Intercollegiate Athletics has a maximum benefit of \$100,000 per Injury and pays benefits on an excess basis over other applicable insurance after a \$100 deductible.

Please note that the Sickness benefits outlined in this brochure are provided on a "primary" basis, which means that benefits under this plan will be paid without regard to other applicable insurance. Accordingly, whether you have other applicable insurance coverage or not, you may want to consider purchasing this economically priced group insurance plan. **International cadets who have health insurance outside of the United States are required to purchase this plan. Enrollment forms for the Sickness Plan can be obtained at the Health Center.**

Questions regarding this plan can best be answered by calling the plan administrator, Bollinger, Inc. at 1-866-267-0092.

MEDICAL BENEFIT PLAN

Coverage is in effect 24 hours a day. For students enrolled during the Fall Semester, coverage will be in effect from either August 1, 2011 or the date of Premium Payment, whichever is later, until August 1, 2012. The plan covers Injury and Sickness contracted and causing loss commencing during the coverage period.

The policy expires August 1, 2012. (Please note that this policy cannot establish physician's fees, and therefore, cannot guarantee that payments made by the insurance company will cover all physician and surgeon charges in full.)

VALLEY FORGE MILITARY ACADEMY & College Student Medical Benefit Plan - Temporary I.D. Card

This is to certify that as of August 1, 2011, insurance coverage is provided in accordance with all terms and provisions of Policy No. A584H issued to the above named college for the student named below.

Name		Student ID #
Street Address		
City	State	Zip Code

This coverage expires August 1, 2012

UNDERWRITTEN BY:
Monumental Life Insurance Company
Cedar Rapids, Iowa

ADMINISTERED BY:



PO Box 727
Short Hills, NJ 07078
1-866-267-0092

PREFERRED PROVIDER NETWORK BY:



www.BollingerColleges.com/valley

DEFINITIONS

"Injury" means bodily injury resulting directly and independently of all other causes from a specific accident.

"Sickness" means sickness or disease causing loss commencing while the Policy is in force as to an Insured whose Sickness is the basis of a claim.

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

PREFERRED PROVIDER INFORMATION

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. The names of the Preferred Providers in your local area are available at the Student Health Center and at www.MyFirstHealth.com.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by checking www.FirstHealth.com and/or by asking the provider when you make an appointment for services.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out-of-Network Providers" have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

INJURY MEDICAL EXPENSE BENEFITS

Injury benefits will be paid after a \$100 deductible per Injury, at 80% coinsurance for a Preferred Provider and 50% coinsurance of the Usual and Customary Charge for an Out-of-Network Provider, up to \$5,000 for medical expenses incurred within 52 weeks of the date of the first medical treatment subject to the following:

Hospital Room and Board: The expense actually incurred is allowed not to exceed the semi-private rate per day.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$5,000 as the result of any one Injury.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual & Customary Charge, up to \$5,000 in total for all surgical operation(s) performed for any one Injury.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$500 for any one Injury.

Attending Physician's Expense: The Usual and Customary Charge is allowed not to exceed \$5,000 for any one Injury.

Registered Graduate Nurse Expense: The expense actually incurred is allowed subject to a maximum benefit of the Usual and Customary Charge per 24-hour period or \$5,000 as the result of any one Injury.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$5,000 and subject to a \$100 co-pay per occurrence as the result of any one Injury.

Prescription Drug Expense: The cost of prescription drugs is payable in full up to \$500 (for Injuries and Sicknesses combined) for the policy year. Prescriptions must be filled at a CVS/Caremark Pharmacies participating pharmacy. Insured persons will be given a prescription card to use at CVS/Caremark Pharmacies. Until such card is received, you will have to purchase prescriptions and submit a claim form to Bollinger for reimbursement.

Anesthesia Expense: The expense actually incurred is allowed up to 30% of the surgeon's allowance under the policy subject to a maximum of \$5,000 for any one Injury.

Consultant's Expense: The expense actually incurred is allowed up to the Usual and Customary Charge per covered Injury.

SICKNESS MEDICAL EXPENSE BENEFITS

Sickness benefits will be paid after a \$200 deductible per Sickness, subject to 70% coinsurance for a Preferred Provider and 50% coinsurance of the Usual and Customary Charge for an Out-of-Network Provider, up to \$5,000 for medical expenses incurred within 52 weeks of the date of the first medical treatment subject to the following:

Hospital Room and Board: The expense actually incurred is allowed not to exceed the semi-private rate per day.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$5,000 as the result of any one Sickness.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual & Customary Charge, up to \$5,000 in total for all surgical operation(s) performed for any one Sickness.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$500 for any one Sickness.

Attending Physician's Expense: The Usual and Customary Charge is allowed not to exceed \$5,000 for any one Sickness.

Registered Graduate Nurse Expense: The expense actually incurred is allowed subject to a maximum benefit of the Usual and Customary Charge per 24-hour period or \$5,000 as the result of any one Sickness.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$5,000 and subject to a \$100 co-pay per occurrence as the result of any one Sickness.

Prescription Drug Expense: The cost of prescription drugs is payable in full up to \$500 (for Injuries and Sicknesses combined) for the policy year. Prescriptions must be filled at a CVS/Caremark Pharmacies participating pharmacy. Insured persons will be given a prescription card to use at CVS/Caremark Pharmacies. Until such card is received, you will have to purchase prescriptions and submit a claim form to Bollinger for reimbursement.

Anesthesia Expense: The expense actually incurred is allowed up to 30% of the surgeon's allowance under the policy subject to a maximum of \$5,000 for any one Sickness.

Consultant's Expense: The expense actually incurred is allowed up to the Usual and Customary Charge per covered Sickness.

Mental or Nervous Disorders Benefit - The Company will pay for services rendered by a psychiatric consultant (in or out of the hospital) when an Insured is referred for counseling. The Company will pay 50% of the Usual and Customary Charge per visit up to a maximum of \$1,000.

MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with Pennsylvania insurance laws: Maternity Length of Stay, Mammography Benefits, Women's Preventive Health Service Benefit including Gynecological Exam and Routine Pap Smears, Childhood Immunizations Benefit, Alcoholism and Substance Abuse Benefit, Mastectomy Reconstruction and Mastectomy Length of Stay, Chemotherapy, Diabetic Supplies and Equipment, Emergency Services, Serious Mental Illness, Certified Nurse Midwife, Newborn Length of Stay, Inherited Metabolic Disease Formula, Anesthesia Provided by Certain Professionals, Autism, and Colorectal Cancer Screening.

MAJOR MEDICAL EXPENSES

For Both Injury and Sickness
(Total Maximum Benefit \$100,000)

After the Company pays \$5,000 in basic benefits under either the Injury or Sickness provision of the policy for any one Injury or Sickness, the policy will pay 80% coinsurance for a Preferred Provider and 50% coinsurance of the Usual and Customary Charges for an Out-of-Network Provider for those covered expenses, in excess of \$5,000 up to but not exceeding \$95,000 for physician's services, hospital confinement, nursing services, X-Rays, operating room, emergency room, anesthesia, laboratory service, dressings, prescription medicines, casts, use of wheel chair, crutches, or ambulance for any one covered Injury or Sickness. Expenses must be incurred within one year from the date of Injury or Sickness.

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, not to exceed \$10,000. 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 expenses up to a Maximum of \$7,500 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.

EXCLUSIONS

The Policy does not cover:

1. Service or treatment rendered as part of the duties of a physician or any other person employed or retained by the Policyholder;
2. Injury sustained or caused by any act of war, riots, civil disorders, or commotions;
3. Eyeglasses, contact lenses, or prescriptions therefor;
4. Self-inflicted Injuries, suicide, or attempt thereof while sane or insane;
5. Vegetation or ptomaine poisoning;
6. Bacterial infections (except pyogenic infections due to accidental open cuts);
7. Congenital defect;
8. Injuries sustained as a result of skiing, unless sponsored scheduled and supervised by the Policyholder;
9. Injury or Sickness for which the Insured is entitled to benefits under any Worker's Compensation Act or Law or similar legislation, or medical expenses covered under any Automobile Reparations Reform Act, or Automobile No-Fault Law, or similar legislation;
10. Any loss sustained or contracted in consequence of the Insureds being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
11. First aid treatment at the scene of an accident;
12. Air travel except as a fare-paying passenger on a commercial aircraft;
13. Expense incurred as a result of mental disorders of any type but only as it pertains to Major Medical Benefits outlined under Part IV of the Major Medical Expense Benefits;
14. Health treatment or examinations where no Injury or Sickness is involved;
15. Elective abortions or any other voluntary termination of pregnancy;
16. Dental treatment except for Injury to sound, natural teeth;
17. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

18. Elective surgery, or cosmetic surgery unless performed in conjunction with a covered loss;
19. Services or treatment rendered by a Physician or nurse who is the Insured or a member of his immediate family;
20. Preventative medicines, serums, or vaccines;
21. An Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation.

CLAIM PROCEDURES

Prompt notification of claims for Injury or Sickness should be furnished to Bollinger Inc. Completed claim forms and medical bills must be submitted within 90 days from the date of service. Additional bills must be received within 90 days of the date of service to be considered for payment.

24-HOUR NURSE HELPLINE 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 Helpline and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

THIS PLAN IS ADMINISTERED BY:

Bollinger
Insurance Solutions

101 JFK PARKWAY

SHORT HILLS, NJ 07078

(866) 267-0092 (Claims/Coverage)

(800) 526-1379 (Other Questions)

Website address:

www.BollingerColleges.com/valley

PREFERRED PROVIDER NETWORK:

 **First Health**
Network
www.MyFirstHealth.com
(800) 226-5116

BROKER/SERVICING AGENT:

Collegiate Risk Management

(800) 922-3420

www.CollegiateRisk.com

STUDENT INJURY AND SICKNESS INSURANCE PLAN FOR VALLEY FORGE MILITARY ACADEMY AND COLLEGE



2011-2012

THIS PLAN UNDERWRITTEN BY:

**MONUMENTAL LIFE
INSURANCE COMPANY**
Cedar Rapids, Iowa
an AEGON company

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the College 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.