CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

a) If at College, in a non-emergency situation, report at once to the Health Center;

b) If away from college, secure treatment at the nearest Hospital or Physician, pay the bill, and obtain a copy of the bill. The Health Center will instruct you in filing for benefits.

Proof of loss must be submitted within 90 days following the date of Injury or start of Sickness.

Claim forms are available at the Health Center, or may be obtained from our website:

www.BollingerInsurance.com/messiah

Notification of Injury or Sickness must be provided to:

Bollinger Insurance Since 1876

P.O. BOX 727
SHORT HILLS, NJ 07078-0727

THIS PLAN ADMINISTERED BY

Bollinger Insurance Since 1876

P.O. Box 727
Short Hills, NJ 07078
(866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)

LOCAL BROKER:
HORST INSURANCE
P.O. BOX 3320
LANCASTER, PA 17604
1-800-533-2011

PREFERRED PROVIDER NETWORK:

CCN

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF 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 Policy, the Master Policy will govern and control the payment of benefits.

Student Insurance Program

Designed Especially for the students of

MESSIAH COLLEGE

2005-2006

THIS PLAN UNDERWRITTEN BY:
Monumental Life Insurance Company
Baltimore, Maryland

Visit us on the web!
www.BollingerInsurance.com/messiah

Please keep this outline of coverage for future reference.
To Our Students:

We at Messiah College, being vitally concerned with the promotion of good health among our students and the prevention of sickness and injury, investigated the new advances in health programs of leading schools and colleges throughout the country, and after careful consideration adopted the following Student Health Program.

All full-time students who do not waive their eligibility are included in a coordinated medical program. This provides for prompt, adequate care in all cases of covered illness and injury arising while the student is enrolled at the College. **No refund will be made after 10 days of coverage.**

1. The infirmary program provides care for minor Injuries and Sicknesses.
2. The College Student Insurance Program supplements these services by protecting the parent and student against the expense of the more costly illnesses and injuries requiring medical services beyond that provided by the health program, i.e., Hospital confinement, hospital treatment, or the services of a surgeon or outside physician. The Plan reimburses up to specified limits as described in this brochure.
3. Intercollegiate and Club Sports are covered by a separate Plan and are therefore excluded from this coverage.

Students who are enrolled are protected by the College Insurance Plan 24 hours a day, on or off campus.

Coverage begins on August 1, 2005 or the date of enrollment in the Plan, whichever is later. The coverage ends on August 1, 2006. The annual student cost is $210.00.

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**DEFINITIONS**

**Injury** means bodily injury caused by an accident. The accident must occur while the insured's insurance is in force under the Policy. 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.

**Sickness** means an illness or disease 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 pregnancy and complications of pregnancy.

**Usual and Customary** 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 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; 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 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; 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 either 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 MEDICAL EXPENSE

Provides payment of medical treatment and supplies when the Insured Person is injured, while the Plan is in force and incurs expense within 52 weeks after the date of an Injury up to a maximum of $2,500. When dental treatment is necessitated by Injury to sound, natural teeth, payment shall not exceed $250 per tooth.

SICKNESS MEDICAL EXPENSE

When hospital or medical care is required for Sickness causing financial loss while insured under the Plan, payment will be made for the actual medical expenses incurred within 52 weeks for each Sickness, as allocated below, up to a maximum of $2,500.

1. Daily Room and Board when Hospital Confined: Per day, up to $300 Not to exceed 30 days

2. Miscellaneous Hospital Charges for use of operating room, anesthesia, x-ray examinations (not treatment), laboratory tests, drugs or medicines, therapeutic services or supplies when hospital confined and while receiving Room and Board Benefits above or as an outpatient for day surgery. Up to a maximum of $700

3. Hospital Out-Patient Expenses including medications and prescription drugs, up to $300

4. Surgical Expense: The expense actually incurred is allowed not to exceed the usual and customary charge, or $2,500 in total for all surgical operation(s) performed for any one Sickness.

5. Physicians Visits beginning with the first visit when hospital confined: One visit per day, per visit $45 Not to exceed for each Sickness a maximum of $300 Or beginning with the second visit for Sickness when not Hospital Confined. If referred by the Messiah College Student Health Center, if the center is closed, or if away from campus, payment for the student shall begin with the first visit. One visit per day, per visit $45 Not to exceed for each Sickness a maximum of $100 No payment shall be made for medical treatment received on the day of any surgical operation or during convalescence therefrom if payment is made for such operation.

6. Prescription Drugs and Medications when prescribed by a Physician, maximum of $400

7. Anesthesia Services when undergoing a surgical operation, based upon the surgeon's fee allowance for the operation, up to ........................................20% Not to exceed a maximum of $200

8. Consultant when requested and approved by the attending Physician, up to ........................................$75

9. Assistant Surgeon based on the surgical operation benefit for the procedure, up to ........................................20% Not to exceed a maximum of $200

10. Diagnostic X-Ray and Laboratory Procedures when followed by medical treatment prescribed by the attending Physician for a diagnosed Sickness up to a maximum of ........................................$500

11. Professional Local Ambulance Service to the Hospital for confinement herein and from the Hospital immediately following such confinement, up to a maximum for each Sickness of ........................................$500

12. Registered Graduate Nurse Service (other than a nurse who ordinarily resides in the Insured's household or who is related by blood, marriage or legal adoption to the Insured) while the Insured is confined as a bed patient in a Hospital and the services are ordered by the attending Physician, Per day, up to ........................................$50 Up to a maximum of ........................................$500

13. Physiotherapy: $60 per visit will be allowed subject to a $240 maximum benefit per 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 $45.00 a visit up to a maximum of $300 worth of visits.

Newborn Children Coverage: All newborn children of any Insured are automatically covered at birth for 31 days for the same benefits as provided the Insured. Coverage applies for any Injury sustained or Sickness commencing during the 31 day period from the date of birth including medically diagnosed congenital defects, birth abnormalities, prematurity, and routine nursery care associated with a Sickness. The Insured may continue coverage beyond the 31 days upon application within the 31 day period from date of birth.

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 $7,500. 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.
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 Benefit, Women's Preventative Health Service Benefit including Gynecological Exam and Routine Pap Smears, Childhood Immunizations Benefit, Alcoholism and Drug Treatment Benefits, Mastectomy Reconstruction and Mastectomy Minimum Stays, Chemotherapy, Diabetic Supplies and Equipment, Emergency Services, Serious Mental Illness, Newborn Length of Stay, and Metabolic Disease Formula.

MAJOR MEDICAL EXPENSES
When benefits of at least $2,500 have been paid under the Base Plan and after a $100 corridor deductible has been satisfied, the Company will pay the remaining covered medical expenses at 80% of the Usual and Customary Charge up to an overall Maximum Benefit of $25,000. Hospital Room and Board Benefits shall always be limited to the semi-private room rate and the benefit paid shall end 52 weeks from the commencement of Sickness or date of Injury.

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, services for fee provided by the University, or services rendered by any person employed by the University, including school team physician and trainer, or any other services performed at no cost.
2. Routine physical examination, 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;
3. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
4. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
5. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth.
6. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
7. Committing or attempting to commit an assault or felony; or fighting, except in self defense.
8. Injury resulting from the playing, practice, participating or conditioning in any intercollegiate, interscholastic, intramural, or club 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;
9. Injury resulting from racing or speed contests, skin diving, scuba diving or snorkeling, skydiving or parachuting, hang gliding or glider flying, parasailing or sail planing, mountaineering (where ropes or guides are customarily used), bungee jumping, bob-sledding, travel in or upon a snowmobile, ATV (all terrain or similar type vehicle), ultralight aircraft or any other hazardous sport or hobby;
10. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
11. Elective Surgery and Elective Treatment;
12. Elective abortion;
13. Routine Newborn Infant care, well-baby nursery and related Physician charges, except as specifically provided by the Policy;
14. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
15. Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law;
16. Organ transplants;
17. Congenital conditions, except for Newborn children insured under the Policy; and
18. Hospital confinement for purposes of custodial care.

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Bollinger Inc. when you need such certification.

Travel Assistance Program (Provided by On Call International)
Each Insured Student and his/her enrolled Dependents are 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 Student Accident and Sickness Insurance Plan. Services provided include:

- Medical Consultation & Evaluation
- Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Medication Dispatching
- Emergency Message Transmission
- Family/Friend Transportation

Within North America Call 1-800-407-7307
Outside North America Call 1-603-898-9159

Note: The Travel Assistance program is not insurance. It is not connected with or provided by Monumental Life Insurance Company. On Call International benefits are available 24 hours a day, 7 days a week, 365 days a year.