

**Group  
Student Accident  
and Sickness  
Insurance Program**

**Designed for  
Students of**

**MONMOUTH  
UNIVERSITY**

**2001-2002**

**This Certificate is Subject to  
the Laws of the State of  
New Jersey.**

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### Dear Student and Parent:

Monmouth University has contracted with Security Mutual Life Insurance Company of New York to provide this basic hospitalization coverage at a cost of \$157 per year. This brochure describes the accident and sickness benefits of the Plan. I strongly encourage you to carefully read the brochure and review your own health insurance needs.

All Monmouth University students are automatically enrolled in the Basic Accident Medical Expense Insurance provided by the University. This coverage has been purchased on a full excess basis, therefore, you must first claim benefits under any other valid coverage. Enrolled students are covered while on campus, and attending scheduled classes and while participating in scheduled intercollegiate sports, practices or competition, or traveling to and from off campus intercollegiate sports or competition. Covered travel must be in a group organized and under the direct supervision of the college, in a school bus, school van or school provided vehicle. Travel in privately owned vehicles is not covered.

In addition, all full-time undergraduate students carrying 12 or more credit hours will be enrolled for the Accident Medical Expense (which extends the accident coverage to 24 hours a day), Sickness Medical Expense Insurance, and Major Medical Benefits for Accident and Sickness unless proof of comparable coverage is furnished by September 14, 2001 to the Health Services office. This plan is a primary coverage plan.

You may also elect to enroll your eligible dependents (spouse and unmarried children, under age 19) in the Insurance plan. Please refer to the Optional Accident and Sickness Plan for Dependents of Full-Time Students Enrollment Card and submit this card directly to T.L. Groseclose Associates.

**STUDENTS MAY WAIVE THIS \$157 FEE BY COMPLETING THE WAIVER FORM INCLUDED IN THIS MAILING AND RETURNING IT TO THE HEALTH SERVICES OFFICE BY SEPTEMBER 14, 2001 FOR THE FALL SEMESTER AND JANUARY 29, 2002 FOR THE SPRING SEMESTER.**

If the waiver form is not received by September 11, 2001, you will be automatically enrolled in this Plan and billed for the fee. This fee will not appear on our initial Fall Semester bill. It is very important to return the waiver if you do not wish to be charged the health insurance fee. Students who

waive this insurance who are subsequently dropped by their policy, or that of their parents because of age or unemployment (excepting lack of premium payment), may enroll in the program by contacting T.L. Groseclose Associates, Inc. directly. Monmouth University will have no involvement after the 30 day open enrollment period.

The exact provisions governing the insurance are contained in the Policy issued by Security Mutual Life Insurance Company of New York to the University and may be viewed at the Health Center. It is the responsibility of the student to assure the waiver form is received by the Health Service.

Sincerely,  
 Mary Anne Nagy  
 Vice President for Student Services

	Period of Coverage	Charge
Full Year	9/1/01 to 9/1/02	\$157.00

### ELIGIBILITY AND COST

All eligible full-time undergraduate students with at least 12 credit hours of classes are automatically enrolled under this Plan at a cost of \$157, unless they have elected to waive the coverage and provided proof of other insurance. This plan is also available for spouse and dependent children at an annual cost of \$565 and \$374, respectively.

### EFFECTIVE AND TERMINATION DATES

Coverage is in effective at 12:01 a.m. September 1, 2001, or the date your premium is received, if later, and terminates at 12:01 A.M. September 1, 2002. Dependent coverage will not be effective prior to the insured student or extend beyond that of the insured student. If the Insured dies while coverage is in effect, dependent coverage will continue to the last day of the period through which the premium is paid. Refunds of premiums are allowed only upon entry into the Armed Forces.

If dependent coverage is provided and the Insured dies while coverage is in effect, dependent coverage will continue for a minimum of 180 days after the death of the insured or to the last day of the period through which the premium is paid, whichever is greater.

### MEDICAL EXPENSE BENEFITS

Benefits are provided up to \$5,000 for Covered Medical Expense incurred, inpatient or outpatient, as the result of a covered accidental injury or sickness.

The initial treatment for an accidental injury must be rendered within 30 days of the accident. Benefits for a covered injury or sickness are limited to treatment received within 52 weeks of the date of the accident or first treatment for sickness.

The Company will pay for the medically necessary services in accordance with the usual and customary charge normally made for such services according to the benefit descriptions that follow, up to a maximum of \$5,000 for any one non-intercollegiate sports accident and up to \$5,000 for any one intercollegiate sports accident. Benefits for dental injuries are limited to \$1,000 for repair and/or replacement of sound and natural teeth for any one non-intercollegiate sports accident and \$5,000 for any one intercollegiate sports accident. The benefit amounts are on a per accident or per sickness basis. See the Medical Expense Benefit Schedule for actual benefit amounts.

Benefits for maternity are payable on the same basis as a sickness, provided conception occurs during the period of coverage under the Policy. Benefits are payable for childbirth even though coverage may lapse, if conception occurred while coverage was in force with respect to the insured.

### Inpatient and Outpatient Benefits

**Inpatient Room & Board & ICU** - up to the daily semi-private room rate, including General nursing care given and charged for by the hospital. Benefits for confinements resulting from a mastectomy will not be limited to less than the following: Radical - minimum of 72 hours; Simple - minimum of 48 hours.

**Inpatient Hospital Miscellaneous** - for expenses incurred while Hospital Confined or as a precondition for being Hospital Confined. Miscellaneous Expenses include, but are not limited to: the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies.

**Outpatient Miscellaneous** - for outpatient Hospital and Physician's services. Outpatient services payable under this benefit will be designated "Paid Under Outpatient Miscellaneous Benefit" in the Benefit Schedule.

**Inpatient or Outpatient Surgery** - for Physician's (other than the attending Physician) fees for inpatient surgery. [\*Based on the 1974 California Relative Value Studies (CRVS), 5th Edition.] Two or more surgical procedures performed at the same time and through

the same incision will be deemed one surgery, the surgery with the highest benefit. Covered Medical Expenses will be paid under this inpatient surgery benefit or under the outpatient surgery benefit, but not both.

**Outpatient Day Surgery Miscellaneous** - for the charges incurred on the day of outpatient surgery 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. The surgery may be performed in a Hospital emergency room, trauma center, Physician's office, clinic, or ambulatory surgical center.

**Inpatient Anesthetist** - for Physician's' fees in connection with an inpatient surgery.

**Outpatient Anesthetist** - for the services of a professional anesthesiologist or of an anesthetist under the supervision of a Physician for the purposes of administering anesthesia.

**Private Duty RN** - for private duty nursing care services when they are ordered by a Physician as a Medical Necessity. Services must be provided by a Nurse who is not a regular staff member of the Hospital in which the Insured is confined. General nursing care given by the hospital is not covered under this benefit.

**Inpatient Physician's Visits** - for medical care and treatment by a Physician (other than a surgeon) while the Insured is Hospital confined. Benefits are limited to one visit per day. If the Insured also requires outpatient treatment by a Physician on the same day, benefits will be paid under only one of the two benefits.

**Outpatient Physician's Visits** - for visits to the Insured's Physician. Benefits are limited to one visit per day. This benefit does not apply when related to surgery or Physiotherapy. Benefits are payable under the outpatient benefit or under the inpatient benefit for Physician's Visits, but not both on the same day.

**Outpatient Physiotherapy** - for the charges incurred for one visit per day.

**Emergency Room** - for the charges incurred if the Insured requires the use of an emergency room and any supplies used during treatment.

**Outpatient Tests and Procedures** - for diagnostic tests and medical procedures performed by a Physician. This does not include regular Physician's visits, Physiotherapy, X-rays and laboratory procedures.

**Outpatient Laboratory Procedures** - for the charges incurred for laboratory procedures. These procedure are only those identified in the Physician's Current Procedural terminology (CPT) as codes 80000 - 89999 inclusive.

**Outpatient Radiation Therapy** - for charges incurred for radiation therapy.

**Outpatient Chemotherapy** - for the charges incurred by the Insured for chemotherapy.

**Outpatient Injections** - when administered by a Physician in either the Physician's office or the emergency room of a Hospital. The cost of injections must be charged on a Physician's statement.

**Outpatient Psychotherapy** - for charges incurred for the treatment of a Biologically-based Mental Illness, not to exceed the maximum amounts specified in the Insurance Information Schedule, on the same basis as any other Illness. Benefits are limited to one visit per day.

**Inpatient Psychotherapy** - for the charges incurred for the treatment of a Biologically-based Mental Illness, as specified in the Insurance Information Schedule, on the same basis as any other Illness. Benefits are limited to one visit per day.

#### Other Benefits

**Prescription Drugs** - as defined by the policy and as listed in the Schedule of Benefits.

**Ground Ambulance** - not to exceed the benefit listed in the Schedule of Benefits per trip by a licensed professional Ambulance Service for transportation to and/or from a Hospital to which the Insured is admitted; and for a Hospital from which the Insured has been released directly to a different Hospital to which he or she is admitted. This benefit is limited to [two] trips per period of Hospital Confinement. Ambulance transportation in excess of 50 miles from the point of origin must be to the nearest Hospital that provides the necessary medical treatment.

**Braces & Appliances** - when prescribed by a Physician and a copy of the written prescription accompanies the claim. Replacement braces and appliances are not covered. Braces and appliances include durable medical equipment when they are primarily and customarily used to serve a medical, rehabilitative purpose; can withstand repeated use; and generally are not useful to a person in the absence of Injury or Sickness. The Company will not pay benefits

for rental charges in excess of what the purchase price would be, or for braces and appliances used as protective devices during a student's participation in sports.

**Consultant** - for the services of a Consulting Physician when the same has been requested and approved by the attending Physician.

**Dental Treatment** - made necessary by Injury to Sound, Natural Teeth and that is performed by a Physician. Routine dental care and treatment to the gums are not covered.

**Maternity** - up to the Usual and Customary charges to the same extent as any other illness with a minimum stay of 48 hours for vaginal delivery and 96 hours for caesarean section.

#### **Mandated Benefits**

**Alcoholism Treatment Benefit** - if the Insured requires treatment for alcoholism, the Company will pay the Usual and Customary charges for such treatment to the same extent as for any other covered Sickness. Treatment must be prescribed by an M.D. and provide benefits for inpatient or outpatient care in a licensed Hospital; treatment at a licensed detoxification facility; confinement as an inpatient or outpatient at a licensed, certified or state approved residential treatment facility. Such treatment must be certified or accredited by a nationally recognized organization, or licensed by the State of New Jersey.

The total number of benefit days under this provision may not exceed the total number of benefit days provided for any other Sickness under the contract. Treatment or confinement at any facility will not preclude further or additional treatment at any other eligible facility.

**Childhood Immunizations** - if coverage for Dependent children is provided under the Policy, for the charges for all childhood immunizations as recommended by the Advisory Committee on Immunization Practices of the United States Health Service and the New Jersey Department of Health and Senior Services. Benefits will be provided to the same extent as for any other medical condition under the Policy, except that no deductible will apply for benefits provided under this provision.

**Diagnostic Examination Coverage** - for the charges incurred in conducting an annual medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate specific

antigen test. The test must be for men who are age 50 and over who are asymptomatic; or age 40 and over who have a family history of prostate cancer or other cancer risk factors to the same extent as any other medical condition under the Policy.

**Home Health Care Benefits** - for Covered Medical Expenses when the Insured requires Home Health Care. Covered Expenses under this benefit are limited to the following: Up to 60 Home Health Care Visits in any continuous 12 month period; and for Other Home Health Care Services as defined, but not to exceed the amount the Policy would have paid if the Insured had been hospitalized.

**Lead Poisoning Screening for Children** - if coverage for dependent children is provided under the Policy, for screening by blood lead measurement for lead poisoning for children, including confirmatory blood lead testing as specified by the Department of Health and Senior Services; and medical evaluation and any necessary medical follow-up and treatment for lead poisoned children. Benefits will be provided to the same extent as any other medical condition under the policy except that no deductible may be applied for benefits provided under this provision.

**Mammography** - for a low dose mammography of the breast according to the following schedule: a baseline mammogram for insured women ages 35 through 39; a mammogram every two years, or more frequently based on the recommendation of a Physician for women ages 40 through 49; and a mammogram every year for insured women ages 50 and over.

**Pap Smears** - for charges incurred in conducting a Pap smear to the same extent as for any other medical condition under the Policy.

**Reconstructive Breast Surgery** - following a mastectomy to the same extent as for any other Sickness, including but not limited to: the cost of prostheses; the expenses incurred for surgery to restore and achieve symmetry between the two breasts; and if the coverage issued to the Policyholder provides outpatient x-ray or radiation therapy, the cost of outpatient chemotherapy following surgical procedures in connection with the treatment of breast cancer will be included as part of the outpatient x-ray or radiation therapy coverage.

**Treatment of Wilm's Tumor** - to the same extent as for any other Sickness, including an autologous bone marrow transplant when standard chemotherapy treatment is unsuccessful, notwithstanding that any

such treatment may be considered experimental or investigational.

**Treatment of Diabetes** - for equipment and supplies the Company will pay the charges incurred if an Insured incurs expenses for any of the following equipment and supplies used in the treatment of diabetes: a) blood glucose monitors and blood glucose monitors for the legally blind; b) data management systems; c) test strips for glucose monitors and visual reading and urine testing strips; d) insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto; e) insulin infusion devices; and oral agents for controlling blood sugar.

For Self-Management Education - the Company will pay the charges incurred for diabetes self-management education that is necessary to ensure that the Insured is educated as to the proper self-management and treatment of their diabetic condition, including information on proper diet. This benefit is limited to visits that are medically necessary upon: a) the diagnosis of diabetes; b) diagnosis of a significant change in the covered person's symptoms or conditions that necessitate changes in the Insured's self-management; and c) the determination that reeducation or refresher education is necessary.

Diabetes self-management education will be provided by a dietician registered by a nationally recognized professional association of dieticians or a health care professional recognized as a Certified Diabetes Educator by the American Association of Diabetes Educators or a registered pharmacist in the state qualified with regard to management education for diabetes by any institution recognized by the board of pharmacy of the State of New Jersey.

**Therapeutic Treatment of Inherited Metabolic Diseases** - including the purchase of medical foods and low protein modified food products, when diagnosed and determined to be medically necessary by the Insured's Physician. The following definitions apply to this benefit:

**Inherited Metabolic Diseases** means a disease caused by an inherited abnormality of body chemistry for which testing is mandated, including hypothyroidism, galactosemia, phenylketonuria, and other preventable biochemical disorders that may cause mental retardation or other permanent disabilities.

**Low Protein Modified Food Product** means a food product that is and is intended to be used under the

direction of a Physician for the dietary treatment of an inherited metabolic disease. This does not include a natural food that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by medical evaluation and that is formulated to be consumed or administered externally under the direction of a Physician.

**Treatment of Cancer; Bone Marrow Transplants** - for the treatment of cancer by dose intensive chemotherapy; autologous bone marrow transplants; and/or peripheral stem cell transplants. Such treatments must be performed by an institution approved by the National Cancer Institute or pursuant to protocols consistent with guidelines of the American Society of Clinical Oncologists.

**Dental Treatment for Severely Disabled or Children** - for general anesthesia and hospitalization for dental services; or a medical condition covered by the Policy which requires hospitalization or general anesthesia for dental services rendered by a dentist regardless of where the dental services were performed. This benefit is limited to treatment of an Insured Person who is severely disabled or to a Dependent child age five or under.

**FOR BENEFITS AMOUNTS PROVIDED UNDER THIS PLAN SEE THE MEDICAL EXPENSE BENEFIT SCHEDULE THAT FOLLOWS...**



## MEDICAL EXPENSE BENEFIT SCHEDULE

Benefits are provided up to \$5,000 for Covered Medical Expense incurred, less any deductible, inpatient or outpatient, as the result of a covered accidental injury or sickness. The initial treatment for an accidental injury must be rendered within 30 days of the accident. Benefits for a covered injury or sickness are limited to treatment received within 52 weeks of the date of the accident or first treatment for sickness.

The Company will pay for the medically necessary services in accordance with the usual and customary charge normally made for such services. The following benefit amounts are on a per accident or per sickness basis.

<u><b>Inpatient</b></u>	<u><b>For Accidents</b></u>	<u><b>For Sickness</b></u>
Room/Board/ICU	U&C Semi-private	Up to \$225/day
Hospital Misc.	U&C	Up to \$1,000 Max
*Surgery	U&C	\$125 Unit Value CRVS
Assistant Surgeon	U&C	Up to 20% of Surgery Benefit; \$150 Max
Anesthetist	U&C	Up to 30% of Surgery Benefit
Private Duty RN	U&C	No Benefit
Physician's Visits	U&C	\$35/visit
Physiotherapy	U&C	Included in "Hospital Misc."
Pre-admission Testing	No Benefit	Included in "Hospital Misc."
Psychotherapy	U&C	\$20/visit; 20 visit Max
<u><b>Outpatient</b></u>		
*Surgery	U&C	\$100 Unit Value; CRVS
Day Surgery Misc.	U&C	Up to \$1,000 Max
Assistant Surgeon	U&C	Up to 20% of Surgery Benefit; \$150 Max
Anesthetist	U&C	Up to 30% of Surgery Benefit
Outpatient Misc.	U&C	Up to \$100
**Physician's Visits	U&C	Beginning w/ 2nd visit, \$35/visit; 30 Visit Max
Physiotherapy	\$40/visit; 20 visit Max	Included in "Physician's Visits"
Emergency Room	\$80/visit; 20 visit Max for Intercollegiate Sports	
X-rays/Lab Procedures, Tests & Procedures	U&C	Up to \$100 after a \$10 deductible
Radiation Therapy & Chemotherapy	U&C	Included in "Outpatient Misc."
Injections	No Benefit	Included in "Outpatient Misc."
Psychotherapy	U&C	Included in "Outpatient Misc."
Misc. Supplies	No Benefit	Up to \$30/visit; 20 Visit Max
	U&C	Included in "Outpatient Misc."
<u><b>Other</b></u>		
Prescription Drugs	U&C	Up to \$40
Ground Ambulance	U&C	Up to \$150
Braces & Appliances	U&C	No Benefit
Consultant	U&C	Up to \$100
Dental	Up to \$1,000 Non-Intercollegiate Sports	No Benefit
	Up to \$5,000 for Intercollegiate Sports	
Wellness Testing	No Benefit	Scheduled
<u><b>Mandated Benefits</b></u>		
Alcoholism Treatment	No Benefit	Treated as any other illness
Reconstructive Breast Surgery	No Benefit	Treated as any other illness
Treatment of Diabetes,		
Equipment/Supplies/Education	No Benefit	Treated as any other illness
Treatment of Wilm's Tumor	No Benefit	Treated as any other illness
Therapeutic Treatment of inherited		
Metabolic Diseases	No Benefit	Treated as any other illness
Mammography (age 35+) , Pap		
Smears & Prostate testing	No Benefit	Included in "Outpatient Misc."
Chemical Dependency & Drug Addiction	No Benefit	Treated as any other illness
Maternity	No Benefit	Treated as any other illness
Childhood Immunizations	No Benefit	Treated as any other illness
Lead Poisoning Screening for Children	No Benefit	Treated as any other illness
Cancer Treatment; Bone Marrow Transplants	No Benefit	Treated as any other illness
Dental Trmt. for Severely Disabled or Children	No Benefit	Treated as any other illness

\*Based on the 1974 California Relative Value Studies (CRVS), 5th Edition.

\*\*If referred by the Student Health Center, the 1st visit will be considered payable.

## MAJOR MEDICAL SUPPLEMENT

After incurring \$5,000 in basic benefits under either the accident or sickness provision of the Plan for any one accident or sickness, this Plan will pay 80% of the expenses incurred in excess of \$5,000, up to, but not exceeding \$25,000 for Covered Medical Expenses for any one accident or sickness. Expenses must be incurred within one year from the date of accident or sickness.

No benefits will be paid under the Major Medical Expense for loss or expense caused by, contributed to or resulting from:

1. Room and board expenses which exceed the semi-private room rate;
2. Dental treatment;
3. Psychological or Psychiatric treatment, evaluation or expense, other than for a Biologically based Mental Illness;
4. Mental or Nervous Disorders, other than for biologically based mental illness;
5. Treatment for drug rehabilitation or addiction;
6. Injuries sustained during the organized practice or competition in intercollegiate, club, semi-professional, or professional sport, contest or competition;
7. Treatment expense incurred beyond 1 year from the onset of Sickness/Illness symptoms covered by the Plan or the original date of Injury covered by the Plan.

## DEFINITIONS

"Accident" means an injury to the body of the Insured caused by physical trauma that results directly from an accident, independently of all other causes; and is not related to the normal functions of the body. Self-inflicted injuries caused by prolonged over-exertion, stress, strain or disease process or aggravation of an existing condition are expressly not covered.

"Benefit Period" means a period of time that begins on the original date of a loss covered by the Policy and continues from that date for [52] weeks. No benefits are payable for any expenses incurred for an Injury or Sickness before or after the Benefit Period.

"Biologically-based Mental Illness" means a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the person with the Illness, including but not limited to, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders,

obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism.

"Complications of Pregnancy" means: 1) conditions when the pregnancy is not terminated whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. This does NOT include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning Sickness, hyperemesis gravidarum, preeclampsia, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy. 2) nonelective caesarean section, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.

"Covered Medical Expenses" means reasonable charges that: 1) are made for services and supplies which are a medical necessity; 2) are incurred on the approval of a Physician as a Medical Necessity; 3) do not exceed the Usual and Customary Charge for the service or supply provided; 4) do not exceed the maximum benefit amount payable per service as specified in the Insurance Information Schedule; and 5) are in excess of the Deductible, if any. Charges that do not meet all of these requirements are not covered. Covered Medical Expenses will be deemed incurred only: 1) when the covered services are given; and 2) when a charge is made to the Insured for such service.

"Deductible" means the amount shown in the Insurance Information Schedule or any endorsement as Deductible. It will be subtracted from the amounts payable as Covered Medical Expenses before payment of any benefit is made. The Deductible will apply per term of insurance or per Injury or Sickness as specified in the Insurance Information Schedule.

"Dependent" means the Insured's spouse, a Newborn Infant of the Insured, and Dependent, unmarried children. A child ceases to be a Dependent on the earlier of: 1) the end of the month in which they marry; or 2) the end of the month in which they attain the age 19. A Dependent, unmarried child includes a child placed for the purposes of legal adoption. Coverage for the child will be effective on the date of placement in the physical custody of the adoptive parent. It will continue unless placement is disrupted prior to legal



adoption and the child is removed from placement. Coverage for such child will be for Injury or Sickness, including the necessary care and treatment of conditions existing prior to the date of placement. Attaining age 19 will not end the coverage of a child while he is and continues to be both: 1) incapable of self-sustaining employment by reasons of mental or physical handicap; and 2) chiefly Dependent on the Insured for support and maintenance. Proof of such incapacity and dependency must be given to Us by the Insured within 31 days of the child's attaining age 19. After that, proof must be given to Us annually following the child's attaining age 19. If a claim is denied because the child has attained age 19, the burden is on the Insured to establish that the child is and continues to be handicapped as defined in Subsections (1) and (2) of the previous paragraph.

"Elective Surgery or Elective Treatment" includes, but is not limited to, surgery and/or treatment for: acne; acupuncture; allergy, including allergy testing; biofeedback-type services; birth control; breast implants; breast reduction; circumcision; corns, calluses & bunions; deviated nasal septum, including sub-mucous resection and/or other surgical correction of same; family planning; fertility tests; 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 conditions resulting from same (including hernia or any kind); premarital examinations; preventive medicine or vaccines or diet supplements; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders and testing for same; temporomandibular joint dysfunction; tubal ligation; vasectomy and weight reduction.

"Extended Care Benefits" means a facility that: 1) is operated pursuant to law; 2) is approved for payment of Medicare benefits or is qualified to receive such approval, if so requested; 3) is primarily engaged in providing, in addition to room and board accommodations, skilled nursing care under the supervision of a licensed Physician; 4) provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and 5) maintains a daily medical record of each patient.

Extended Care Facility does not mean: 1) any home, facility or part thereof used primarily for rest; 2) a home or facility for the aged or for the care of drug addicts; or 3) a home or facility primarily used for the

care and treatment of mental Diseases or disorders, or custodial or educational care.

"Home Health Care" means those nursing and other home health care services rendered to the Insured in his place of residence under the following conditions: 1) on a part-time or intermittent basis, except when full-time or 24-hour services are needed on a short-term basis; 2) if continuing hospitalization would have been required if Home Health Care was not available; 3) pursuant to a physician's order and under a plan of care established by the physician and a home health care provider.

"Hospital" means an institution that: 1) is operated pursuant to law; 2) operates primarily for the reception, care and treatment of sick or injured persons on an inpatient basis for which a charge is made; 3) provides 24-hour nursing service by or under the supervision of Registered Nurses; 4) has a staff of one or more Physicians available at all times; and 5) provides organized facilities for diagnosis, treatment and surgery, either on its premises or in facilities available to it on a prearranged basis. Hospital does not include: 1) convalescent homes, convalescent, rest or nursing facilities; 2) facilities primarily affording custodial, educational or rehabilitative care; 3) facilities for the aged or drug addicts; 4) an institution specializing in or primarily treating Mental or Nervous Disorders, other than for the treatment of biologically-based mental illness; or 5) any military or veterans' Hospital or soldiers home or any Hospital contracted by any national government or agency thereof for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the Insured for such services.

"Hospital Confined" means confined in a hospital for at least 18 hours by reason of an injury or sickness for which benefits are payable.

"Illness, Sickness, or Disease" means sickness or disease that causes loss beginning while the Policy is in force and which is not excluded under a pre-existing condition limitation. All related conditions and recurrent symptoms of the same or a similar condition will be considered one illness.

"Immediate Family Member" means the Insureds' spouse, mother, father, brother or sister or the Insureds' spouses' mother, father, brother or sister.

"Injury" means accidental bodily injury or injuries resulting directly and independently of all other caus-

es sustained while the Policy is in force for the Insured which results in loss covered by the Policy.

"Insured" means: 1) an eligible, registered student of the Policyholder who has properly enrolled in the program and has paid the appropriate premium for his or her coverage; and 2) their Dependents, if: a) the Dependent is properly enrolled in the program; b) the appropriate Dependent premium has been paid.

"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: 1) death; 2) permanent placement of the Insured's health in jeopardy; 3) serious impairment of bodily functions; or 4) serious and permanent dysfunction of any body organ or part.

"Medical Necessity" means those services or supplies given or prescribed by a hospital or physician which are: 1) essential for the symptoms and diagnosis or treatment of sickness or injury; 2) given for the diagnosis or direct care and treatment of sickness or injury; 3) in accordance with the standards of good medical practice; 4) not primarily for the convenience of the Insured or his physician; 5) the most appropriate supply or level of service which can safely be given to the Insured.

"Miscellaneous Supplies (Outpatient)" includes, but is not limited to, Ace Bandages, sutures and suturing supplies, Band-Aids, injections, medications, oxygen, blood and blood plasma.

"Per Injury or Per Sickness" means one or more terms of impairment due to the same or related cause. Each term will end only when there is complete recovery from the Injury or Sickness. The Insured's Physician will decide when there is complete recovery.

"Physician" means a practitioner of the healing arts operating within the scope of his or her license. A Physician does not include an Immediate Family Member. A physician includes at least the following 1) a Doctor of Medicine (M.D.); 2) a Doctor of Osteopathy (D.O.); 3) a Doctor of Dentistry (D.M.D. or D.D.S.); 4) a Doctor of Chiropractic (D.C.); 5) a doctor of Optometry (O.D.); 6) a Doctor of Podiatry (D.P.M.); 7) a Doctor of Psychology (Ph.D.); or 8) any other health care practitioner that state law requires us to recognize as a Physician. The term "Physician" does not mean a social worker or sociologist.

"Pre-existing Condition" means an injury or sickness for which the Insured received treatment or advice from a physician or used prescriptions drugs within

the six (6) month period immediately preceding the effective date of coverage under the Policy.

"Psychotherapy" means the treatment of a Mental and Nervous Disorder. Psychotherapy must be administered by an M.D. or a licensed psychologist, Ph.D..

"Registered Nurse" means a licensed professional nurse (R.N.). A Nurse does not include an Immediate Family Member.

"Sound, Natural Teeth" means natural teeth, of which the major portion of the individual tooth is present, regardless of fillings or caps and which is not carious, abscessed or defective.

"Usual and Customary Charges" means a reasonable charge that is: (a) usual and customary when compared with charges made for similar services and supplies; and (b) made to persons having similar medical conditions in the locality of the school. No payment will be made under the Policy for any expenses incurred which in the judgement of the Company are in excess of the usual and customary charges.

"Total Disability", in so far as the Extension of Benefits and/or the Continuation of Coverage provisions are concerned, means that the Insured Student is not engaged in any gainful occupation and is completely unable, due to Sickness or Injury or both, to engage in any and every gainful occupation for which the person is reasonably fitted by education, training or experience. Under the terms of the Policy, this would mean that he or she is unable to continue their studies as the result of that Total Disability.

## EXCLUSIONS

No benefit will be paid nor is a premium charged for loss or expense caused by, contributed to, by any of the following:

### General Exclusions

1. Services given normally without charge by the Health Service of the school, or by any person employed or retained by the school or services covered by the student health fee;
2. Eye examinations; prescriptions or fitting of eye-glasses and contact lenses; or other treatment for visual defects and problems not caused by accidental injury or sickness covered by the policy; "Visual Defects" means any physical defect of the eye which does or can impair normal sight;
3. 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;

4. War or any act of war, declared or undeclared, or while in the Armed Forces of any country (\*a pro-rata premium will be refunded upon request for such period not covered);

5. The Insured's participation in a riot or civil disorder; commission of or attempt to commit a felony;

6. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury;

7. Treatment in a Government Hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;

8. Being under the influence of any narcotic unless administered or consumed on the advice of a physician;

9. For any loss sustained or contracted as a consequence of the Insured's being intoxicated;

10. Elective surgery and elective treatment;

11. Injury or sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;

12. Cosmetic surgery, unless related to treatment of a covered Accident or for treatment of medically diagnosed congenital defects and birth abnormalities for Dependents covered from the moment of birth;

13. Hospital confinement for purposes of custodial care.

#### **Accident Exclusions**

14. Injury sustained while: 1) participating in any inter-scholastic, intercollegiate, club, professional or semi-professional sport, contest or competition; 2) traveling to or from such sport, contest or competition as a participant; or 3) while participating in any practice or conditioning program for such sport, contest or competition, except as may be specifically provided;

15. The Insured's participation in skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;

16. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile or two or three-wheeled motor vehicle;

#### **Sickness Exclusions**

17. Dental treatment, except for accidental injury to sound, natural teeth and for treatment of the severely disabled and dependent children under age five as provided;

18. Routine newborn baby care, well-baby nursery and related Physician charges;

19. Congenital conditions, except as specifically provided for newborn infants;

20. Organ transplants; reimplantation, transplantation or experimental surgery.

21. Elective abortion.

\*All requests for premium refunds must be in writing and sent to T.L. Groseclose Associates, Inc.

#### **Pre-existing Condition**

No benefit will be payable under the Policy for the first 12 months following the effective date of the Insured's coverage. However, this provision will not limit benefits for a pre-existing condition if: 1) during the period immediately preceding the Insured's becoming insured under the Policy, he or she was enrolled as a member under another group policy issued to the School that provided similar benefits with no lapse in coverage; and 2) benefits were paid for the pre-existing condition under the prior group policy.

#### **CLAIMS PROVISIONS**

**NOTICE OF CLAIM:** You must give written notice of claim to us or our authorized agent. This must be done within twenty (20) days after a claim begins or as soon as possible. Notice given by or on your behalf with enough information to identify you is notice to us.

**CLAIM FORMS:** When we receive a notice of claim, we will furnish claim forms. If we do not do this within 15 days after we get written notice, you can send us written proof of loss telling us of the occurrence, the character and extent of the loss for which claim is made.

**PROOF OF LOSS:** Written Proof of Loss must be given to us or our authorized agent within 90 days of the loss. If it is not given within the time required, the claim will not be invalid or reduced if it was not reasonably possible to do so.

Proof of loss must describe the incident, extent and the type of loss. For death claims, proof of loss means certified copies of the death certificate, autopsy (if performed), Coroner, Medical Examiner or Justice of the Peace reports. Police Motor Vehicle Accident Report or Police Incident Report, if applicable, are also Proof of Loss documents.

If the claim is for a continuing loss for which we made periodic payments, written proof of loss must be given to us within 90 days after the end of each period that benefits are payable, or as soon as possible.

**TIME OF PAYMENT OF CLAIMS:** We will pay all benefits due not more than 60 days after receipt of proof of loss.

**PAYMENT OF CLAIMS:** Benefits for loss of life will be paid to the beneficiary. If no beneficiary has been designated, benefits will be paid to your estate. Any other accrued benefits, not to exceed -\$0- unpaid at your death may, at our option, be paid either to the benefi-

ciary or to your estate. All other benefits will be paid to the Insured. We may pay benefits for Covered Medical Expenses directly to the provider of medical services if you request us to do so. Any such payment by us in good faith will end our liability to the extent of such payment.

**BENEFICIARY:** Accidental death benefits, if any, will be paid to the beneficiary as designated in writing by you and on file with the Plan Administrator. If no beneficiary has been named, benefits will be payable in the following order of preference: 1) to the spouse, if living; otherwise 2) equally to any lawful children, if living; otherwise 3) equally to the mother and father, if living; otherwise 4) to your estate.

**BENEFICIARY DESIGNATION:** You may choose one or more beneficiaries. We will give forms for this use. Such forms must be filed with the Plan Administrator. The beneficiary may be changed at any time. the beneficiary's consent is not required unless an irrevocable beneficiary has been named. The change will be effective only upon receipt by the Plan Administrator. The change will take effect on the date it is signed. Any payment we make in good faith before we receive any beneficiary change will end our liability to the extent of such payment.

**LEGAL ACTIONS:** No legal action can be brought to recover on the Policy prior to the end of 60 days after written proofs of loss have been given. No such action can be brought after 3 years from the time written Proofs of Loss are required to be given.

**PHYSICAL EXAMINATION:** As a part of Proof of Loss, we, at our own expense, have the right: 1) to examine the person of any Insured when and as often as we may reasonably require while a claim is pending; and 2) to have an autopsy made in case of death where it is not forbidden by law.

We have the right to get a Physician's opinion about treatment or hospitalization. If you do not show up for an exam by a Physician when we request it, we may: 1) withhold payment of Covered Medical Expenses until the exam is done and the Physician's report is received; and 2) deduct from benefits the amount we had to pay the physician who was to make the exam.

## CLAIM PROCEDURES

Secure a claim form from the University Health Service. Fill in the necessary information, have the doctor complete his portion of the form, attach all doctor and hospital bills and mail to:

**T.L. Groseclose Associates, Inc.**  
190 Tamarack circle  
Skillman, NJ 08558  
609-279-1507

During school breaks or vacation, you can obtain a claim form by writing or calling the above.

For additional information go to: [www.monmouth.edu](http://www.monmouth.edu)  
Search for Student Activities, Student Services and Health Services.

**Underwritten By:**  
**SECURITY MUTUAL LIFE**  
**INSURANCE COMPANY OF NEW YORK**  
Binghamton, New York

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 the Agent, T.L. Groseclose Associates when you need such certification.

Please keep this certificate as a summary of your insurance. The Insurance Policy is on file at the College and contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the certificate and the Policy, the Policy will govern and control the payment of benefits.

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**PLEASE RETAIN THIS CARD**  
**THIS IS TO CERTIFY THAT**

\_\_\_\_\_  
Name of Insured

IS PARTICIPATING IN THE 2001-2002  
STUDENT MEDICAL INSURANCE PLAN  
FOR

**MONMOUTH UNIVERSITY**

Subject to Verification by Plan Administrator

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Submit all claims to the address indicated below:

**T.L. Groseclose Associates, Inc.**  
190 Tamarack circle  
Skillman, NJ 08558  
609-279-1507

For additional insurance information, consult the  
University website at: [www.monmouth.edu](http://www.monmouth.edu)

