

STUDENT HEALTH AND ACCIDENT INSURANCE PLAN 2010-2011

**SELECTED BY THE
STUDENT GOVERNMENT
ASSOCIATION**

**Designed Especially for
the Students of:**

**N I C H O L L S
S T A T E U N I V E R S I T Y**
Thibodaux, Louisiana

Visit us on the web:
www.BollingerColleges.com/Nicholls

Administered by:
Bollinger, Inc.

Underwritten by:
**Monumental Life
Insurance Company**
Cedar Rapids, Iowa
an AEGON company

Policy Form: SH5000GPM.LA
Policy Number: CLA510G
SGA President, Brittany Taraba
SGA Vice President, John Lombardo

Dear Students,
The Student Government Association selects your insurance policy as a service to you. We have selected what we feel is the best policy for students at the best available price. Please feel free to contact me in the Student Union (985-448-4557) or contact University Health Services (985-493-2600) if you have any questions, complaints or suggestions.

Sincerely,
Brittany Taraba
SGA President

ELIGIBILITY

All students carrying seven (7) hours or more for the Fall and Spring Semesters, (four (4) hours for Summer Session) attending Nicholls State University shall be covered or protected by this plan anywhere at anytime during the dates of the school's semesters. The purchase of insurance by students carrying less than seven hours is optional. Coverage shall provide twenty-four-hour protection at home, at school or while traveling. Protection will be in effect during all vacation periods occurring within a semester period.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. August 1, 2010. Coverage becomes effective on that date or the first day of the semester/session for which full premium is received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m. August 1, 2011. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

All newborn children of any Covered Person are automatically covered at birth for the longer of 31 days or until discharged from the hospital, coverage being the same as provided to the Covered Person. 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 an illness. The Covered Person may continue coverage beyond the 31 days upon application within the 31 day period from the date of birth and payment of any required premium.

An adopted child of the Covered Person is insured on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage continues unless the placement is disrupted and the child is removed from placement. When your coverage terminates, you may request proof of your coverage under this plan. If you want such a certification after your coverage terminates, please contact Bollinger, Inc. at that time.

OPTIONAL DEPENDENT COVERAGE

Students covered under this insurance may also purchase coverage for their dependents. Dependents means the Insured's lawful spouse; unmarried children including stepchildren, foster children, legally adopted children, children of adoptive parents pending adoption proceedings, natural children, and unmarried grandchildren in the legal custody of the Insured, who chiefly rely on the Insured for support and maintenance and are within the following age groups: under 21 years of age; 21 but less than 25 years of age and enrolled in a School as a full-time student. Covered dependent spouses that are 50 years of age or greater may continue as insured when their eligibility for coverage ceases under the policy due to the death of the student. Additional information and enrollment forms may be obtained from our local agent, Gallagher Benefit Services, Inc./Sternfels Insurance Division.

P.O. Box 5087, Thibodaux, LA 70302, (985) 446-5602.

STUDENT HEALTH INSURANCE PREMIUM RATES

	Fall 8/1/10- 1/12/11	Spring 1/13/11- 6/1/11	Summer 6/2/11- 7/31/11
Student Only	\$29.25	\$29.25	\$17.85
Spouse Only	\$44.90	\$44.90	\$29.25
Each Child	\$32.60	\$32.60	\$19.90

A representative from the local agent, STERNFELS, will be available at any time during business hours to answer your questions concerning the policy, please call 985-446-5602.

ACCIDENTAL DEATH AND DISMEMBERMENT

Upon receipt of due proof that a Covered Person suffers a loss shown in the Table below, we will pay the benefit shown in the Table below. The benefit payable

is subject to the following conditions: (1) the loss must occur as a direct result of an Injury; and (2) the loss must occur within 365 days of the accident causing the Injury. See Master Policy on file with the University for complete benefit limits and exclusions.

Life	\$2,000
Both Hands; Both Feet or Sight of Both Eyes . .	\$2,000
One Hand and One Foot	\$2,000
One Hand and Sight of One Eye	\$2,000
One Foot and Sight of One Eye	\$2,000
Speech and Hearing	\$2,000
One Hand; One Foot or	\$1,000
Sight of One Eye	\$1,000
Speech or Hearing	\$1,000
Thumb and Index Finger of Same Hand	\$500.

Loss is defined as follows: (1) Loss of Hand: complete severance at or above the wrist joint. (2) Loss of Foot: complete severance at or above the ankle joint. (3) Loss of Sight: total and irrecoverable loss of sight. (4) Loss of Speech: total and irrecoverable loss of speech. (5) Loss of Hearing: total and irrecoverable loss of hearing. (6) Loss of Thumb and Index Finger: complete severance at or above the metacarpophalangeal joint.

If a Covered Person sustains more than one loss from one accident, we will pay for the loss which has the greatest benefit. Payment will be made only for the loss that results from that accident, without regard to any loss from a prior accident.

HEALTH OR ACCIDENT BENEFITS

If the Insured shall become disabled while insured hereunder, by reason of an accident, sickness, disease or conception of pregnancy, the manifestations of which commenced while this insurance is in force as to the Insured and such Insured requires a) treatment by a licensed Physician, b) x-ray examination (not treatment), c) professional local ambulance service, or Hospital care or service, payment will be made for the eligible expenses actually incurred for similar services, in the geographical areas where services are provided, within 52 weeks from the date of accident or 52 weeks from the date of first treatment for sickness as shown under the Basic and Major Medical Benefits. Pregnancy will be treated as any other sickness to include involuntary termination of pregnancy and other complications. Conception must occur during the semester in which the student is covered under the insurance plan. Pregnancy benefits will be payable based on the plan in

effect at the time of conception and will be payable per listed benefits within 52 weeks from date of conception.

BASIC BENEFITS

Deductible is waived if student is referred for treatment from the University Health Service professional staff.

This policy pays primary benefits.

1. Daily Room and Board when hospital confined up to 10 days at \$100 per day, up to a maximum of\$1,000.00
2. Miscellaneous Hospital expenses for use of operating room, anesthesia, x-ray examination (not treatment), laboratory tests, drugs or medicines, therapeutic services or supplies when hospital confined and while receiving Room and Board Benefits above, and ambulance service to or from the hospital not to exceed a maximum of\$500.00
3. Surgical Operation performed by a licensed Physician, in accordance with the 1974 California-Relative Value Schedule having a conversion factor of \$90.00. This includes outpatient day surgery in accordance with the surgical schedule. Benefits will be paid for services and supplies such as: cost of operating room anesthesia, drugs or medicines, and supplies.\$1,000.00
4. Doctor's Visits beginning with the first visit when hospital confined and no surgery is performed, \$20.00 per visit per day not to exceed for each sickness or accident a maximum of\$200.00
5. Outpatient Expenses incurred for hospital emergency room, x-rays, laboratory tests, doctor's fees and radiologist's fees prescribed by a doctor, in a doctor's office, clinic, university health service, or hospital outpatient department, not to exceed:
\$150.00 per sickness after a \$50 deductible
\$500 per accident after a \$50 deductible
6. Prescription Drugs and Medicines - a \$20 Co-Pay is required for each prescription drug dispensed, including psychotropic drugs, up to a maximum benefit of \$500 per Policy Year. See Caremark Section for details. Bring insurance ID card to pharmacy.
7. Coverage for Psychiatric Disorder or Condition The plan will cover usual and customary expenses incurred during the Policy Year for diagnosis and treatment of any psychiatric disorder or condition when rendered or prescribed by a Doctor or other provider licensed in Louisiana. Benefits will be payable under the same circumstances and conditions as any other illness but will be limited to the following: \$200.00 per Covered Person for the initial diagnosis; \$70.00 per outpatient visit; \$1,000 annual benefit; and \$10,000 lifetime, maximum benefit.

8. Coverage for STD Testing The Insurance Plan will pay the Usual and Customary eligible expenses for STD testing.

ADDITIONAL BENEFITS

Accident and Sickness Benefits will also be provided for the following:

1. Cleft Lip and Cleft Palate Coverages

The Insurance Plan will pay the usual and customary expenses incurred during the Benefit Period for the treatment of cleft lip and cleft palate, not to exceed the Policy maximums as indicated under the Basic and Major Medical Benefits. Eligible Expenses include:

- A. Oral and facial surgery, surgical management, and follow-up care.
- B. Orthodontics.
- C. Preventive and restorative dentistry.
- D. Prosthetic management and therapy.
- E. Speech language evaluation and therapy.
- F. Audiological assessment and amplification devices.
- G. Otolaryngology treatment and management.
- H. Psychological assessment and counseling.
- I. Genetic assessment and counseling.

2. Hearing Impaired Interpreter Transliteration Services:

Coverage is provided for services performed by a qualified interpreter/transliterator, other than a family member of the insured, when such services are used by the insured in connection with medical treatment or diagnostic consultations performed by a physician, dentist, chiropractor or podiatrist, provided such medical treatment or consultation is covered under the policy and provided the services are required because of a hearing impairment of the insured or a failure of the insured to understand or otherwise communicate in spoken language;

3. Coverage for Mammograms and Pap Test Cervical Cancer for:

- a. one baseline mammogram from ages 35 through 39;
- b. one mammogram every 24 months or more frequently if recommended by a Doctor for ages 40 through 49;
- c. one mammogram every 12 months age 50 or over;
- d. an annual pap screening.

4. Coverage for Attention Deficit Hyperactivity Disorder

The Plan will cover usual and customary expenses incurred during the Benefit Period for diagnosis and treatment of Attention Deficit/Hyperactivity Disorder when rendered or prescribed by a Doctor or other provider licensed in

Louisiana. Benefits will be payable under the same circumstances and conditions as any other illness but will be limited to the following: \$600.00 per Covered Person for the initial diagnosis; \$50.00 per outpatient visit; \$2,500 annual maximum benefit; and \$10,000 lifetime maximum benefit.

5. **Coverage for Severe Mental Illness** The Insurance Plan will pay the Usual & Customary eligible expenses for severe mental illness disorders not to exceed the Policy maximums as indicated under the Basic and Major Medical Benefits. Hospital inpatient days are limited to a maximum of 45 days per calendar year and outpatient visits are limited to 52 visits per calendar year.
6. **Immunization Coverage for Dependent Children** The Plan will cover usual and customary expenses incurred during the Benefit Period for immunizations of eligible Dependent children from birth to age 6.

MAJOR MEDICAL BENEFITS

After \$1,000 of eligible incurred expenses which may or may not be fully covered by the basic plan, this Major Medical Benefit will pay 80% of the subsequently incurred Usual and Customary covered expenses up to maximum payment of \$10,000 per Sickness or per Injury. Major Medical and Basic Benefits will not exceed \$10,000 per Sickness or Injury.

PREFERRED PROVIDER ARRANGEMENT

Provisions have been made with medical providers participating as Preferred Providers with First Health. Students utilizing Preferred Providers may realize savings through reduction in professional fees negotiated by First Health. Students/ Insureds should utilize Preferred Providers when practical; however, the student retains the ultimate choice of using the physician of their preference. A comprehensive listing of Preferred Providers participating in the First Health is available at the Student Health Center; online at www.BollingerColleges.com/Nicholls or call 1-800-226-5116.

DEFINITIONS

ELECTIVE SURGERY means any surgery or treatment that is not Medically Necessary which includes but is not limited to: circumcision; tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; removal of non-malignant warts and moles; orthognathic surgery, including mandibular retrognathia; and submucous resection and/or other surgical correction for deviated nasal septum. Elective surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under the Policy.

HOSPITAL means an institution which meets all of the following requirements: (1) it must be operated according to law;(2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an in-patient basis for which a charge is made;(3) it must provide diagnostic and surgical facilities supervised by Physicians;(4) Registered Nurses must be on 24 hour call or duty;(5) the care must be given either on the Hospital's premises or in facilities available to the Hospital on a pre-arranged basis. A Hospital is not a rest, convalescent, extended care, rehabilitation or Skilled Nursing Facility. It is not a place which primarily treats mental illness, alcoholism or drug addiction; nor does it include any ward, wing or other section of the Hospital that is used for such purposes. It is not a facility where, in the absence of insurance, there is no legal obligation to pay.

IMMEDIATE FAMILY means the Insured's spouse and the children, brothers, sisters, uncles, aunts, in-laws, and parents of the Insured and of the Insured's Spouse.

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under the Policy. A Covered Person must begin receiving services, supplies or treatment within 90 days from the time of the accident in order for it to be considered an 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.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, permanent placement of Covered Person's health in jeopardy, serious impairment of bodily functions or serious and permanent dysfunction of any body organ or part. Expenses incurred for a Medical Emergency will be paid only for Sickness or Injury which fulfills the above conditions.

PHYSICIAN means a person licensed by the state in which he is resident to practice the healing arts or social worker. He must be practicing within the scope of his license for the service or treatment given. He may not be the Insured or a member of his Immediate Family.

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

SICKNESS means an illness, or disease which first manifests itself while the Policy is in force and which results in covered medical expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. It also includes Pregnancy and Complications of Pregnancy.

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.

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Insured's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Insured noticed symptoms or was medically diagnosed, treated (including medication), or advised by a physician within the 12 months immediately prior to his Effective Date of Coverage under the Policy. Covered medical expenses resulting from a Pre-existing Condition will not be covered unless: (1) 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 the Policy and the University's prior policies for twelve continuous months; or (3) the Insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of Injury, or Sickness, whichever occurs first.

If an Insured Person becomes insured under this Plan and was covered under another health coverage, we will credit the time the Insured Person was covered under that prior health coverage in determining whether the exclusion for a Pre-existing Condition applies. The Pre-Existing Condition limitation set forth in the Policy will be reduced to the extent an Insured Person was covered under a qualifying previous coverage if: 1) the Insured Person is not a late enrollee; and 2) the prior coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage, exclusive of any applicable waiting period.

Any pre-existing limitation is reduced by the aggregate of the periods of that qualifying previous coverage. If any applicable to the Insured Person as of the enrollment date for similar services covered under the Policy and the prior coverage.

EXCLUSIONS

Benefits will not be paid under this Policy and any attached Rider for any expenses which result from:

1. Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy);
2. Injury resulting from racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
3. Eyeglasses, radial keratotomy, contact lenses, or prescriptions or examinations except as required for repair caused by a covered Injury;
4. 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, other than Hospital nursery expense of a newborn baby, and any associated laboratory work, not including mammograms and routine Papanicolaou cytology test;
5. Treatment for lesions; warts; obesity and any condition resulting therefrom (including hernia of any kind); inguinal hernia;
6. 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;
7. Treatment for mental or emotional disorders (except as specified in schedule of benefits);
8. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury, while sane);
9. Declared or undeclared war, riot, civil disorder, civil commotion;
10. Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law;
11. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate 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. Congenital conditions, except for Newborn Children insured under this Policy;

13. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
14. Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
15. 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;
16. Expenses incurred for manipulation and massage not rendered by a licensed Physician or chiropractor.

CAREMARK PRESCRIPTION DRUG PLAN

This Plan includes a prescription drug benefit for prescription drug services throughout the United States. A listing of contracted pharmacies and service is available at Customer Service at 1-888-727-5575 or online at www.caremark.com. Covered Medical Expenses are payable up to a maximum of \$500 per Policy Year. This pharmacy benefit is provided to cover prescriptions associated with a covered Sickness or Injury occurring during the Policy Year. Bring your insurance ID card to the pharmacy because it has required information on it. Prescription Drug Benefit Management Services are provided by Caremark Pharmacy.

CLAIM PROCEDURE

Claim forms and instructions on claim procedure are available at the University Health Service Clinic. In the event of accident or sickness, the student should:

1. If at school, report immediately to the University Health Service Clinic so the proper treatment can be prescribed or approved.
2. If away from school, consult a doctor and follow his instruction. Notify the University Health Service Clinic as soon as possible to file a claim.
3. If assistance is needed, contact the Student University Health Service Clinic, at 985-493-2600.
4. Secure a Company claim form from the University Health Service Clinic, fill in the necessary information (having the attending physician complete his portion of the form), attach all medical and hospital bills and return to the University Health Service Clinic.
5. File claims within 90 days of injury or first treatment for a sickness. Bills must be received by the Company within 90 days of date of service to be considered for payment.

NICHOLLS STATE UNIVERSITY 2010-2011
 OPTIONAL ACCIDENT AND SICKNESS INSURANCE ENROLLMENT FORM FOR
 PART-TIME STUDENTS AND DEPENDENTS

Monumental Life Insurance Company

Student's Name _____ Last _____ First _____ Middle _____

Address _____ Street or PO Box _____ City _____ State _____ Zip Code _____

Date of Birth _____ Student's ID No. _____
 _____ Fall _____ Spring _____ Summer _____
 8/10-1/12/11 1/13/11-6/1/11 6/2/11-7/31/11

Student Only \$ 29.25 \$ 29.25 \$ 17.85
 Spouse Only \$ 44.90 \$ 44.90 \$ 29.25
 Each Child \$ 32.60 \$ 32.60 \$ 19.90

Make check or money order payable to Monumental Life Insurance Company. Mail this enrollment card along with the premium payment to Bollinger, Inc., P.O. Box 398, Short Hills, NJ 07078-0398.

Or Email online by credit card at www.BollingerColleges.com/Nicholls.

NICHOLLS STATE UNIVERSITY

Student Medical Insurance Plan

Underwritten by: Monumental Life Insurance Company

Insured Name:

ID #:

Effective Date:

Policy Number: **CLA510G**

Preferred Provider Network



List Dependents to be Insured below.

Last Name

First Name

MI

Date of Birth

Spouse: _____

Child: _____

Child: _____

Child: _____

"I certify that I meet eligibility requirements for this coverage as described in the brochure. If it is later determined that I am not eligible, coverage will be terminated and my Premium will be refunded."

Are you aware that this coverage has a pre-existing conditions limitation:

1. Which excludes coverage for any pre-existing condition for 12 months from the effective date of coverage (a pre-existing condition is a condition which would cause a Prudent Person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received within 12 months immediately preceding the effective date of coverage); and
2. For which a covered Person may receive credit if certain requirements are met and such person was previously covered for a pre-existing condition under Qualifying Coverage (refer to brochure for definition of Qualifying Coverage)?

Yes _____ No _____

Signature of Student _____

Date _____

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company unless otherwise stated in the Master Policy on file at the school. It is the Student's responsibility for timely renewal payments.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CLAIM PROCEDURE

Mail completed claim form to the Plan Administrator within 90 days after treatment.

Plan Administrator



PO Box 727, Short Hills, NJ 07078
Claims/Coverage Questions 1-866-267-0092

PRESCRIPTION DRUG PROCEDURE

Member: Please present this card to your pharmacist each time you order a prescription. For prescription questions, please contact Caremark at 800-391-6443.

Pharmacist: For assistance, please call our pharmacy help desk at 800-345-5413.

Administered by:



P.O. Box 727
Short Hills, NJ 07078-0727

All questions should be directed to Bollinger at:
1-866-267-0092 (Claims/Coverage)
1-800-526-1379 (Other Questions)
or to our website at
www.BollingerColleges.com/nicholls

Local Agent:

Gallagher Benefit Services, Inc. / Sternfels Insurance
Division
P.O. Box 5087 Thibodaux, LA 70302
985-446-5602

Underwritten by:

MONUMENTAL LIFE INSURANCE COMPANY
Cedar Rapids, Iowa

Preferred Provider Network:



IMPORTANT NOTICE

Please keep this Brochure as a general summary of insurance. The Master Policy on file at the University contains all of the Policy limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. If any discrepancy exists between the Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Policy No. CLA510G
Policy Form: SH5000GPM.LA

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