

Colorectal Cancer Screening Benefit, Diabetes Treatment Benefit, Home Health Care Benefit, Infertility Diagnosis and Treatment Benefit, Inherited Metabolic Diseases Benefit, Inpatient Coverage for Mastectomies and Reconstructive Breast Surgery Benefits, Mammography Benefit, Maternity Length of Stay Benefit, Pap Smear Benefit, Prostate Cancer Screening, Prosthetics and Orthotics Benefit, Treatment of Wilm's Tumor Benefit, Wellness Health Examinations Benefit, Off-Label Drug Use Benefit, Prescription Female Contraceptive, Autism, and Dose-Intensive Chemotherapy Cancer Treatment.

EXTENSION OF MAXIMUM BENEFIT

For Both Injury and Sickness

After the Company pays \$2,500 in basic benefits under the Maximum Benefit for any one Injury or Sickness the policy will pay, per the policy schedule of benefits, 80% of the expenses incurred in excess of \$2,500 up to but not exceeding \$32,500 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 two years from the date of Injury or Sickness.

EXCLUSIONS

Benefits will not be paid under this plan for expenses which result from:

1. Services that are provided normally without charge by the College Health Center, infirmary or Hospital; or by any person employed by the College;
2. Routine screenings or tests which are not Medically Necessary for the diagnosis or treatment of your condition or which are not specifically ordered by the admitting Physician, except as mandated by law and specifically provided under this Policy;
3. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law;
4. Elective abortion;
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for school credit;
6. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
7. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
8. Elective Surgery or Elective Treatment;
9. 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;

10. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
11. Injury sustained or Sickness contracted as a result of 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;
12. 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;
13. Treatment for mental or emotional disorders, except for Biologically Based Mental Illness covered under this Policy.

THIS PLAN ADMINISTERED BY:

Bollinger
Insurance Solutions

101 JFK PARKWAY
SHORT HILLS, NJ 07078
(866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)

PREFERRED PROVIDER NETWORK PROVIDED BY:

CHN
SOLUTIONS
www.chn.com

For a more complete description of
Benefits visit us on the web at
www.BollingerColleges.com/oceance

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF INSURANCE. The Master Policy on file at the College 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 Form SHI5000GPM.NJ

16234346

Student Accident and Sickness Plan for

OCEAN COUNTY COLLEGE

2010-2011

THIS PLAN UNDERWRITTEN BY:
**MONUMENTAL LIFE
INSURANCE COMPANY**

Home Office: Cedar Rapids, Iowa
an AEGON company

Dear Student and Parents:

New Jersey law mandates that all full-time students have medical and hospitalization insurance. To insure compliance with this law, all full-time students (12 credits or more) are assessed an insurance charge according to the schedule printed in this Certificate. The Insurance charge will automatically appear on the bill/schedule given to each full-time student at the time of registration.

If you already have adequate hospitalization insurance coverage, you may waive this mandatory student insurance plan. Complete the waiver form and return it to the Ocean County College Cashier's Office either before or at the time you make payment for your courses. When the Cashier's Office receives the completed waiver form, the insurance charge will be deleted from the student bill/schedule and you will not be required to pay.

Coverage is in effect 24 hours a day. The charge for this insurance is assessed only once per school year. The rate and coverage period varies depending on when the student first registers for classes. The period of coverage beginning date will be delayed if payment has not been made on time.

Period Coverage	Charge*
Full Year (9/1/10 - 9/1/11)	\$26.00
Spring Semester (1/24/11 - 9/1/11)	\$19.50
Summer Sessions (5/23/11 - 9/1/11)	\$14.50

*Rates include a \$1 Administrative fee

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 September 1, 2010 or the date of Premium Payment, whichever is later, until September 1, 2011. For students enrolled during the Spring Semester, coverage will be in effect from either January 24, 2011, or the date of Premium

OCEAN COUNTY COLLEGE

Student Medical Benefit Plan - I.D. Card

This is to certify that as of September 1, 2010, insurance coverage is provided in accordance with all terms and provisions of Policy No. C539G issued to the above named college for the student named below.

Name _____ Student ID # _____
Street Address _____
Town _____ State _____ Zip Code _____

This coverage expires September 1, 2011

UNDERWRITTEN BY:

**MONUMENTAL LIFE
INSURANCE COMPANY**

Cedar Rapids, Iowa
PREFERRED PROVIDER NETWORK:



ADMINISTERED BY:

Bollinger
Insurance Solutions

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

Payment, whichever is later, until September 1, 2011. The plan covers Injuries sustained and Sickness contracted and causing loss commencing during the coverage period. The policy expires September 1, 2011. (Please note that this policy cannot establish physician's fees, and therefore, cannot guarantee that payments made by Monumental Life Insurance Company, hereafter referred to as the Company, will cover all physician and surgeon charges in full.)

ACCIDENT MEDICAL EXPENSE BENEFITS

Benefits are provided up to \$2,500 for accidental injuries for which medical treatment by a physician, surgeon, dentist, registered nurse, hospital services, ambulance services, or x-rays are rendered. The initial treatment must be rendered within 90 days of the accident and benefits are limited to treatment rendered within 52 weeks of the date of accident. Specific benefit levels are as shown below:

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 \$500 as the result of any one Injury.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge or \$1,000 in total for all surgical operations performed for any one Injury.

Ambulance Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge for any one Injury.

Attending Physician's Expense: The expense incurred is allowed not to exceed the Usual and Customary Charge for any one Injury.

Second Surgical Opinion: will be covered up to the expense incurred subject to a maximum of the Usual and Customary Charge.

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.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$500 as the result of any one Injury.

Dental Expense: The Company will pay up to the Usual and Customary Charge per tooth with a maximum of \$500 per Injury for treatment to sound and natural teeth injured in a covered accident.

Physiotherapy Benefit: Up to the Usual and Customary Charge per visit is allowed.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$25 per covered Injury.

Anesthesia Expense: The expense actually incurred is allowed up to 30% of the surgeon's allowance under the policy.

Medical Consultation Expense: The expense actually incurred is allowed up to the Usual and Customary Charge per covered Injury.

ACCIDENTAL DEATH

\$1,000 payable when Injury results in the loss of life within 180 days of the accident.

ACCIDENTAL DISMEMBERMENT

\$1,000 payable per the schedule as shown in the Master Policy.

SICKNESS MEDICAL EXPENSE BENEFITS

Sickness benefits will be paid up to \$2,500 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 \$60 per day.

Hospital Inpatient Miscellaneous Expense: The expenses actually incurred are allowed not to exceed \$500 as the result of any one Sickness.

Surgical Expense: The expense actually incurred is allowed not to exceed the Usual and Customary Charge, or \$1,000 in total for all surgical operations performed for any one Sickness.

Ambulance Expense: The expense actually incurred is allowed not to exceed \$100 for any one Sickness.

Attending Physician's Expense: The expense actually incurred is allowed not to exceed \$250 for any one Sickness.

Second Surgical Opinion: will be covered up to the expense incurred subject to a maximum of \$20.

Registered Graduate Nurse Expense: The expense actually incurred is allowed subject to a maximum benefit of \$50 per 24-hour period or \$500 as the result of any one Sickness.

Outpatient Miscellaneous Expense: The expense actually incurred is allowed subject to a maximum \$100 as the result of any one Sickness.

Prescription Drug Expense: The expense actually incurred is allowed up to a maximum of \$25 per covered Sickness.

Medical Consultant's Expense: The expense actually incurred is allowed up to \$20 per covered Sickness.

MANDATED BENEFITS

The plan will pay for the following mandated benefits and any other applicable mandate in accordance with New Jersey insurance laws: Alcoholism Treatment Benefit, Audiology and Speech language Pathology Benefit, Biological-based Mental illness Benefit, Blood Products and Blood Infusion Equipment Benefit, Certain Dental Services Benefit,