Eligibility
All Students of the Pillar College are automatically covered under the Injury insurance program outlined herein.

Effective and Termination Dates
The Master Policy on file at the school becomes effective at 12:01 a.m. July 1, 2013. Coverage becomes effective on the first day of the period for which premium is paid or the date the student enrolls, whichever is later. The Master Policy terminates at 12:00 a.m., July 1, 2014.

Definitions
COVERED MEDICAL EXPENSES are usual, customary, and Medically Necessary charges that are:
1. not in excess of the maximum amount payable for services as specified in the Schedule;
2. in excess of any Deductible amount; and
3. incurred while the Covered Person's coverage under this Policy is in force.

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under this Policy. A Covered Person must begin receiving services, supplies or initial treatment within 72 hours from the time of accident in order for it to be considered a covered 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.

$2,500 Maximum Benefit (For Each Injury) Paid As Specified Below
The Policy will cover accidental Injuries sustained while this Policy is in force and while the Insured is participating in or attending an activity exclusively organized, sponsored and supervised by the Policyholder. This shall include group travel directly and uninterruptedly to or from such an activity. The Policy has a $10,000 Aggregate Maximum and will pay up to a $2,500 Maximum Benefit per Injury. Covered Medical Expenses include:

Inpatient
Room and Board Expense .................................................... Usual & Customary Charges

Hospital Miscellaneous Expenses, such as the cost of the ........................................ Usual & Customary Charges operating room, laboratory tests, x-ray examinations, anesthesia, medication and drugs, and temporary surgical appliances including dressings.

Physiotherapy (includes diathermy, ultrasonic, microtherm, manipulation or massage) Usual & Customary Charges

Surgical Expense ............................................................... Usual & Customary Charges

Nurse ................................................................. Usual & Customary Charges

Physician’s Expense ........................................ Usual & Customary Charges

Outpatient
Surgical Expense ............................................................... Usual & Customary Charges

Surgeon’s Fees ................................................................. Usual & Customary Charges

Outpatient Miscellaneous Expenses, such as the cost of the operating room, ....... Usual & Customary Charges laboratory tests, x-ray examinations, anesthesia, medications and drugs and temporary surgical appliances including dressings.

Attending Physician’s Expense ........................................... Usual & Customary Charges

Physiotherapy (includes diathermy, ultrasonic, microtherm, manipulation or massage) Usual & Customary Charges

Prescription Drugs ..................................................... Usual & Customary Charges

Other
Ambulance Expense ......................................................... Usual & Customary Charges

Medical Consultation Benefit ........................................ Usual & Customary Charges

Dental, made necessary by Injury to Sound, Natural Teeth ........................................ Usual & Customary Charges

Accidental Death and Dismemberment (AD&D) ......................... $5,000 maximum
MEDICALLY NECESSARY means health care services that a health care provider, exercising his prudent clinical judgment, would provide to a Covered Person for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms and that is: (1) in accordance with the generally accepted standards of medical practice; (2) clinically appropriate, in terms of type, frequency, extent, site and duration, and (3) considered effective for the Covered Person's illness, injury or disease; (4) not primarily for the convenience of the Covered Person or the health care provider; and (5) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that Covered Person's illness, injury or disease.

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.

Non-Duplication of Benefits
This Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any Other Valid and Collectible Insurance. If the Covered Person is covered by Other Valid and Collectible Insurance, all benefits payable by such insurance will be determined before benefits will be paid by this Policy. This Policy is the second payer to any other insurance having primary status or no Coordination or Non-Duplication of benefits provision.

Exclusions
1. Surgical, medical or other services received in a facility primarily designed to care for students, faculty or employees of a college or other institution of learning. With the exception of some services performed at Student Health Center;
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. 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;
5. Eyeglasses, radial keratotomy, contact lenses, hearing aids (except for Dependent children ages 15 and under), or prescriptions or examinations except as required for repair caused by a covered Injury;
6. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
7. Elective Surgery or Elective Treatment;
8. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury;
9. Injury sustained 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;
10. 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.

How To File A Claim
1. Obtain a Bollinger claim form from the plan website or contact Bollinger.
2. Follow the instructions on the back of the claim form.
3. Itemized bills and other insurance Explanations of Benefits (EOB) must be received by Bollinger within 90 days of the date of service or as soon as reasonably possible.
4. Subsequent bills and EOB’s may be submitted without completing a new claim form.

This Plan Administered by:
Bollinger
P.O. Box 727
SHORT HILLS, NJ 07078
(866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)

Preferred Provider Network:
CHN SOLUTIONS
www.CHN.com

PLEASE KEEP THIS BROCHURE AS A GENERAL
The Master Policy on file at the Institute 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.

Policy Form: SH5000GPM.NJ
26196735

PILAR COLLEGE
2013
Blanket Student Injury Insurance
Summary of Coverage

This Plan is Underwritten by:
Monumental Life
Insurance Company
Cedar Rapids, Iowa
a Transamerica Company

Visit us on the Web:
www.BollingerColleges.com/pillar

Policy Number: C548J

YOUR CERTIFICATE IS SUBJECT TO THE
LAWS OF THE STATE OF NEW JERSEY

"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."