

## ELIGIBILITY

All American University of the Caribbean students are eligible and are required to purchase this insurance plan on a Mandatory Basis. Eligible Dependents of students enrolled in the plan may participate on a voluntary basis.

Students must actively attend classes for at least the first 31 days after the Policy effective date (the first date of the term). Students who withdraw less than 31 days into the term will receive a refund of the premium paid and will not be covered under the Policy. However, students on an approved leave of absence are eligible to enroll so long as the premium is paid on or before the Policy effective date (first day of the term). If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund the amount of premium.

## DEPENDENT ELIGIBILITY

Eligible students may also insure their Dependents. Eligible Dependents are the spouse and unmarried children up to age 26. Dependent eligibility expires concurrently with that of the Insured Student. Dependent coverage must be applied for by filling out the Dependent Insurance Enrollment Form and by paying the required premium.

## EFFECTIVE/TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m., August 31, 2011. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:00 a.m., August 31, 2012. 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.

Fall 08/29/11 through 01/01/12  
Spring 01/02/12 through 05/06/12  
Summer 05/07/12 through 09/02/12

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received before the beginning of the term. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year term Policy.

### American University of the Caribbean Student Medical Benefit Plan - I. D. Card

This is to certify that as of August 31, 2011, insurance coverage is provided in accordance with all terms and provisions of Policy No. CFL210H issued to the above named college for the student named below.

Name	Student ID #	
Street Address		
Town	State	Zip Code

The coverage expires August 31, 2012

UNDERWRITTEN BY:  
**Monumental Life Insurance Company**  
Cedar Rapids, Iowa



ADMINISTERED BY:  
**Bollinger**  
Insurance Solutions  
PO Box 727  
Short Hills, NJ 07078  
1-866-267-0092

Claim forms and plan benefits available on website: [www.BollingerColleges.com/AUC](http://www.BollingerColleges.com/AUC)  
Send all claims to Bollinger, Inc.

## Schedule of Medical Expense Benefits

**Up to \$200,000 Maximum Lifetime Benefit (For Each Injury or Sickness) \$250 Deductible (Per Insured Person) (Per Policy Year)**  
After the Deductible has been satisfied, benefits will be paid for 100% of Covered Medical Expenses incurred up to \$5,000 maximum. After the Company has paid \$5,000, benefits will be paid for 80% of additional Covered Medical Expenses incurred up to \$50,000, then 100% of remaining Covered Medical Expenses not to exceed the \$100,000 Maximum Lifetime Benefit. Benefits will be paid up to the Maximum benefit for each service as scheduled below. The Policy provides coverage for one routine annual exam and one pap smear up to a maximum of \$150 per Policy Year. Covered Medical Expenses include:

<b>INPATIENT</b>	
<b>Room &amp; Board/Hospital Miscellaneous</b> , daily semi-private room rate; general nursing care provided by Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, including professional fees; anesthesia, drugs (excluding take home drugs) or medications, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	Usual & Customary Charges
<b>Intensive Care</b>	Paid under Room & Board/Hospital Miscellaneous
<b>Routine Newborn Care</b>	Paid as any other Sickness/4 days hospital confinement expense maximum
<b>Physiotherapy</b>	Usual & Customary Charges
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	Usual & Customary Charges
<b>Anesthetist</b> , Professional services in connection with inpatient surgery	Usual & Customary Charges
<b>Registered Nurse's Services</b> , private duty nursing care	Usual & Customary Charges
<b>Physician's Visits</b> , benefits are limited to one visit per day and do not apply when related to surgery	Usual & Customary Charges
<b>Pre-Admission Testing</b> benefits are payable within 3 working days prior to admission.	Usual & Customary Charges
<b>Psychotherapy</b> , benefits are limited to one visit per day (Psychiatric hospitals not covered)	Paid as any other Sickness/\$1,000 per day/30 days maximum (per Policy Year)
<b>OUTPATIENT</b>	
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	Usual & Customary Charges
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room, laboratory tests and x-ray examinations, including professional fees; anesthesia drugs or medicines; and supplies	Usual & Customary Charges
Usual & Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery	Usual & Customary Charges
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	Usual & Customary Charges
<b>Physiotherapy</b> , benefits are limited to one visit per day	Usual & Customary Charges
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies	Usual & Customary Charges
<b>Radiation &amp; Chemotherapy</b>	Usual & Customary Charges
<b>Diagnostic X-ray &amp; Laboratory Services</b>	Usual & Customary Charges
<b>Tests &amp; Procedures</b> , diagnostic services and medical procedures performed by a Physician's Visits, Physiotherapy, X-rays and lab procedures.	Usual & Customary Charges
<b>Injections</b> , when administered in the Physician's office and charged on the Physician's statement. This benefit includes Allergy treatment	Usual & Customary Charges
<b>Prescription Drugs</b> , (includes allergy prescriptions, allergy testing is excluded)	Usual & Customary Charges
Contraceptive drugs and devices are included. The \$100.00 deductible is in lieu of policy Deductible	\$100 deductible (per Policy year)
<b>Psychotherapy</b> , including all related and ancillary charges incurred as a result of a Mental & Nervous Disorder (including Prescription Drugs). Benefits are limited to one visit per day	Paid as any other Sickness/30 days maximum/\$1,000 maximum (per Policy year)
<b>Physical Exam</b>	Usual & Customary Charges up to \$150 Maximum (1 per Policy Year)
<b>OTHER</b>	
<b>TMJ/CMJ Disorder</b>	Usual & Customary Charges/\$5,000 maximum lifetime benefit
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Benefits are paid for rental charges for durable medical equipment or the purchase of the equipment whichever is less. Replacement equipment is not covered.	Usual & Customary Charges
<b>Dental Treatment</b> , made necessary by Injury to sound natural teeth and fractured jaw only	Usual & Customary Charges/\$100 per tooth/\$500 maximum
<b>Alcoholism/Drug Abuse</b>	Paid under Psychotherapy
<b>Elective Abortion</b>	Usual & Customary Charges/\$500 maximum
<b>Maternity/Complications of Pregnancy</b>	Paid as any other Sickness
<b>Medical Evacuation</b>	Usual & Customary Charges/when pre-approved
<b>Repatriation</b>	Usual & Customary Charges/when pre-approved
<b>Acne Treatment</b> , (for infection only)	Paid as any other Sickness
<b>Needlestick</b> , up to \$1,000 per policy year. Any and all preventive treatment (i.e., testing for Hepatitis A, Hepatitis B, Hepatitis C, HIV, etc.), not otherwise covered under the Policy that may be required as a result of accidental "needlestick" Injury or bodily fluid contact exposure is covered for school sponsored programs.	

### 24-HOUR NURSE HELPLINE and TRAVEL ASSISTANCE PROGRAM (Administered by On Call International)

On Call shall provide Students enrolled in this Plan with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Student's ailments.

Each Insured Student and his/her enrolled Dependents are also eligible for travel assistance services when traveling 100 miles or more away from their home and campus address. Travel Services are only available for medical claims that are covered under the College's Student Accident and Sickness Insurance Plan. Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance. **U.S. & Canada Toll Free: 866-525-1955 / International Collect: 603-328-1955**

Note: The 24-Hour Nurse Helpline and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

## MANDATED BENEFITS

The Plan will pay benefits for the following Mandated Benefits and any other mandate in accordance with Florida insurance laws. A detail of Benefits for Mammography Benefit; Prosthetic Devices and Breast Reconstructive Surgery Benefit; Post Surgical Mastectomy Care Benefit; Osteoporosis Benefit; Maternity, Mid-Wife Care Benefit; Post Delivery Care Benefit; Diabetes Supplies, Equipment and Self-Management training Benefit; Dental General Anesthesia Benefit & Hospital Dental Procedure Benefit; Child Health Supervision Services, Cleft Lip and Cleft Palate of Children Benefit; and Bone Marrow transplant Benefit may be found in the Master Policy on file at the University.

## NON-DUPLICATION OF BENEFITS

The 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 Insured person is covered by Other Valid and Collectible Insurance, all benefits payable by such insurance in excess of \$100 will be determined having primary status or no Coordination or Non-Duplication of benefits provision.

If the Insured person is insured under group or blanket insurance which is also excess to other coverage, the Policy pays a maximum of 50% of the benefits otherwise payable. Benefits paid by this Policy will not exceed: 1) any applicable Policy Maximums; and 2) 100% of the compensable expenses incurred when combined with benefits paid by any Other Valid and Collectible Insurance.

## EXCLUSIONS AND LIMITATIONS

Benefits will not be paid under the Policy for any expenses which result from:

- Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
- Services that are provided normally without charge by the University health center, infirmary or hospital, services for free provided by the University, or services rendered by any person employed by the University, including school team physician and trainer, or any other services performed at no cost;
- Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- Eye surgery for the correction of refractive defects such as myopia or astigmatism;
- Declared or undeclared war, riot, civil disorder, civil commotion;
- Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as 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 University credit;
- Injury or Sickness for which benefits are paid under any Worker's Compensation or Occupational Disease Law;

8. 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;
9. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
10. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of the Policy;
11. Treatment for acne; breast implants, except for prosthetic devices incident to a mastectomy; breast reduction; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; lesions; warts; obesity and any condition resulting therefrom (including inguinal hernia) of any kind; inguinal hernia; sleep disorders; tubal ligation; and vasectomy;
12. Elective Surgery or Elective Treatment;
13. 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;
14. Expenses for preventative medicines, serums, or vaccines or treatment where no Injury or Sickness is involved, except as may be required by law, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition;
15. Injury sustained or Sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, or narcotics, unless taken in the dosage and or the purpose prescribed by the Insured person's Physician;
16. Orthopedic appliances or devices, including orthopedic shoes, for treatment of the foot or conditions relating to the foot;
17. Suicide, attempted suicide or intentionally self inflicted Injury while sane or insane;
18. Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
19. Committing or attempting to commit an assault or felony; or fighting, except in self-defense;
20. 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 and association laboratory work, not, including routine care of a newborn infant, well-baby nursery and related Physician charges (other than Hospital nursery expense of care a child and newborn

baby), and associated laboratory work, specifically provided under this Policy, and routine Papanicolaou cytology test;

21. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate club, or inter-scholastic, sport, contest or competition sponsored by the University, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
22. Expenses for allergy testing;
23. Services and supplies not Medically Necessary for the diagnosis recommended by the attending Physician;
24. Expenses resulting from a motor vehicle accident if the Covered person is not properly licensed to operated 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);
25. Treatment of temporomandibular joint dysfunction (TMJ) and associated myofacial pain (except as specifically provided under this Policy), except diagnosis or surgical procedures involving bones or joints of the jaw and facial region;
26. Expenses incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures, exams and devices;
27. Expenses resulting from a motor vehicle accident for which benefits are payable from Other Valid Insurance.

#### 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 Insured's coverage under the Policy is in force.

**ELECTIVE SURGERY** means any surgery or treatment that is not Medically Necessary or is not recognized as generally accepted medical practice in the United States. Elective Surgery and Elective Treatment do not include any procedures deemed a Medical Necessity. Elective Surgery does not mean a cosmetic procedure required to correct an Injury for which benefits are otherwise payable under the Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vials, including allergy testing; bio-feedback type services; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the Policy, and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under the Policy; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; fertility tests; hair growth or removal; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom (including

hernia of any kind), except for the treatment of an underlying covered Sickness; premarital examinations; preventive medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; sleep disorders, including testing; smoking cessation; tubal ligation; vasectomy; and weight loss or reduction.

**INJURY** means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in effect under this Policy. A Covered Person must begin receiving services, supplies or treatment within 30 days 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.

**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 the 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. These expenses will not be paid for minor Injuries or minor Sicknesses.

**MEDICALLY NECESSARY** means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the Covered Person's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the Insured.

**SICKNESS** means an illness or disease which first manifests itself while the Policy is in force which results in a Covered Medical Expense. All related conditions and recurrent symptoms of the same or similar condition will be considered the same Sickness. It also includes 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.

#### PROVIDER NETWORK

The First Health PPO Network is available to students and dependents. Use of a network provider reduces out-of-pocket expenses as network providers have agreed to accept lower fees as payment for healthcare services. A First Health provider directory can be obtained at [www.myfirsthealth.com](http://www.myfirsthealth.com). Select "Group Health". Click Search for a doctor, hospital or facility. Select "First Health" network. Choose the type of search and provider you need. Enter a specific address or appropriate zip code and distance to access provider listings in that area.

#### EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the termination date. However, if the Insured person is totally disabled on the termination date from a covered Injury or Sickness, Covered Medical Expenses for such Injury or Sickness will continue to be paid until the Injured person is no longer totally disabled, but not to exceed 90 days from the expiration date of coverage, or the maximum policy benefit, whichever occurs first. Covered Medical Expenses for maternity care for a pregnancy, which commenced while the Policy was in effect shall be continued for the period of that pregnancy and will not be based upon total disability.

The total payments made in respect of the Insured person for each condition both before and after the termination date will never exceed the maximum benefit.

#### CLAIM FILING PROCEDURES

In the event of an Injury or Sickness:

1. File your claim within 30 days of Injury or first treatment for a Sickness.
2. A Company claim form is not required for filing a claim. You must mail all medical and hospital bills to the address below along with the patient's name and insured student's name, address, student's I.D. number, the name of the University and Policy number CFL210H.
3. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
4. Any questions about completing the claim or for a status of a claim, please contact Bollinger, Inc.

[www.BollingerColleges.com/AUC](http://www.BollingerColleges.com/AUC)

#### THIS PLAN IS ADMINISTERED BY:

**Bollinger**  
Insurance Solutions

PO Box 727

Short Hills, NJ 07078

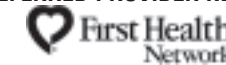
(866) 267-0092 (Claims/Coverage)

(800) 526-1379 (Other Questions)

Local Broker:

Kahn/Carlin & Company, Inc.

#### PREFERRED PROVIDER NETWORK

 First Health  
Network

PLEASE KEEP THIS AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the University 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 Master Policy, the Master Policy will govern and control the payment of benefits.

Master Policy #CFL210H  
Policy Form SH1000GPM.FL (Rev. 3/07)  
Form MLIC BROCHURE.FL (AUC 11-12)

24031281

Visit our Website at:

[www.BollingerColleges.com/AUC](http://www.BollingerColleges.com/AUC)

INJURY AND SICKNESS  
INSURANCE POLICY DESIGNED  
ESPECIALLY FOR OUR STUDENTS

AMERICAN  
UNIVERSITY OF THE  
CARIBBEAN

2011-2012  
CERTIFICATE OF COVERAGE

THIS PLAN UNDERWRITTEN BY:  
**Monumental Life Insurance Company**  
Cedar Rapids, Iowa  
an AEGON company

visit our plan website @  
[www.BollingerColleges.com/AUC](http://www.BollingerColleges.com/AUC)

THE POLICY IS  
EXCESS INSURANCE

THE POLICY CONTAINS A  
DEDUCTIBLE PROVISION