

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

In the event of injury or illness, students should contact the Student Health Center in the MAC Building, MAC Room 112, Telephone 732-224-2106 at once for full instructions. If away from school, consult a Physician. All claim payments are made from T.L. Groseclose Associates, Inc. Proof of Loss must be submitted within 90 days following the date of accident or start of sickness to:

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

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to T.L. Groseclose Associates, Inc., 190 Tamarack Circle, Skillman, NJ 08558.

Underwritten By:
COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY
70 Genesee Street • Utica, New York 13502

*For a copy of the Company's
privacy notice you may:*

go to

www.commercialtravelers.com/privacy.html

or

*Request one from the Health office
at your school*

or

Request one from:

Commercial Travelers Mutual Insurance Company
c/o Privacy Officer
70 Genesee Street • Utica, NY 13502

*(Please indicate the school you attend
with your written request.)*

Contents...

Eligibility & Cost
Effective & Termination Dates
Benefits
Definitions
ID Card
Exclusions & Limitations
Claims Provisions & Procedures

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.

*Representations of this plan
must be approved by the Company.*

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.

Group Student Accident and Sickness Insurance Program

**Designed for
Students of**

**BROOKDALE
COMMUNITY
COLLEGE**
(Full-Time Students)

2008–2009

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

Underwritten by
COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY
Utica, NY

as policy form # CTGP-1000

CTGC-1000

08-G3A12(F/T-Bro)



MEDICAL EXPENSE BENEFIT SCHEDULE

Benefits are provided up to \$2,500 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 reasonable and necessary services in accordance with the usual and customary charge normally made for such services as follows:

Dear Brookdale Student:

Effective July 1, 1989, the New Jersey Legislature passed a law mandating that all full-time college students have medical insurance which includes hospitalization. To ensure compliance, all full-time students (12 credits or more) at Brookdale are assessed an insurance fee according to the schedule printed within this Certificate. Please read this brochure thoroughly so that you understand your benefits.

If you currently have adequate hospitalization insurance coverage, pick up a waiver form in the Registration Office and return it to the Registration Office before September 20, 2008 (the end of the Fall add/drop period) or before the end of the Spring add/drop period to avoid paying the cost of the insurance.

Keep in mind however, that family budgets are often strained while students attend college. Most family medical insurance plans either drop students once they reach age 19 or do not provide complete medical coverage. It may be to your advantage to retain this insurance regardless of other coverage since it may help to cover part or all of the costs of a particular hospitalization.

We have done our best to provide adequate coverage at a cost that will not be prohibitive in order to comply with the New Jersey Law. If you have any further questions, you may address them directly to T.L. Groseclose Associates, Inc.

Sincerely,

James V. Palumbo
Dean of Student Development

| Period of Coverage | Charge |
|--------------------------------------|---------|
| Full Year (9/4/08–9/4/09) | \$48.00 |
| Spring Semester (1/21/09–9/4/09) | \$36.50 |
| Summer IA (5/18/09–9/4/09) (6 weeks) | \$21.00 |
| Summer IB (5/18/09–9/4/09) (3 weeks) | \$21.00 |
| Summer II (5/29/09–9/4/09) | \$11.50 |

ELIGIBILITY AND COST

All eligible students are automatically enrolled under this Plan, unless they have elected to waive the coverage and provided proof of other insurance.

EFFECTIVE AND TERMINATION DATES

Coverage is in effect 24 hours a day. For students enrolled during the Fall Semester, coverage will be in effect from either September 4, 2008 or the date of premium payment,

| | For Accidents | For Sickness |
|--|----------------------|---|
| Inpatient | | |
| Room/Board/ICU | U&C Semi-private | Up to \$225/day |
| Hospital Misc. | Up to \$1,000 Max | Up to \$1,000 Max |
| *Surgery | \$125 Unit Value | \$125 Unit Value; \$1,000 Max |
| Anesthetist | U&C | NIL |
| Private Duty RN | U&C | Up to \$25/day; \$250 Max; Hospital confined |
| Physician's Visits | U&C | \$25/visit; \$250 Max |
| Outpatient | | |
| *Surgery | \$125 Unit Value | \$125 Unit Value; \$1,000 Max |
| Day Surgery Misc. | Up to \$1,000 Max | Up to \$1,000 Max |
| Anesthetist | U&C | NIL |
| Outpatient Misc. | U&C | Up to \$150; must be hospital rendered |
| Physician's Visits | U&C | Beginning w/ 2nd visit, \$25/visit; \$250 Max |
| Physiotherapy | U&C | Included in "Physician's Visits" |
| Emergency Room | U&C | Included in "Outpatient Misc." |
| X-rays/Lab Tests | U&C | Included in "Outpatient Misc." |
| Tests & Procedures | U&C | Included in "Outpatient Misc." |
| Radiation Therapy | NIL | Included in "Outpatient Misc." |
| Injections | U&C | Included in "Prescription Drugs" |
| Chemotherapy | NIL | Included in "Outpatient Misc." |
| Psychotherapy | NIL | Included in "Physician's Visits" |
| Misc. Supplies | NIL | Included in "Outpatient Misc." |
| Other | | |
| Prescription Drugs, including | | |
| prescription female contraceptives | Up to \$25 | Up to \$35 |
| Ground Ambulance | U&C | Up to \$100 |
| Braces & Appliances | U&C | Included in "Outpatient Misc." |
| Consultant | U&C | Included in "Physician's Visits" |
| Home Health Care | U&C Basic Policy | U&C Basic Policy |
| Extended Care | U&C Basic Policy | U&C Basic Policy |
| Dental | Up to \$500/accident | NIL |
| Mandated Benefits | | |
| Alcoholism Treatment | NIL | Treated as any other illness |
| Reconstructive Breast Surgery | NIL | Treated as any other illness |
| Treatment of Diabetes, | | |
| Equipment/Supplies/Education | NIL | Treated as any other illness |
| Treatment of Wilm's Tumor | NIL | Treated as any other illness |
| Therapeutic Treatment of inherited | | |
| Metabolic Diseases | NIL | Treated as any other illness |
| Mammography (age 35+), Pap | | |
| Smears & Prostate testing | NIL | Up to \$50 |
| Chemical Dependency & Drug Addiction | NIL | Treated as any other illness |
| Maternity | NIL | Treated as any other illness |
| Childhood Immunizations | NIL | Treated as any other illness |
| Lead Poisoning Screening for Children | NIL | Treated as any other illness |
| Cancer Treatment; Bone Marrow Transplants | NIL | Treated as any other illness |
| Dental Trmt. for Severely Disabled or Children | NIL | Treated as any other illness |
| Hemophilia Treatment | NIL | Treated as any other illness |
| Infant Formulas | NIL | Treated as any other illness |
| Colorectal Cancer Screening | NIL | Treated as any other illness |
| Audiology and Speech Language Pathology | NIL | Treated as any other illness |
| Infertility Treatment | NIL | Treated as any other illness |
| Biologically Based Mental Illness | NIL | Treated as any other illness |
| Wellness Benefit | NIL | Scheduled |

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

whichever is later, until September 4, 2009. For students enrolled only during the Spring Semester, coverage will be effect from either January 21, 2009, or the date of premium payment, whichever is later, until September 4, 2009. For students enrolled only during the Summer Semesters, coverage will be in effect from either May 18, 2009 or May 29, 2009, or the date of premium payment, whichever is later, until September 4, 2009. Coverage under the Plan expires at 12:01 A.M. September 4, 2009.

Accidental Death & Dismemberment

\$1,000 payable when an injury results in the loss of life within 180 days of the accident. \$1,000 payable per Plan schedule for Accidental Dismemberment.

MAJOR MEDICAL SUPPLEMENT

After paying \$2,500 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 \$2,500, up to, but not exceeding \$32,500 for Covered Medical Expenses for any one accident or sickness. Expenses must be incurred within two years 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. Mental or Nervous Disorders;
4. Treatment for drug rehabilitation or addiction;
5. Injuries sustained during the organized practice or competition in intercollegiate, club, semi-professional, or professional sports;
6. Treatment expense incurred beyond 2 years from the onset of Sickness/Illness symptoms covered by the Plan or the original date of Injury covered by the Plan;
7. Psychology or Psychiatric treatment, evaluation or expense.

EXTENSION OF BENEFITS

In the event that you are totally disabled as the result of a covered injury or sickness on the date that your coverage is to end as the result of the policy termination, the benefit period will be extended for an additional 90 days beyond the date of termination. Any covered medical expense incurred during this time will be covered subject to the policy's regular benefit limits, exclusions and limitations, and other applicable provisions.

DEFINITIONS

"Accident" means an injury to the body of the Insured caused by physical trauma occurring while his or her cov-

erage is in force which results directly and independently of all other causes from an accident 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 such loss before or after the Benefit Period.

"Covered Medical Expenses" means reasonable charges which are: 1) not in excess of usual and customary charges; 2) not in excess of the maximum benefit amount payable per service; 3) made for services and supplies which are a medical necessity; 4) made for services included in the benefits; and 5) in excess of the deductible amount, if any.

"Extended Care Benefits" means expenses incurred during confinement in an extended care facility. The Insured must be covered by the Policy when the confinement starts. Expenses must be usual and customary covered expenses and care must be prescribed by a physician. The physician has to certify that proper care would have meant continued confinement in a hospital if extended care was not obtainable.

"Home Health Care" means the 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 duly licensed and operating within the scope of such license; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified physicians; 4) continuously gives 24-hour nursing service by R.N.'s; 5) has organized facilities or prearranged facilities for diagnosis and surgery on premises; 6) is not primarily a clinic, nursing, rest or convalescent home.

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

"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.

"Injury" means accidental bodily injury resulting directly and independently of all other causes sustained while the Policy is in force.

"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.

"Immediate Family Member" means the Insured's spouse, mother, father, brother or sister or the Insured's spouse's mother, father, brother or sister.

"Miscellaneous Supplies" include, but are not limited to, Ace Bandages, sutures and suturing supplies, Band-Aids, injections, medications, oxygen, blood and blood plasma.

"Physician" means a practitioner of the healing arts operating within the scope of his or her license. 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 healthcare practitioner that state law requires us to recognize as a physician.

"Pre-existing Condition" means an injury or sickness for which the Insured received treatment or advice from a physician or used prescription drugs within the six (6) month period immediately preceding the effective date of coverage for the Insured.

"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 judge-

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PLEASE RETAIN THIS CARD
THIS IS TO CERTIFY THAT

Name of Insured

IS PARTICIPATING IN THE 2008-2009
STUDENT MEDICAL INSURANCE PLAN FOR
BROOKDALE COMMUNITY COLLEGE

Possession of this card does not guarantee eligibility.
The student must be enrolled in the plan.
Eligibility is subject to Verification by Plan Administrator

ment of the Company are in excess of the usual and customary charges.

EXCLUSIONS

No benefit will be paid for loss or expense caused by, contributed to, or resulting from:

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 or given by the student health fee;
2. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual Defects" means any physical defect of the eye which does or can impair normal vision;
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. Dental treatment, except for accidental injury to sound, natural teeth;
5. 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);
6. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
7. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury;
8. Injury sustained while: 1) participating in any interscholastic, 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;
9. 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;

Submit all claims to the address indicated below:

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

Underwritten By:
Commercial Travelers Mutual Insurance Company
70 Genesee Street • Utica, New York 13502



10. Treatment in a Government Hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
11. Being under the influence of any narcotic unless administered on the advice of a physician;
12. For any loss sustained or contracted as a consequence of the Insured's being intoxicated;
13. Elective surgery and elective treatment, as defined in the Policy;
14. Routine newborn baby care, well-baby nursery and related Physician charges;
15. Congenital conditions, except as specifically provided for newborn infants;
16. Injury or sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. Organ transplants; plastic or cosmetic surgery (unless related to the treatment of a covered accident); reimplantation, transplantation or experimental surgery;
18. Benefit for snow skiing shall not exceed \$0 per covered accident;
19. Covered accidents for which treatment by a licensed physician was not received within 30 days of the date of such accident;
20. Hospital confinement for purposes of custodial care;
21. Tackle football in any form;
22. Elective abortion.

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 that provided similar benefits with no lapse in coverage; and 2) benefits were paid for the pre-existing condition under the prior group policy.

LIMITATIONS

This Plan cannot establish physicians fees, and therefore, cannot guarantee that payments made by the Insurance Company will cover all physician and surgeon charges in full.

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 \$35,000 unpaid at your death may, at our option, be paid either to the beneficiary 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.