

EXCLUSIONS

The policy does not provide Benefits for expense resulting from:

1. Air flight, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
2. Dental treatment, except as specifically provided in the Benefits Schedule.
3. Treatment where no Injury or Sickness is involved (physical examinations or preventive medicines); or Elective Surgery and Elective Treatment; It does not include cosmetic surgery made necessary by Injury. Non-medical self-care or self-help training; health or fitness club memberships; personal comfort or convenience items; treatment for Hirsutism, hair growth or baldness.
4. Motor Vehicle Accidents, to the extent covered by another valid and collectible insurance policy, pre-paid services contract, or similar plan. The Motor Vehicle Injury Benefit Limit is shown on the Benefits Schedule.
5. Eyeglasses, contact lenses, and examination for prescribing or fitting them; any other procedure for correction of refractive disorder of the eye or eyes; hearing aids and hearing examinations; Durable medical equipment; Treatment for foot care including care of flat feet, corns, calluses, bunions, weak feet, chronic foot strain, and supportive foot devices.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. Contraceptive drugs and devices; Growth Hormone therapy; Patient Controlled Analgesia; Allergy Treatment.
8. Injury sustained while participating in the practice or play of interscholastic sports or Intercollegiate Sports, including the participation in any practice or conditioning program for such sport, contest or competition, except as specifically provided in the Benefits Schedule.
9. Loss incurred while committing or attempting to commit a felony; Loss incurred from violating or attempting to violate any existing city, state, or federal law; Loss due to voluntary participation in a riot or civil disturbance; Injuries caused by or contributed to or resulting from the use of hallucinogenics, illegal drugs, or any drugs and medicines that are not taken in the dosage or for the purpose prescribed by the Insured's Physician.
10. Routine newborn baby care, well baby nursery and related Physician's charges.
11. Services provided normally without charge by the Health Service of the Policyholder; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
12. Treatment related to nicotine addiction or smoking cessation.
13. Use of any services or supplies which are not in accord with generally accepted standards of medical practice; Organ transplants, including donor's expenses; Services, supplies and/or treatment for acupuncture.
14. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
15. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered by the College's Student Accident and Sickness Insurance plan for a period of 12 consecutive months.

16. Sleep disorders, supplies and treatment or testing related to sleep disorders.
17. Weight management services and supplies related to weight reduction programs, weight management programs, and related nutritional supplies; treatment of obesity; surgery for the removal of excess skin or fat, and for weight reduction or treatment of obesity.

DEFINITIONS

Copay means a fee that is the Insured's responsibility each time a covered service is received.

Deductible means an amount subtracted from Eligible Expenses, for each Injury or Sickness, before benefits are considered.

Elective Surgery and Elective Treatment means surgery or medical treatment which is not necessitated by a pathological change occurring after Your Effective Date of coverage or not covered under the policy. Elective Surgery and treatment includes but is not limited to: tubal ligation; circumcision; vasectomy; breast reduction; sexual reassignment surgery; any services or supplies rendered for the purpose or with the intent of inducing conception; cosmetic procedures; submucous resection and/or other surgical correction for deviated nasal septum; allergy testing; treatment for acne; biofeedback-type services; infertility; hypnotherapy; learning disabilities; and weight management services.

Injury means accidental bodily injury or injuries directly caused by specific accidental contact with another body or object while Your coverage is in force. It is unrelated to any pathological, functional, or structural disorder or Injury resulting directly and independently of all other causes, in Loss covered by the Policy. All related injuries and recurrent symptoms of the same or similar condition will be considered one Injury.

Pre-Existing Condition means any condition which originates, is diagnosed, treated or recommended for treatment within the 6 months immediately prior to Your Effective Date of coverage.

Prior Creditable Coverage means coverage provided in the United States under any individual or group: health benefits plan; insurance policy or certificate; service contract or HMO contract; or any government health benefit plan.

Sickness means Your bodily sickness, mental sickness, or Maternity which is not a Pre-existing Condition and which causes Loss while Your coverage is in force. Sickness includes pregnancy, Complications of Pregnancy and trauma related disorders due to injuries which otherwise do not meet the definition of an Injury. All related sicknesses and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charges (U&C) means charges for medical services or supplies for which You are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Customary Charges are determined by referencing the 80th percentile of the most current survey published by Ingenix for such services or supplies.

CLAIM PROCEDURE

Secure a claim form from the Student Health Center or from the SAS, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills and send to Student Assurance Services, Inc. Proof of loss must be submitted to the address below within 90 days from the date of Injury or Sickness.

STUDENT ASSURANCE SERVICES, INC.
P.O. Box 196 • Stillwater, MN 55082-0196

To check the status of your filed claim, please call the Claims Office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday. The telephone number is Toll Free: **1-800-328-2739**. The **Student Assurance Services, Inc. website is: www.sas-mn.com**

TO APPLY FOR COVERAGE

You can either complete the enrollment form and return it with your credit card information or a check made payable to: **Student Assurance Services, Inc.**

P.O. Box 196 Stillwater, MN 55082-0196

Or

You can enroll online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under School Look-up.

Questions regarding the receipt of premium or verification of coverage under this insurance plan may be answered by contacting Student Assurance Services, Inc. at: **Toll Free 1-800-328-2739; or www.sas-mn.com**

For specific costs and further details of coverage, including exclusions, reductions or limitations contact your Servicing Agent or write the Plan Administrator.

Keep this brochure as your summary of coverage - no individual policy will be issued. Master Policy 48-64-0169-500-686-7 is issued to the College. The Master Policy contains the contract provisions and shall prevail in the event of a conflict between this brochure and the Master Policy. **PRIVACY POLICY:** You may obtain a detailed copy of Columbian Life's privacy policy from your college, by contacting SAS, Inc. at (800) 328-2739, or visiting www.sas-mn.com.

If your coverage ends under this plan and you obtain other coverage, student insurance qualifies as prior creditable coverage. A certification of coverage will be furnished upon written request to the Company.

Policy Form 9F149-CL

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For Students Attending



2007-2008

Administered by



STUDENT ASSURANCE SERVICES
INCORPORATED

www.sas-mn.com
College Health Division
333 N. Main St. • P.O. Box 196
Stillwater, MN 55082-0196

Underwritten by



COLUMBIAN LIFE
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

Servicing Agent
Candy Mears
Phone: (651) 209-5991
(866) 293-6473
FAX: (651) 439-0200
email: candym@sas-mn.com

Form No. 3555-CL-07-WI

S-169WI

Dear Student:

The Administration is making available to the students and their dependents, a plan of Blanket Accident and Sickness Insurance (hereinafter called "plan" or "Plan") underwritten by Columbian Life Insurance Company. The coverage is designed to provide benefits for medical expenses arising from an accident or sickness including those which occur off campus and during interim vacations.

Any questions about the policy should be directed to:

Student Assurance Services, Inc.
P.O. Box 196, Stillwater, MN 55082-0196
Phone toll-free (800) 328-2739

ELIGIBILITY

All undergraduate students taking 3 or more credit hours, all students on Co-op or Internship programs, and all graduate students taking credit hours are eligible to enroll in the plan. Students must be physically and actively attending classes on campus to enroll in this plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Plan Administrator should be notified at that time by the student. Students who enroll in the plan may secure family coverage. Dependents must enroll in the plan when the student first enrolls in the plan or as provided under Enrollment Period, and must enroll for the same coverage as the student. Eligible dependents means the Insured student's legal spouse and unmarried children (as defined in the Master Policy) under age 23 years old who are residing with the student and not self-supporting.

The Plan Administrator reserves the right to determine if the student has met the Eligibility requirements. If the Plan Administrator later determines the Eligibility requirements have not been met, its only obligation is to refund premium.

EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the later of: the Policy Effective Date (08-10-2007); the first day of the term for which the proper premium has been paid; or 12:01 A.M. following the date the proper premium is received by the Plan Administrator. All coverage expires on 08-09-2008, or when payment is due and unpaid.

ENROLLMENT PERIOD

Eligible students and dependents may enroll in the plan prior to the enrollment period deadline date for each term of coverage listed below: Annual and First Term deadline date 09-25-2007; Spring Term deadline date 02-11-2008; Summer Term deadline date 6-15-2008 (1st session) or 07-15-2008 (2nd session).

If we receive premium payment after the Effective Date of coverage for the term for which you are enrolling, your coverage becomes effective 12:01 A.M. following the date the proper premium is received by the Plan Administrator. We do not accept enrollment forms and premium payments postmarked by the US Postal Service after the enrollment period deadline date, unless you qualify for late enrollment. To qualify for late enrollment, you must submit an enrollment form and premium payment no later than 30 days after the qualifying event of involuntary loss of coverage under another health plan, marriage or birth/adoption of child. Contact the servicing agent for enrollment information and partial year rates.

CREDIT FOR PRIOR COVERAGE

This plan provides portability of coverage as it relates to "pre-existing" health conditions:

a) If, at the time of enrollment, you have **not** been covered by Prior Creditable Coverage, this policy will not cover pre-existing conditions until you have continuous coverage for twelve (12) months under this policy.

b) If you were covered by Prior Creditable Coverage, the pre-existing conditions waiting period will be reduced by the period of time you were covered by Prior Creditable Coverage. Coverage must be continuous and there must be no break in coverage of 63 days or more immediately prior to your effective date of coverage under this Policy. To obtain credit for previous coverage, you must provide evidence of Prior Creditable Coverage within 30 days of enrollment in this policy.

CONTINUOUS COVERAGE

Coverage will be considered continuous, if you were covered to the policy expiration date of your prior Student Health insurance policy of the Policyholder, and you enroll for coverage under this Policy and pay the required Premium within 31 days of the expiration date of the prior Student Health insurance policy. You will not be denied benefits under this Policy for a Pre-existing Condition or an Injury or Sickness covered under your prior Student Health insurance policy, unless under this Policy the Injury or Sickness expenses incurred are not considered a Covered Service, or benefits are limited by other provisions in this Policy, including Credit for Prior Coverage. If the prior Policy was with us, benefits will not be paid under this Policy if any applicable Lifetime Maximum has been exhausted.

PORTABILITY OF COVERAGE

If you are covered by this Policy and transfer to a new school that maintains a Student Health insurance policy with us, you may a) continue to pay the premium for the remainder of the Policy year under this Policy, or b) enroll in the new school's Policy with us and pay the premium for the remainder of the Policy year within 31 days after you become eligible for coverage. If you choose to enroll in the new school's Policy with us, your Premium may be adjusted. Contact the Plan Administrator for further information.

MANDATED BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Wisconsin law. Benefits may be subject to deductibles, coinsurance, limitations, and exclusions of the Policy. Description of these Additional Benefits can be found in the Master Policy on file at the College or call the Claim Office. Treatment of Alcoholism, Drug Addiction or Mental or Nervous Disorders is limited to benefits for:

INPATIENT CARE- the lesser of 100% of covered charges for the first 30 days of hospital confinement; or 90% of the first \$7,000 of covered charges.

OUTPATIENT CARE - a maximum of 90% of the first \$2,000 of covered charges.

TRANSITIONAL TREATMENT - a maximum of 90% of the first \$3,000 of covered charges.

The mandated benefits overall annual maximum for each insured for inpatient, outpatient and transitional treatment is \$7,000. Other benefits include: Kidney Disease Treatment; Diabetes Treatment; Home Health Care; Skilled Nursing Home Confinements; Dependent Children Maternity Coverage; Mammogram Coverage; Lead Poisoning Screening; HIV Drugs; TMJ; Breast Reconstruction; and Dental Care Treatment.

ACCIDENTAL DEATH AND DISMEMBERMENT

Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount):

- Accidental Death \$5,000
- Single Dismemberment/Loss of Eye \$2,500
- Double Dismemberment/Loss of Both Eyes \$5,000

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits while your coverage is in force for the Usual and Customary Charges (U&C) incurred for covered services subject to the Benefit Limits scheduled below, up to **Maximum Benefit of \$10,000 for each Injury or Sickness**. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY OR SICKNESS BENEFITS

COVERED SERVICES \$10,000 Maximum Each Injury or Each Sickness, subject to the following limits

I. INPATIENT

- a. HOSPITAL ROOM AND BOARD \$500/day
- b. HOSPITAL MISCELLANEOUS INPATIENT (services and supplies including but not limited to: the cost of the operating room; laboratory tests; x-ray examinations; anesthesia; drugs [excluding take home drugs] or medications; therapeutic services; supplies; chemotherapy; and radiation therapy) \$500 deductible, up to \$4,000
- c. SURGICAL TREATMENT \$2,000
- d. ASSISTANT SURGEON 20% of Surgical Treatment
- e. ANESTHESIA 25% of Surgical Treatment
- f. PRIVATE DUTY NURSE (when medically necessary) \$50/day, up to \$500
- g. PHYSICIAN'S NON-SURGICAL VISITS (not paid day of surgery) \$75/day; 1 visit/day
- h. PHYSIOTHERAPY Paid under I. b.
- i. PATHOLOGY and RADIOLOGY Paid under I. b.
- j. PRE-ADMISSION TESTS (within 5 days before admission) Paid under I. b.

II. OUTPATIENT

- a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS \$4,000
- b. SURGICAL TREATMENT \$2,000
- c. ASSISTANT SURGEON 20% of Surgical Treatment
- d. ANESTHESIA 25% of Surgical Treatment
- e. PHYSICIAN'S NON-SURGICAL VISITS (not paid day of surgery, includes physiotherapy, injections) \$50/visit, up to 10 visits
- f. OUTPATIENT DIAGNOSTIC X-RAY & LAB SERVICES, and CHEMOTHERAPY & RADIATION THERAPY Aggregate limit of \$400
- g. HOSPITAL EMERGENCY ROOM (includes Surgical Ctr or Clinic) \$100 copay/visit (waived if admitted), up to \$250
- h. OUTPATIENT PRESCRIPTION DRUGS \$200

III. OTHER

- a. AMBULANCE SERVICES (ground service only) \$500
- b. CONSULTANT PHYSICIAN (when requested by the attending physician) \$30
- c. INITIAL BRACES AND ORTHOPEDIC APPLIANCES (when prescribed) \$200
- d. DENTAL TREATMENT (Injury Only, does not include biting or chewing injuries) \$100/tooth
- e. MATERNITY BENEFITS Same as any Sickness
- f. MENTAL & NERVOUS DISORDERS AND SUBSTANCE ABUSE Paid under Mandated Benefits
- g. MOTOR VEHICLE INJURY Same as any Injury

PART B: OPTIONAL INTERCOLLEGIATE SPORTS (additional premium required) Same as any Injury; up to \$10,000

PART C: OPTIONAL MAJOR MEDICAL BENEFITS (additional premium required) \$50,000 Maximum Benefit Each Injury or Sickness

After the Company has paid \$10,000 under the Basic Injury or Sickness Benefits (PART A), the Company will then pay 80% of the U&C Charges incurred for covered services during the Benefit Period, up to a Maximum Benefit of \$50,000 for each Injury or Sickness. The Maximum includes both benefits paid under PART A and PART C. No benefits are payable for Mental and Nervous Disorders and Substance Abuse in excess of the mandated benefit levels; Hospital Room and Board charges in excess of the semi-private room rate; or Intercollegiate Sports.

PART D: PREMIUMS

For premium rates and coverage periods, refer to the enrollment form, or visit the Student Assurance Services, Inc. website at www.sas-mn.com to view or print an Enrollment Form.

REFUNDS : A prorated premium refund will be made for the following situations only, if the Plan Administrator receives written notice, including the date of occurrence that: You have entered into full-time active-duty military service of any country; or you are a non-immigrant Foreign National and have permanently left the North American continent. Refunds are subject to a \$25 administrative fee.

ADDITIONAL PROGRAMS

If you participate in the student insurance plan, the following programs are available to you. More detailed program information will be sent to you with your ID card. **These programs are not underwritten by Columbian Life Insurance Company.**

Scholastic Emergency Services, Inc. – This program provides protection while you travel. The program is administered by Assist America. It provides 24 hour assistance whenever you are traveling more than 100 miles away from home or school. Services include Emergency Evacuation, Supervised Repatriation and Return of Mortal Remains.

Ask Mayo Clinic – This program provides you telephone access to registered nurses. The program is administered through Mayo Foundation. You can call with questions about an illness, injury, or medical concern, 24 hours a day, 7 days a week.