

Policy Form 9F138-CL

ACCIDENT AND SICKNESS INSURANCE

A NON-RENEWABLE TERM POLICY
FOR STUDENTS OF



OUR LADY OF THE LAKE UNIVERSITY

2010-2011

Administered by



STUDENT
ASSURANCE
SERVICES
INCORPORATED

www.sas-mn.com

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
Paul Fisher
PINNACLE STUDENT INSURANCE
25 Overlook Circle
New Braunfels, TX 78132
(877) 626-0360

Form No. 3733-CL-10-TX

V-21TX

Dear Student,

The administration is making available to 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 Injury or Sickness including those which occur off campus and during interim vacations.

Any questions about the policy should be directed to:

Paul Fisher
PINNACLE STUDENT INSURANCE
25 Overlook Circle • New Braunfels, TX 78132
(877) 626-0360

ELIGIBILITY

All registered international students taking 1 or more credit hours and all registered full time students participating in intercollegiate sports are required to purchase this insurance plan, or furnish evidence of other comparable insurance coverage that is satisfactory to the University Business Office. All other students taking 6 or more credit hours are eligible to enroll in this plan on a voluntary basis. Students must be physically and actively attending classes on campus. 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.

Eligible students who are enrolled in this plan may enroll their eligible dependents in the plan. **Dependents must enroll in the plan when the student first enrolls in the plan, 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 25 years old (or older if physically or mentally incapable of self-sustaining support). Coverage for a sickness or injury of a newborn child will become effective at birth until 31 days old. Coverage for a newly adopted child will become effective from the date the legal obligation begins. For coverage to continue, the Plan administrator must be notified and receive the additional premium within 31 days of birth or adoption.

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

Coverage becomes effective on the later of: the Policy Effective Date (08-01-2010); 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 University or Plan Administrator. All coverage expires on the earlier of 07-31-2011, or when payment for your Accident & Sickness coverage 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 Fall deadline date 09-01-2010

Spring/Summer deadline date 02-09-2011

Summer deadline date 07-04-2011

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 31 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.

MEDICAL BENEFITS SCHEDULE

When your covered Injury and Sickness requires treatment by a Physician, the Policy will provide benefits while your coverage is in force up to a **Maximum Benefit of \$50,000** for each Injury or Sickness. The Policy will provide benefits at the scheduled co-insurance percentage below, up to the Covered Services Benefit Limits, for the PPO Allowable Charge when PPO provider is used, and at the Usual and Customary Charges (U&C) when a non-PPO provider is used. Eligible expenses are subject to a **\$50 deductible** for each Injury or Sickness. The Deductible is waived if treatment is first received or provided at the Student Health Center. 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	INJURY OR SICKNESS BENEFIT LIMITS
I. INPATIENT	
a. HOSPITAL ROOM AND BOARD (Semi-private room rate)	80% PPO; 60% non-PPO; up to \$1,000/day
b. HOSPITAL INTENSIVE CARE (including 24 hour nursing care)	Paid under I.a.
c. 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; supplies)	Paid under I.a.
d. SURGICAL TREATMENT (does not include Assistant Surgeon)	80% PPO; 60% non-PPO; up to \$2,500
e. ANESTHESIA	25% of Surgical Treatment
f. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	80% PPO; 60% non-PPO; up to \$50/visit
g. PHYSIOTHERAPY (1 visit/ day)	Paid under I.a.
h. INPATIENT PATHOLOGY AND RADIOLOGY	Paid under I.a.
i. MATERNITY BENEFITS	Same as any Sickness
j. MENTAL AND NERVOUS DISORDERS	Same as any Sickness, up to \$3,000/Policy Year
k. PRE-ADMISSION TESTS (within 3 days before admission)	Paid under I.a.
II. OUTPATIENT	
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS	80% PPO; 60% non-PPO; up to \$1,000
b. SURGICAL TREATMENT (does not include Assistant Surgeon)	80% PPO; 60% non-PPO; up to \$2,500
c. ANESTHESIA	25% of Surgical Treatment
d. OUTPATIENT MISCELLANEOUS BENEFIT (Aggregate Benefit Limit for 1-5)	Maximum Aggregate Benefit Limit up to \$600 for the following:
1. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	80% PPO; 60% non-PPO
2. PHYSIOTHERAPY (1 visit/day)	80% PPO; 60% non-PPO
3. HOSPITAL EMERGENCY ROOM	80% PPO; 60% non-PPO
4. DIAGNOSTIC X-RAY AND LAB SERVICES	80% PPO; 60% non-PPO
5. CHEMOTHERAPY AND/OR RADIATION THERAPY	80% PPO; 60% non-PPO
e. MATERNITY BENEFITS	Same as any Sickness
f. MENTAL AND NERVOUS DISORDERS	80% PPO; non-PPO no benefit;
g. PRESCRIPTION DRUGS (30 day supply/prescription)	\$50/day, up to \$500/Policy Year when referred by the University Counseling Center 50% of U&C, up to \$300/Policy Year
III. OTHER	
a. AMBULANCE SERVICES (Professional Ground Service)	80% U&C; up to \$300
b. DENTAL TREATMENT (Injury to sound, natural teeth, Includes X-rays, does not include biting or chewing injuries)	80% U&C; up to \$250
c. CONSULTANT PHYSICIAN	80% PPO; 60% non-PPO; up to \$100
d. MOTOR VEHICLE INJURY	Same as any Injury

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

PART B: INTERCOLLEGIATE SPORTS INJURIES (Additional Premium Required) Same as any Injury, up to \$500
Intercollegiate Sports coverage is required by the University if you are an athlete and purchasing the Accident and Sickness coverage.

PART C: OPTIONAL MAJOR MEDICAL BENEFITS (Additional Premium Required) **\$100,000 Lifetime Maximum Benefit Each Injury or Each Sickness**
 After the Company has paid \$50,000 under the Basic Injury or Sickness Benefits (Part A), the Company will then pay 80% of PPO allowable charge for PPO covered services, or 70% of the Usual and Customary Charge incurred for non-PPO covered services, up to a Lifetime Maximum Benefit of \$100,000 for each Injury or Sickness. This maximum includes benefits paid under Part A and Part C. No Benefits are payable for Mental and Nervous Disorders; Substance Abuse; Dental Treatment; Motor Vehicle Injuries; or Intercollegiate Sports Injuries

PART D: ADDITIONAL BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Texas 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 University or call the Claim Office. They include Cognitive Therapy; Breast Reconstruction Surgery; Prescription Contraceptive Drug Benefit; TMJ; Breast Cancer Inpatient Care; Telemedicine Services; Well Child Care and Immunizations; Prostate Exam and Testing; Colorectal Screening; Craniofacial Reconstructive Surgery; Diabetes Equipment and Supplies and Self-Management; and Off-Label Prescription Drugs.

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.

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 condition 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 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.

CONTINUOUS COVERAGE

If an insured person was covered to the Expiration Date of the prior student health insurance policy of the Policyholder, he or she will not be denied benefits under this Policy for an Injury or Sickness which was the basis of a covered claim under the prior policy. The student must be enrolled in this Policy and pay the Premium within 31 days of the expiration date of the prior student health insurance policy. For purposes of this provision, benefits for the aggravation of an old Injury will be paid on the same basis as a Sickness.

PORTABILITY OF COVERAGE

Insured persons who are covered by this policy until: (a) they are enrolled in another institution; or (b) the Policy Expiration Date, will not experience a break in coverage if the other institution maintains a master policy with Columbian Life. Enrollment in the other institution's policy and initial premium payment must occur: (a) within 31 days after becoming eligible for coverage; and (b) no more than 45 days after the Policy Expiration Date.

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 AssistAmerica. 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.

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; or abortion. It does not include cosmetic surgery made necessary by Injury.
4. 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, unless optional coverage for care and treatment of loss or impairment of speech or hearing is elected.
5. Injury or Sickness for which benefits are paid under Worker's

- Compensation or Occupational Disease Act or Law.
6. Injury sustained while participating in the practice or play of interscholastic or intercollegiate sports, including the participation in any conditioning program for such sport, contest or competition, except as specifically provided in the Benefits Schedule.
 7. Intentional self-inflicted injuries; including drug overdose; Loss incurred while committing or attempting to commit a felony; or Loss due to voluntary participation in a riot or civil disturbance.
 8. Routine newborn baby care, well baby nursery and related Physician's charges, except as provided under Additional Benefits.
 9. 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.
 10. Substance Abuse.
 11. Use of any services or supplies which are experimental and/or not in accord with generally accepted standards of medical practice; or Organ transplants, including donor's expenses.
 12. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
 13. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered by the University's Student Accident & Sickness Insurance plan for a period of 12 consecutive months.

DEFINITIONS

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. Elective Surgery 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; and submucous resection and/or other surgical correction for deviated nasal septum, other than for treatment of covered acute purulent sinusitis. Elective Treatment includes but is not limited to: allergy testing; treatment for acne; biofeedback-type services; infertility; hypnotherapy; learning disabilities, and weight reduction.

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 for which medical advice or treatment was received or recommended within the 12 months immediately prior to Your Effective Date of coverage.

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 University Business Office or from SAS, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels, 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**

PREFERRED PROVIDER ORGANIZATION

SAS, Inc. has contracted with **Beech Street**, a Preferred Provider Organization, to provide all insured by this plan with quality care at significantly reduced fees. In the Medical Benefits Schedule of this brochure, PPO benefits will be paid at the percentage shown of the PPO Allowable Charges when a Beech Street Provider is used, and at the percentage shown of the Usual and Customary (U&C) Charges incurred when a non-Beech Street provider is used. See Master Policy for more details. **A listing of participating providers is available by contacting Beech Street at: Toll Free 1-800-937-2277; or visiting their website, www.beechstreet.com.**

TO APPLY FOR COVERAGE

The University requires international students and students participating in intercollegiate sports to purchase this insurance plan or provide evidence of comparable insurance coverage to the University Business Office.

To enroll 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.

The above office is authorized to accept and process your completed Enrollment Form. Do not send it elsewhere. No refunds are made except as provided in the Master Policy.

INSURANCE CONTINUATION AND EXTENSION

A six-month Continuation of Insurance Coverage or a 90-day Extension of Coverage for hospital confinement is available on the Insured's expiration date of coverage. The Insured must satisfy all eligibility requirements. Refer to the Master Policy for details.

HEALTH CARE REFORM

Columbian Life Insurance Company currently is determining the impact of this legislation on student insurance plans, and shall comply with the law's requirements and timelines.

Keep this brochure as your summary of coverage - no individual policy will be issued. Master Policy 42-64-0021-024-615-0 is issued to the University. 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 University, 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.