

MANDATED BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Minnesota 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. Law includes benefits for: Reconstructive Surgery, including Breast Surgery; Alcoholism, Chemical Dependency or Drug Addiction; Emotionally Handicapped Children; Temporomandibular Joint Disorders; Phenylketonuria; Prosthesis for Alopecia Areata; Child Health Supervision Services, including Prenatal Care Services; Cleft Lip and Palate; Ventilator-Dependent Nursing Care; Breast Implant Complications; Cancer Screening Procedures; Antipsychotic Drug Treatment; Off-Label Drug Treatment; and Dependent Continuation and Conversion.

EXCLUSIONS

This 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. 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, prepaid 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. Intentional self-inflicted Injuries; including drug overdose; 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 experimental and/or 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 University'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. 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. This does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect.

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 is diagnosed, treated or recommended for treatment within the 12 months immediately prior to your Effective Date of coverage.

Prior Creditable Coverage means coverage provided in the United States under any individual, group or individual health insurance policy or health benefit arrangement, service contract or HMO contract, or any government health benefit plan. See Master Policy for complete listing.

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.

STUDENT HEALTH SERVICES (SHS)

Students are strongly encouraged to use the resources of the Student Health Services for non-emergency conditions prior to seeking medical care outside. In the Medical Benefits Schedule, the Part A Basic Deductible will be waived when treatment is received at the SHS. The SHS treats students only.

Note: SHS is not affiliated with Columbian Life Insurance Company.

CLAIM PROCEDURE

Secure a claim form from the Student Health Services or from the 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**

TO ENROLL FOR COVERAGE

The University will automatically enroll and bill full-time undergraduate students and student athletes, international students and scholars for the insurance plan, unless an online waiver form or enrollment form is completed and returned to the Student Health Services no later than August 15, 2008 or January 31, 2009 for Spring/Summer Term.

Graduate students, part-time students, and students enrolling for dependent coverage can complete the online Enrollment Form located on the University website www.smumn.edu/insurance.

Keep this brochure as your summary of coverage — no individual policy will be issued — a master policy #22-64-0013-600-674-8 is issued to the University. The Master Policy contains the contract provisions and shall prevail in the event of any 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.

ACCIDENT AND SICKNESS INSURANCE PLAN

A Non-Renewable Term Policy
For Students Attending



**Saint Mary's
University**
OF MINNESOTA

Winona Campus

2008-2009

Administered by



www.sas-mn.com
333 N. Main St. • P.O. Box 196
Stillwater, MN 55082-0196
(800) 328-2739

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
Steven Rust
Rust & Associates
P.O. Box 977
Ankeny, IA 50021
(800) 336-0747

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 illness including those which occur off campus and during interim vacations.

Any questions about the policy should be directed to:

Steven Rust, Rust & Associates
P.O. Box 977
Ankeny, IA 50021
(800) 336-0747

ELIGIBILITY

All domestic full-time undergraduate students and student athletes taking 12 credits hours or more and all international students and scholars engaged in education or educational activities or research related activities though the University are eligible to enroll in this insurance plan. Students are automatically enrolled at registration and the premium for coverage is added to the tuition billing unless proof of comparable coverage is provided. An online Waiver form must be completed no later than **08-15-2008**.

All graduate students and part-time undergraduate students taking 6 credit hours or more are eligible to enroll in this insurance plan on a voluntary basis.

All students must be actively attending classes on campus to enroll in this insurance plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the insurance 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 enroll in the insurance plan may secure family coverage. Dependents must enroll when the student first enrolls, and must enroll for the same coverage as the student. Eligible dependents are the spouse residing with the Insured Student, and unmarried children under twenty-three years of age who are not self-supporting and reside with the Insured Student. Coverage for sickness or injury of a newborn child will become effective at birth if the company is notified and the proper premium is paid. 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 09-01-2008 (or 08-15-08 for Fall Intercollegiate Sports); 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 Student Health Services or Plan Administrator. All coverage expires on 08-31-2009, or when payment is due and unpaid.

ENROLLMENT PERIOD

Eligible students and dependents may enroll in the plan by the following deadline dates:

Annual and Fall deadline date 10-01-2008;
Spring/Summer deadline date 03-01-2009.

Enrollment forms and premium payments received after the deadline date will not be accepted, unless you qualify for late enrollment. If premium payment is received 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 Student Health Service or Plan Administrator. 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.

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.

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 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.

PRESCRIPTION DRUG PROGRAM

Prescription drug benefits will be paid according to the terms of the insurance plan brochure and Master policy. As an enhancement, Student Assurance Services, Inc. has contracted with Express Scripts Inc. to provide prescription drug services to students. **Note: This program is not underwritten by Columbian Life Insurance Company.**

Express Scripts offers the best value for prescription drugs when you use a pharmacy participating in the Express Scripts Network; however, you can choose to use a pharmacy of your own choice and pay out-of-network prices. Medication not covered includes, but is not limited to: Contraceptives, Accutane, Retin-A, Rogaine, Renova and Viagra. More detailed program information will be sent to you with your Prescription ID card. To obtain information on specific drugs, or a listing of participating pharmacies contact Express Scripts at toll free 800-332-5455 or visit the website at www.express-scripts.com.

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.

MEDICAL BENEFITS SCHEDULE - UP TO \$50,000 MAXIMUM EACH INJURY OR SICKNESS

When a covered Injury or Sickness requires treatment by a Physician, the Policy will provide benefits while your coverage is in force for the Usual and Customary Charges (U&C) incurred, up to the Benefit Limits shown below for each Injury or Sickness. The policy will allow benefits only for expenses not covered by Other Medical Coverage. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule. The Part A Basic Deductible will be waived only when treatment is received at the Student Health Service.

PART A: BASIC INJURY AND SICKNESS BENEFITS MAXIMUM BENEFIT OF \$5,000, AFTER A \$50 DEDUCTIBLE, FOR EACH INJURY OR SICKNESS

COVERED SERVICES INJURY or SICKNESS BENEFIT LIMITS

I. INPATIENT	
a. HOSPITAL ROOM AND BOARD	Semi-Private Room Rate, up to \$500/day
b. HOSPITAL INTENSIVE CARE (includes 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; private duty nurse; chemotherapy, radiation therapy)	\$2,000
d. SURGICAL TREATMENT	\$1,500
e. ANESTHESIA	25% of Surgical Treatment
f. ASSISTANT SURGEON	20% of Surgical Treatment
g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	80% of U&C
h. PHYSIOTHERAPY (1 visit/day, when prescribed by attending Physician)	Paid under I.c.
i. MATERNITY BENEFITS	Same as any Sickness
j. MENTAL AND NERVOUS DISORDERS	50% of U&C, up to \$5,000/Policy Year
k. SUBSTANCE ABUSE	Paid under Mandated Benefits
l. PREADMISSION TESTING (within 7 days of admission)	Paid under I.c.
II. OUTPATIENT	
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS	\$1,500
b. SURGICAL TREATMENT (does not include Assistant Surgeon)	U&C, up to \$1,500
c. ANESTHESIA	25% of Surgical Treatment
d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery, includes injections)	\$100/visit, up to \$1,000
e. PHYSIOTHERAPY (1 visit/day, when prescribed by attending Physician)	Paid under II.d.
f. HOSPITAL EMERGENCY ROOM (Surgical Center or Clinic)	80% of U&C, up to \$1,500
g. DIAGNOSTIC X-RAY AND LAB SERVICES	Paid under II.f.
h. CHEMOTHERAPY & RADIATION THERAPY	Paid under Major Medical
i. MENTAL AND NERVOUS DISORDERS	50% of U&C, up to \$1,000/Policy Year
j. SUBSTANCE ABUSE	Paid under Mandated Benefits
k. MATERNITY BENEFITS	Same as any Sickness
l. PRESCRIPTION DRUGS (30 day supply/prescription - see Prescription Drug Program)	\$10 copay/Generic Drug, \$25 copay/Brand Drug, up to \$1,000/Policy Year
III. OTHER	
a. AMBULANCE SERVICES (ground service only)	80% of U&C
b. CONSULTANT PHYSICIAN (when requested by the attending physician)	\$200
c. DENTAL TREATMENT (Injury to sound, natural teeth, Includes X-rays; does not include biting or chewing injuries)	\$250/Tooth
d. MOTOR VEHICLE INJURY	Same as any Injury
e. ORTHOPEDIC APPLIANCES (INJURY ONLY, when prescribed by a Physician)	80% of U&C

PART B: MAJOR MEDICAL BENEFITS \$50,000 MAXIMUM BENEFIT FOR EACH INJURY OR SICKNESS

After the Company has paid the PART A Maximum Basic Benefit of \$5,000, the Company will then pay 80% of the Usual and Customary charges incurred during the benefit period, up to a maximum of \$50,000 for each Injury or Sickness. This maximum includes benefits paid under both PART A and PART B. No benefits are payable for Hospital Room and Board benefits in excess of the semiprivate room rate; Dental Treatment; Mental and Nervous Disorders; Substance Abuse in excess of Mandated Benefits levels; Motor Vehicle Injuries; or Prescription Drugs.

PART C: OPTIONAL INTERCOLLEGIATE SPORTS INJURY BENEFITS (additional premium required)

Intercollegiate Sports coverage is required by the University if you are a varsity sport athlete and are purchasing the Accident and Sickness coverage. U&C, up to \$75,000 Maximum/Each Injury, after a \$250 deductible

PART D: 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	\$1,000
Single Dismemberment/Loss of Eye	\$ 500
Double Dismemberment/Loss of Both Eyes	\$1,000

PART E: PREMIUMS

For premium rates and coverage periods, see the Student Health Services, or 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.