

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.

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 Mutual 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, when SHS is unavailable. 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. This exclusion does not apply to an aviation class which is part of the University's curriculum.
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. 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.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. 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.
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. 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.
11. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
12. Pre-existing Conditions until continuously covered by the University's Student Accident and Sickness Insurance Plan for a period of 6 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 which originates, is diagnosed, treated or recommended for treatment 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 90th percentile of the most current survey published by Ingenix for such services or supplies.

MANDATED BENEFITS

The plan will pay benefits for the items below in accordance with any applicable North Dakota law. Benefits may be subject to deductibles, coinsurance, limitations, and exclusions of the Policy. Description of these Mandated Benefits can be found in the Master Policy on file at the University or call the Claim Office. Laws include: Dental Anesthesia and Hospitalization Benefits; Mammography Benefits; Medical Food Benefits; Mental Disorders and Substance Abuse Treatment; Pre-hospital Emergency Services Benefits; Prostate-Specific Antigen Benefits; Reimbursement for Nurse Practitioner Services; Temporomandibular Joint Disorder Treatment; and Intentional Self-Inflicted Injuries.

CLAIM PROCEDURE

Secure a claim form from the Student Health Service, from the Servicing Agent, 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.
P.O. Box 196 • Stillwater, MN 55082

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness.

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: **(800) 328-2739**. The Student Assurance Services, Inc. website is: **www.sas-mn.com**.

TO APPLY FOR DEPENDENT COVERAGE

Complete the enrollment form and return it with your check made payable to: **STUDENT ASSURANCE SERVICES, INC.**
P.O. Box 196 • Stillwater, MN 55082-0196

Keep this brochure as your summary of coverage - no individual policy will be issued - a master policy #33-67-0199-030-613-9 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 Mutual Life's privacy policy from your University, by contacting us at (800) 328-2739, or visiting our website 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 9F138

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For International Students Attending

North Dakota University System

2009 – 2010

Administered by



**STUDENT
ASSURANCE
SERVICES
INCORPORATED**

www.sas-mn.com

Underwritten by



**COLUMBIAN MUTUAL
LIFE INSURANCE COMPANY**
HOME OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

Servicing Agent
Raymond Pollard
VAALER INSURANCE, INC.
2701 South Columbia Road
P.O. Box 12848
Grand Forks, ND 58208-2848
www.vaaler.com
(701) 775-3131
(800) 732-4336

Form No. 3697-09-ND

U-199ND

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 Mutual 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:

Raymond Pollard • Vaaler Insurance, Inc.
2701 South Columbia Rd., P.O. Box 12848
Grand Forks, ND 58208-2848
Phone: (701) 775-3131

ELIGIBILITY

All international students taking credit hours, visiting scholars, and pre-doctoral interns are required to purchase this insurance plan. Students are automatically enrolled at registration and the premium for coverage is added to student fees. 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, 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 (23) years of age who are not self-supporting and reside with the Insured Student, or twenty-six (26) if a full-time student at an accredited institution of higher learning. 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 (08-15-2009); 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 08-14-2010 or when payment is due and unpaid.

DEPENDENT ENROLLMENT

Eligible dependents who do not enroll in the plan when the Insured Student first enrolls, may enroll no later than 30 days of: entering the United States (proof of arrival date may be requested), involuntary loss of coverage under another health plan; marriage; or the birth or adoption of a child. Contact the Servicing Agent or Plan Administrator for partial year rates.

PREFERRED PROVIDER ORGANIZATION (PPO)

Student Assurance Services, Inc. has contracted with PreferredOne, a Preferred Provider Organization, to provide all insured by this plan with quality care from PreferredOne affiliated Physicians and hospitals at significantly reduced fees. To take advantage of this discount in your area, please use a PreferredOne Network provider. In the Medical Benefits Schedule of this brochure, benefits will be paid at the percentage shown for the PPO Allowable when a PreferredOne Network provider is used and the percentage shown for the U&C charges when a non-PreferredOne provider is used. "PPO Allowable" is a discounted rate negotiated between the healthcare provider and the Preferred Provider Organization. Please confirm your provider is a member of the PreferredOne Network prior to receiving services. Benefits will be considered at the PPO coinsurance level when a PreferredOne Network provider is not available in the PPO service area or for medical emergencies. A listing of participating PreferredOne physicians and hospitals is available at the PreferredOne website www.preferredone.com or call (800) 451-9597. Note that the PPO allowance applies only to a covered Injury or Sickness.

MEDICAL BENEFITS SCHEDULE

PART A: BASIC INJURY OR SICKNESS BENEFITS

When your covered Injury or Sickness requires treatment by a Physician, this Policy will pay benefits while your coverage is in force for **100% of the PPO Allowable** for charges incurred for covered services received from a PPO Provider, and **90% of the Usual and Customary Charges (U&C)** incurred for covered services received from a non-PPO Provider, up to a **Maximum Benefit of \$50,000 for each Injury or Sickness**. Eligible expenses are subject to a **\$50 deductible per person for each Injury or Sickness**. Covered Services provided by the Student Health Service (SHS) will be paid at 100% of U&C. The deductible is waived if treatment is first received at the SHS. For schools without a Student Health Service, the deductible will be waived if first seen by a campus nurse or health office. This 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.

COVERED SERVICES INJURY or SICKNESS BENEFIT LIMITS

I. INPATIENT

- a. HOSPITAL ROOM AND BOARD PPO Allowable; non-PPO Semi-private Room Rate, up to \$750/day
- b. INTENSIVE CARE PPO Allowable; non-PPO 2 times Semi-private Room Rate
- c. HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, therapeutic services, supplies, radiology, pathology) PPO Allowable; non-PPO U&C
- d. SURGICAL TREATMENT (does not include Assistant Surgeon) PPO Allowable; non-PPO U&C
- e. ANESTHETIST PPO Allowable; non-PPO U&C
- f. PRIVATE DUTY NURSE (when medically necessary) Paid under 1.a. or 1.b.
- g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) PPO Allowable; non-PPO U&C
- h. PHYSIOTHERAPY (includes chiropractic treatment) PPO Allowable; non-PPO U&C; up to \$2,500
- i. MATERNITY BENEFITS (conception must occur while coverage is in force) Same as any Sickness
- j. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE Paid under Mandated Benefits

II. OUTPATIENT

- a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS PPO Allowable; non-PPO U&C
- b. SURGICAL TREATMENT (does not include Assistant Surgeon) PPO Allowable; non-PPO U&C
- c. ANESTHETIST PPO Allowable; non-PPO U&C
- d. PHYSICIAN'S NON-SURGICAL VISITS, (1 visit/day - not paid day of Surgery, includes injections) PPO Allowable; non-PPO U&C
- e. PHYSICAL THERAPIST (includes chiropractic treatment) PPO Allowable; non-PPO U&C; up to \$2,500
- f. HOSPITAL EMERGENCY ROOM PPO Allowable; non-PPO U&C
- g. DIAGNOSTIC X-RAY AND LAB SERVICES PPO Allowable; non-PPO U&C
- h. CHEMOTHERAPY AND RADIATION THERAPY PPO Allowable; non-PPO U&C
- i. MATERNITY BENEFITS (conception must occur while coverage is in force) Same as any Sickness
- j. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE (1 visit/day) Paid under Mandated Benefits

III. OTHER

- a. AMBULANCE SERVICES (ground service only) PPO Allowable; non-PPO U&C
- b. BRACES AND ORTHOPEDIC APPLIANCES (when prescribed by the attending physician, excludes replacements) PPO Allowable; non-PPO U&C
- c. DENTAL TREATMENT (Injury Only, Includes X-rays; does not include biting or chewing injuries) PPO Allowable; non-PPO U&C, up to \$250/tooth
- d. PRESCRIPTION DRUGS (Outpatient, 30 day supply/prescription) U&C
- e. CHEST X-RAY REQUIRED FOR TB SCREENING PPO Allowable; non-PPO 100% of U&C
- f. MOTOR VEHICLE INJURY Same as any Injury
- g. INTERCOLLEGIATE SPORTS INJURY Same as any Injury

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

PART B: MAJOR MEDICAL BENEFITS (Students only) \$ 100,000 Maximum Lifetime Benefit Each Each Injury or Sickness

After the Company has paid \$50,000 under PART A, the Company will then pay 100% of the PPO Allowable for charges incurred for covered services received from a PPO Provider, and 90% of the Usual and Customary Charges (U&C) incurred for covered services received from a non-PPO Provider, up to a Maximum Lifetime Benefit of \$100,000 for each Injury or Sickness. This maximum includes benefits paid under PARTS A and B. No benefits are payable for Mental or Nervous Disorders and Substance Abuse in excess of Mandated Benefits levels; Motor Vehicle Injuries; or Dental Treatment.

PART C: 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 \$2,000
Single Dismemberment/Loss of Eye \$1,000
Double Dismemberment/Loss of Both Eyes \$7,500
Thumb and Index Finger on Either Hand \$500

PREMIUMS

For dependent 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. Students may contact the University International Business Office for applicable premium rates.