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 policy 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 on the CD card sent with your policy. 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 were 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 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 therapy; 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 Matri- nity which is not a Pre-existing Condition and which causes Loss under your coverage is in force. Sickness includes pregnancy. Com- plications 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.

TO APPLY FOR DEPENDENT COVERAGE

Complete the enrollment form and return it with your check made payable to: STUDENT ASSURANCE SERVICES.

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 #33-67-0199-930-613 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.
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 may be requested); jury 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 the plan 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, this discount has been negotiated for services rendered by a PreferredOne provider. "PPO Allowable" is a discounted rate negotiated by PreferredOne. When a PreferredOne Network provider is used, the physician or hospital is available at the PreferredOne Network provider. The discount applies to services rendered by a PreferredOne Network provider. When a PreferredOne Network provider is not used, the Usual and Customary Charges (U&C) incurred for covered services received from a non-PPO Provider, up to $250/tooth or $50,000 for each Injury or Sickness. The deductible is waived if the first treatment is received at the SHS. For schools without a Student Health Service, the deductible will be waived if the first treatment is received at a campus nurse or health office. This policy will allow benefits only for services not covered by Other Medical Coverage. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.