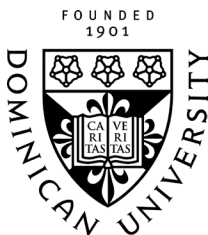


Accident & Sickness Plan
A Non-Renewable Term Policy
Designed for

**Dominican
University**



2010 • 2011

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:



ASSOCIATED
INSURANCE PLANS
INTERNATIONAL, INC.

28085 Ashley Circle, Suite 201
Libertyville, IL 60048-9658
Phone: (800) 452-5772
Fax: (847) 281-8813

Email: office@aipstudentinsurance.com

Website: www.DominicanInsurance.com

POLC10-11

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**For assistance and questions about Insurance Benefits,
ID cards, or problems:**

Associated Insurance Plans International, Inc.
Post Office Box 189
Libertyville, Illinois 60048
Phone: (800) 452-5772
Email: office@aipstudentinsurance.com
website: www.DominicanInsurance.com

**For assistance and questions about claim status and
claim processing:**

Student Assurance Services, Inc.
Post Office Box 196
Stillwater, MN 55082
www.sas-mn.com
Phone: 1-800-328-2739

How can I find a Beech Street Provider?

Beech Street Preferred Provider Network
www.beechstreet.com
Phone: 1-800-432-1776

**Columbian Life Insurance Company
Accident & Sickness Plan
for
Dominican University
2010 • 2011**

This is a general summary of Student Accident and Sickness Insurance coverage. Keep this brochure for your records as no individual policy will be issued. This summary is not a contract; however, the Master Policy is available for review online at: www.DominicanInsurance.com.

Note: The Master Policy contains the contract provisions and shall prevail in the event of any conflict between the brochure and the Master Policy.

INTRODUCTION

The Dominican University is making available to students and their dependents a plan of Blanket Accident and Sickness Insurance Plan (hereinafter called "plan" or "Plan") underwritten by Columbian Life Insurance Company. It provides continuous protection, 24 hours a day, anywhere in the world during the period of coverage for which you have paid the proper premium.

- The maximum benefit is \$75,000 per Injury or Sickness.
- Benefits are subject to a policy year deductible of \$200. The deductible is reduced to \$100 when the student is referred by the Student Health Center.
- Beech Street Preferred Provider Network Providers may be accessed throughout the United States, with the exception of Hawaii. If medical treatment is obtained from a Beech Street provider, students will receive a higher reimbursement towards covered medical expenses.
- Repatriation and Medical Evacuation Benefits providing 24-hour assistance services.
- 24-hour nurse line program providing phone based health information.

ELIGIBILITY

All full-time students, under the age of 65, taking 6 or more credits per semester are eligible to enroll in the insurance plan. All full-time students are urged to maintain adequate health insurance coverage while registered for classes at Dominican University. If students have existing health insurance coverage through another plan for paying medical expenses, complete the Waiver Form online at www.DominicanInsurance.com. Please note: Existing Coverage will be verified.

Students who wish to enroll in the insurance plan must enroll by the following enrollment deadline dates: Annual or Fall Semester deadline date October 15, 2010; Spring or Spring/Summer Semester deadline date March 1, 2011; or Summer Semester deadline date of June 15, 2011.

Students must be physically and actively attending classes to enroll in this insurance plan. Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of their Effective Date of coverage shall not be covered under this insurance plan. Contact Associated Insurance Plans International at (800) 452-5772 or email office@aipstudentinsurance.com.

Students who graduate or withdraw from school after 31 days, whether involuntarily or voluntarily, will remain covered under this insurance plan until the end of the coverage period for which the premium was 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 the premium.

COVERAGE FOR DEPENDENTS

Students who enroll in the plan may also enroll their eligible dependents for Annual or Fall Semester by the enrollment deadline date October 15, 2010, for Spring or Spring/Summer Semester by the enrollment deadline date March 1, 2011 or for Summer Semester by the enrollment deadline date of June 15, 2011. Dependents must enroll when the student first enrolls in the plan and must enroll for the same coverage as the student.

LATE ENROLLMENT FOR DEPENDENTS

Students may enroll dependents after the enrollment period deadline date only if there is a qualifying event. Qualifying events include involuntary loss of coverage under another health plan, marriage and birth or adoption of a child. **Enrollment in this plan must be received no later than 30 days after the qualifying event.** Students must notify Associated Insurance Plans International, Inc at office@aipstudentinsurance.com.

TO ENROLL FOR COVERAGE

Students have three options to enroll for coverage:

OPTION 1 - Enroll Online – Credit Card or Electronic Check payment only. Students can complete an online enrollment form on the website www.DominicanInsurance.com.

OPTION 2 – Mail Enrollment Form and Payment

1. Students can download and print an Enrollment Form on the website www.DominicanInsurance.com.
2. Print all information legibly and indicate the coverage and options you desire.
3. Enclose your check payable to Student Health Insurance, or complete all credit card information.
4. Send the form and payment to Associated Insurance Plans International, Inc. P.O. Box 189, Libertyville, IL 60048.

OPTION 3 – Bill My Student Account

Students can have the premium added to their student account. Contact the University Student Account Office to make payment arrangements.

Note: If the student is not paying premium for the entire year, to avoid a lapse in coverage premium payment must be received within 14 days after the date the students coverage expires for the term of coverage selected. A premium due notice will be mailed to the address provided, however it is the students responsibility to make timely premium payments regardless of whether or not a premium due notice is received.

Call (800) 452-5772 or email office@aipstudentinsurance.com for payment terms and information.

EFFECTIVE AND EXPIRATION DATES OF COVERAGE

Student coverage under the Policy becomes effective on the later of the following dates:

- The Policy Effective date September 1, 2010 at 12:01 a.m.;
- 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 Servicing Agent.

Student coverage under the Policy will expire on the earliest of the following dates:

- The last day of the Coverage Period for which the Premium is paid; or
- When payment for your health insurance coverage is due and unpaid; or
- The Policy Expiration date August 31, 2011 at 11:59 p.m.

Dependent coverage under the Policy becomes effective on the same date as the Insured Student for which the proper dependent premium payment is received. Coverage will not be effective prior to that of the Insured Student. Dependent coverage will expire on the date the Student's coverage expires or the date the dependent no longer meets the definition of a dependent.

COVERAGE PERIODS

TERM	DATE COVERAGE BEGINS	DATE COVERAGE ENDS
Annual	09-01-2010	08-31-2011
Fall	09-01-2010	12-31-2010
Spring	01-01-2011	05-31-2011
Spring & Summer	01-01-2011	08-31-2011
Summer	06-01-2011	08-31-2011

2010-2011 PREMIUM RATES

	Annual	Fall Only	Spring Only
Student Only	\$1,195	\$ 488	\$ 488
Additional for Spouse	\$2,390	\$ 956	\$ 956
Additional for Each Child	\$1,793	\$ 713	\$ 713

	Spring&Summer	Quarter or Summer	Monthly
Student Only	\$ 823	\$ 345	\$ 110
Additional for Spouse	\$1,625	\$ 670	\$ 199
Additional for Each Child	\$1,220	\$ 502	\$ 149

Note: A \$10 administrative fee has been added to all student rates except Annual.

AUTOMATIC DEBIT FOR MONTHLY AND QUARTERLY PREMIUMS

Monthly and Quarterly premium payment option is available for annual coverage with an automatic debit from the student's banking or credit card account. Students must complete the Automatic Debit Authorization Form and return it with an Enrollment Form by the enrollment deadline date of **October 15, 2010**.

Students who elect monthly or quarterly premium payment option whose coverage lapses (because of insufficient funds), will not be permitted to continue the monthly or quarterly premium payment option and will be required to wait until the next enrollment period to reapply for benefits.

For Quarterly premiums, the student's account will be debited on December 1, 2010, March 1, 2011 and June 1, 2011. For monthly premiums, the student's account will be debited on the 1st of each month through August 1, 2011.

Important: Please note there is no provision for cancellation of the automatic monthly debit payment option prior to the policy expiration date, other than upon a student's entry into the military service. Students interested in coverage for a term other than the annual coverage should elect an option for payment other than monthly automatic debit.

PREMIUM REFUND POLICY

All premium refund requests must be made in writing and include any proof and date of occurrence. Refund requests should be sent to Associated Insurance Plans International, Inc. at P.O.Box 189, Libertyville, IL 60048 or by email: office@aipstudentinsurance.com.

A prorated refund will be issued only for the following situations:

- Students who withdraw from school within 31 days following the Effective Date of coverage, unless medical benefits have been paid during the first 31 days; or
- Students who have entered into full-time active duty military service for any country; or
- Students who are non-immigrant Foreign Nationals who have left the North American Continent.

CONTINUOUS COVERAGE

There will be no lapse in coverage for students and their dependents who were:

- covered to the policy termination date of the University's prior student health insurance plan; and
- enroll and pay the premium for coverage under this policy within 31 days of the expiration date of the prior student health insurance plan.

Students and their dependents will not be denied benefits under this Policy for a Pre-existing Condition or an Injury or Sickness covered under the student's prior student health plan, unless:

- This Policy specifically excludes the Injury or Sickness expenses, or
- This policy limits the benefits payable for the Injury or Sickness Expenses, or
- The Injury or Sickness is subject to any lifetime maximum, and the maximum is exhausted.

CONTINUATION OF COVERAGE

If a student who has been covered under this health insurance plan graduates or leaves school, whether voluntarily or involuntarily, the student and their previously insured dependents, may continue to be covered under this health insurance plan for the remainder of the policy year at the cost of insurance shown.

If a student is ineligible to continue coverage under the health insurance plan, continuation of coverage may be available for up to 9 months, provided an application is made within 31 days of the policy expiration date. The cost of insurance for the Continuation Plan must be paid in advance for the entire continuation period selected. No re-enrollment is permitted once the original term of coverage selected has expired. Please contact Associated Insurance Plans International, Inc. at (800) 452-5772 or email office@aipstudentinsurance.com.

ADDITIONAL PROGRAMS

(These programs are not underwritten by Columbian Life Insurance Company)

SCHOLASTIC EMERGENCY SERVICES, INC. (TRAVEL ASSISTANCE)

Students who enroll and maintain medical coverage in this insurance plan are eligible for services provided by Scholastic Emergency Services, Inc. (SES) and administered by assist america. This program provides 24-hour assistance services whenever the student is traveling more than 100 miles away from home, school, or abroad.

All assistance services must be arranged and provided by SES, no claims will be accepted for assistance services provided any other provider or company.

Note: This program does not replace medical insurance. All claims for medical expenses should be submitted to Student Assurance Services Inc. for consideration.

The SES program meets or exceeds the requirements of USIA for international students and scholars. The following services are provided:

1. Medical Consultation and Evaluation. Calls to the Alarm Center are evaluated by medical staff and referred to the appropriate provider.
2. Hospital Admission Guarantee - outside the U.S.A.
3. Emergency Evacuation. If adequate medical facilities are not available, whatever mode of transportation equipment and personnel necessary will be used to evacuate a student or student's family member to the nearest facility capable of providing proper care.
4. Critical Care Monitoring. Scholastic Emergency Services will stay in regular communication with the attending physician and/or hospital and relay information to the student's family.
5. Medically Supervised Repatriation. When ready to be discharged from the hospital but is still in need of medical assistance, the student will be repatriated to a rehabilitation facility or home, and if necessary will be provided a medical or non-medical escort.
6. Dispatch of Prescription Drugs. When medication is forgotten or lost, a replacement will be arranged. If the medication is not available locally, the medicine will be dispatched when possible and legally permissible.
7. Transportation to Join Patient. When traveling alone and hospitalized for more than 7 days, transportation to the place of hospitalization will be provided for a designated family member or friend.
8. Care for Minor Children. If a minor child is left unattended as a result of an Injury or Sickness, one-way transportation (with attendant if necessary) will be provided to the place of residence.
9. Return of Mortal Remains. In case of death, transport and reasonable assistance in legal formalities will be provided for the return of mortal remains.
10. Legal Referrals. Referrals for interpreters or legal personnel are available.

If you require assistance call SES Operation Center at toll free inside the U.S. (877) 488-9833 or outside the U.S. (609) 452-8570 or email at medservices@assistamerica.com

ASK MAYO CLINIC

Students and eligible dependents who enroll and maintain medical coverage in this health plan, have access to a 24-hour nurse line administered through the Mayo Foundation. This program provides:

- Phone-based, reliable health information in response to health concerns and questions; and
- Assistance in decisions on the appropriate level of care for a sickness or injury. Appropriate care may include self-care at home, a call to a Physician, or visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. *Ask Mayo Clinic* does not answer health plan benefits questions. Health benefit questions should be referred to Student Assurance Services, Inc. The *Ask Mayo Clinic* 24-hour nurse line toll free number will be on the ID card.

BEECH STREET CORPORATION PREFERRED PROVIDER NETWORK

Persons insured under this insurance plan may choose to be treated within, or out of, the Beech Street Preferred Provider Network. The Beech Street Preferred Provider Network consists of hospitals, doctors, and other health care providers, which are organized into a network for the purpose of delivering quality health care at a discounted fee. Providers may be accessed throughout the United States, with the exception of Hawaii. If medical treatment is received from a Beech Street provider, a higher reimbursement will be received towards insured person's covered medical expenses.

When an insured person uses the services of a Beech Street provider, the covered expenses incurred will be payable at 90% of the PPO negotiated fee. However, when treatment is rendered by non-preferred provider covered expenses will be payable at 70% of the usual and customary charges incurred.

Exception: Benefits will be paid at the 90% of PPO co-insurance when 1) the insured person cannot reasonably obtain the services of a Beech Street preferred provider, due to an Emergency Medical Condition; 2) the covered service is performed by a non-preferred ancillary provider who is a radiologist, anesthesiologist, pathologist or other similar ancillary provider; or 3) the covered service is not available from a Beech Street preferred provider due to insufficient number, type, or distance and the Insured has made a good faith effort to utilize Beech Street preferred providers for a covered service.

In order to use the services of a Beech Street preferred provider, an insured person must present the Insurance ID Card. A complete listing of Beech Street preferred providers is available on the web at: www.DominicanInsurance.com or by calling toll free to Beech Street Preferred Provider Network (800) 432-1776. The participation of individual providers is subject to change without notice. It is the insured person's responsibility to confirm a provider's participation when calling for an appointment or at time of visit.

EXPLANATION OF BENEFITS

PRE-CERTIFICATIONS AND REFERRALS

This health plan does not require pre-certification or referrals for any covered service prior to the date the service is performed. Covered services will be evaluated for benefits when the claim is submitted to Student Assurance Services Inc. for payment.

CO-INSURANCE, CO-PAY, AND DEDUCTIBLE MAXIMUM

Covered services are subject to co-insurance, co-pay, and deductible unless indicated otherwise, up to the Benefits Schedule Policy Year Maximum of \$75,000 per Accident or Sickness.

Co-Pay is the amount the Insured person must pay to the Physician or Hospital for each procedure, office visit, or confinement, each time he or she receives a covered service, including prescription drugs.

Deductible is the amount subtracted from eligible expenses for the Policy year before benefits are considered. Each insured person must satisfy the deductible.

Co-insurance is the percentage of covered expense the health plan pays. After the deductible is satisfied, the Plan will pay a coinsurance of 90% of the preferred provider negotiated fee; and for non-preferred providers a coinsurance of 70% of Usual and Customary charges for eligible expenses, as a result of a covered Injury or Sickness.

MATERNITY EXPENSE BENEFIT

Benefits are payable for an insured person's covered charges for maternity care, including hospital, surgical and medical care.

With respect to covered services for maternity, benefits are paid the same as any Sickness for an Insured and her newborn child for:

1. a minimum of 48 hours of inpatient care following a vaginal delivery; and
2. a minimum of 96 hours of inpatient care following a caesarean section.

Benefits may be provided for a shorter length of inpatient stay for services related to maternity and newborn care if the attending Physician determines in accordance with the protocols and guidelines developed by the American Academy of Pediatrics or the American College of Obstetricians and Gynecologists that the mother and her newborn meet the appropriate guidelines for length of stay based upon evaluation of the mother and the newborn. In this instance Covered Services will include one post-discharge physician office visit or one in-home nurse visit, to verify the condition of the newborn in the first 48 hour after hospital discharge.

Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility.

BENEFITS MANDATED BY THE STATE OF ILLINOIS

The Policy will pay benefits for state mandated benefits in accordance with any applicable Illinois law. Benefits may be subject to policy deductibles, coinsurance, limitations or exclusions. Description of these state mandated benefits can be found in the Master Policy on internet site:

www.DominicanInsurance.com. Students may also refer any questions to the claim administrator, Student Assurance Services, Inc. at (800) 328-2739.

PRE-EXISTING CONDITION

The Policy does not cover any Injury or Sickness for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months immediately prior to the insured person's effective date of coverage. A pre-existing condition is subject to a 12 month pre-existing condition waiting period. During this waiting period, the insured person must be continuously covered under the Policy for 12 consecutive months. The pre-existing condition waiting period must expire before benefits for a pre-existing condition will be considered for payment under the Policy. If any break in continuous coverage occurs, the pre-existing condition exclusion will apply. Provisions that Reduce or Eliminate the Preexisting Condition Waiting Period:

- If an insured person had 12 months of continuous coverage under a prior student health plan, the Injury or Sickness which began during the prior year of coverage will not be considered a pre-existing condition.
- The pre-existing condition waiting period will be reduced by the period of time an insured person was covered by prior creditable coverage, if such coverage was continuous (no break in coverage for 63 days or more to a date immediately prior to the effective date of coverage under the Policy). Proof of prior creditable coverage must be provided by submitting a Certificate of prior coverage from the prior medical plan or other satisfactory evidence of coverage.

Prior Creditable Coverage means the prior student health insurance policy of the Policyholder or other coverage provided in the United States under any of the following: a group health plan; health insurance coverage under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract; Medicare; Medicaid; military health care; a medical care program of the Indian Health Service or of a tribal organization; a state health benefits risk pool; the Federal Employee Health Benefits Program; a public health plan; or a health benefit plan of the Peace Corps. Prior creditable coverage does not include prior coverage before a break in coverage. A break in coverage occurs when an individual does not have health coverage for 63 or more continuous days.

PRESCRIPTION DRUGS

Benefits are payable for the cost of the drug obtained from a licensed pharmacy. Does not include charges for the injection or administration of the drug. Benefits are limited to a 30-day supply per prescription drug. The copay is applied to the claim when the insured submits the drug receipts to the Company for reimbursement.

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 Schedule of Benefits.
3. Treatment where no Injury or Sickness is involved (physical examinations or preventive medicines) except as specifically provided in the Schedule of Benefits; 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 Schedule of Benefits.
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; 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. 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.
9. Intentional self-inflicted Injuries.
10. Routine newborn baby care, well baby nursery and related Physician's charges, except as specifically provided in the Schedule of Benefits.
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.
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 Policyholder's Student Accident and Sickness Insurance plan for a period of 12 months.
16. Weight management services and supplies related to weight reduction programs, weight management program, and related nutritional supplies; treatment of obesity; surgery for the removal of excess skin or fat, and for weight reduction or treatment of obesity.

SCHEDULE OF BENEFITS		IN-NETWORK	OUT-OF-NETWORK
Maximum Policy Year Benefit – Per Accident or Sickness			
Deductible – Per Policy Year – Per Person		\$75,000	\$75,000
Deductible is reduced to \$100 when the student is referred by the Student Health Center.		\$ 200	\$ 200
HOSPITAL INPATIENT COVERED SERVICES AND BENEFIT LIMITS		IN-NETWORK	OUT-OF-NETWORK
(a)	Hospital Room and Board and Hospital Miscellaneous	90%	70%
(b)	Surgical Treatment: PPO – up to \$5,000; non-PPO – up to \$3,500	90%	70%
(c)	Anesthesia and Assistant Surgeon: 30% of Surgical Treatment	NA	NA
(d)	Private Duty Nurse: up to \$5,000 per Policy Year	90%	70%
(e)	Physician Non-Surgical Visits: Paid under (a)	90%	70%
(f)	Physiotherapy: 1 visit per day; Paid under (a)	90%	70%
(g)	Maternity Benefits: Benefits paid the same as any Sickness	90%	70%
(h)	Mental & Nervous Disorders: Benefits paid the same as any Sickness; up to \$10,000 per Policy Year	90%	70%
(i)	Substance Abuse: Benefits paid the same as any Sickness; up to \$10,000 Per Policy year	90%	70%
(j)	PreAdmission Testing	90%	70%
OUTPATIENT COVERED SERVICES AND BENEFIT LIMITS		IN-NETWORK	OUT-OF-NETWORK
(a)	Hospital Outpatient Surgical Miscellaneous: Day Surgery; \$100 copay per surgery; (PPO - up to \$5,000; non-PPO – up to \$3,500)	90%	70%
(b)	Surgical Treatment: (PPO- up to \$5,000; non-PPO – up to \$3,500)	90%	70%
(c)	Anesthesia and Assistant Surgeon: 30% of Surgical Treatment	NA	NA
(d)	Physician Non-Surgical Visits: 1 visit per day, not paid the day of surgery; \$25 copay per visit; up to \$500	90%	70%
(e)	Physiotherapy: Includes occupational therapy; \$25 copay per visit; \$50 per visit; up to \$300	90%	70%
(f)	Spine and Back Disorders: \$25 copay per visit; \$50 per visit; up to \$300	90%	70%
(g)	Chemotherapy and/or Radiation Therapy:	90%	70%
(h)	Diagnostic X-rays, Radiology, and Laboratory Services: \$15 copay per visit; up to \$1,000	90%	70%
(i)	Hospital Emergency Room: \$200 copay per visit (waived if admitted)	90%	70%
(j)	Maternity: Paid the same as any Sickness	90%	70%
(k)	Mental and Nervous Disorders: Up to \$3,000 per Policy Year	90%	70%
(l)	Substance Abuse: up to \$500 per Policy Year	90%	70%
(m)	Prescription Drugs: 30 day supply per prescription; \$25 copay per prescription; up to \$1,000 per Policy Year	90%	NA

OTHER COVERED SERVICES AND BENEFIT LIMITS		IN-NETWORK	OUT-OF-NETWORK
(a)	Ambulance: up to \$300	90%	70%
(b)	Dental Treatment: Xray and treatment of dental injury to sound, natural teeth; up to \$4,000 per Policy Year	NA	NA
(c)	Orthopedic Appliances and Durable Medical Equipment: up to \$200 per Policy Year	90%	70%
(d)	Motor Vehicle Injury – Benefits paid the same as any Injury	90%	70%
(e)	Home Health Care – 40 visits per Policy Year; \$25 copay per visit, up to maximum copay payment \$300 per Policy Year.	90%	70%
(f)	Consultant Physician: when requested by the attending Physician	90%	70%
(g)	Well Child Care: includes immunizations and age appropriate screening tests	90%	70%
(h)	Additional Benefits Mandated by State of Illinois		
	Breast Reconstruction following Mastectomy and Post Mastectomy Treatment Benefits	90%	70%
	Cervical Pap and Prostrate Cancer Tests Benefit	90%	70%
	Colorectal Cancer Screening Benefit	90%	70%
	Contraceptives	90%	70%
	Dental Care in Hospital Benefit	90%	70%
	Diabetes Benefit	90%	70%
	Mammography Examination Benefit	90%	70%
	Prenatal HIV Testing Benefit	90%	70%
	Maternity and Postpartum Care Benefit	90%	70%
	Temporomandibular Joint Disorder And Craniomandibular Disorder Benefit	90%	70%

ADDITIONAL PROGRAMS	
OPTIONAL DENTAL, VISION AND PHARMACY DISCOUNT CARD	
A separate dental, vision and prescription drug discount plan is available on an optional basis and is subject to payment of an additional premium. Please call (800) 452-5772 to request plan details or visit our website at www.DominicanInsurance.com and click on "Dental, Vision, & Pharmacy-Discount Card".	See Details Page 23
OPTIONAL DENTAL AND VISION INSURANCE PLAN	
A separate dental insurance plan with optional vision coverage. Several benefit options to choose from, subject to additional premium. Please call (800) 452-5772 to request plan details or visit our website at www.DominicanInsurance.com and click on <i>Dental Insurance Plan</i> .	See Website
SCHOLASTIC EMERGENCY SERVICES (Travel Assistance)	See Details Page 4
ASK MAYO CLINIC	See Details Page 4
Note: These Additional Programs are not underwritten by Columbian Life Insurance Company, but provided by independent vendors and are included if students participate in the insurance plan.	

DEFINITIONS

Accident means accidental bodily injuries which are the direct cause of loss, independent of disease or bodily infirmity and occurring while the insurance is in force.

Dependent means the insured student's spouse; or domestic partner; or student's unmarried natural child (including step children if dependent on the insured student or child for whom the insured student is a legal guardian) under the age of twenty-three (23) years who is not self supporting. This provision also includes a child for whom the insured student is a legal guardian, if the child is dependent on the insured student.

Dependent also includes a child over the age of 23 who is incapable of self sustaining employment because of a handicapped condition, and is chiefly dependent upon the insured student for maintenance and support. Proof of a dependent's incapacity or dependence shall be requested by us within 60 days of a child's attainment of the limiting age. If the requested proof is not received within 31 days of our inquiry coverage may terminate when the dependent reaches the limiting age. In the absence of any such inquiry by us, the dependent's coverage will continue until otherwise terminated as provided in this Policy. We may request subsequent proof of incapacity or dependency no more than once every year. This provision applies whether the dependent is dependent on parents or other care provider for lifetime care and supervision. Other care provider includes community integrated living arrangement, group home, supervised apartment and other residential services licensed or certified by Illinois.

A newborn child of the insured student will be covered from birth until 31 days old. Coverage for such child will be for an Injury or Sickness including necessary care and treatment for medically diagnosed congenital defects and birth abnormalities. Coverage will expire at the end of the 31 days. To continue coverage past the 31 days, the insured must enroll the newborn child within 31 days of birth and pay the required additional premium starting from the date of birth.

A child for whom the insured student has a legal obligation for the purposes of adoption, will be covered from the date the legal obligation begins until 31 days after the date the legal obligation began. Coverage for such child will be for an Injury or Sickness including necessary care and treatment for medically diagnosed congenital defects and birth abnormalities. Coverage will expire at the end of the 31 days. To continue coverage past the 31 days, the Insured must enroll the adopted child within 31 days from the date legal obligation began, and pay the required additional premium starting from the date the legal obligation began.

Benefits for routine well newborn or adoption child care expenses are covered, if the insured student enrolls the child and pays the additional premium within 31 days from the date of birth or the date the legal obligation began.

Domestic Partner means a person who meets at least three of the following five conditions: (a) the person resides with the insured student; (b) the person and insured student hold common or joint ownership of the residence or of the lease for the residence; (c) the person and insured student have joint ownership of a motor vehicle; (d) the person and insured student have a joint checking account; and/or (e) the person must be designated as a beneficiary under the insured student's life insurance coverage and/or identified as a primary beneficiary in the insured Student's will. To obtain coverage as a domestic partner, the insured student and domestic partner must submit a written "Affidavit of Domestic Partnership" to the Policyholder's student health center and to the Plan Administrator. In the Affidavit, the insured student and domestic partner must attest that they are each other's sole domestic partner, that they have agreed to be responsible for their common welfare. They must also indicate which three of the five qualifying conditions have been met.

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; biofeedback-type services; infertility; hypnotherapy; learning disabilities; and weight management services.

Experimental and Investigational means any treatment, procedure, drug or device which (a) cannot be lawfully marketed without approval of the Federal Food and Drug Administration, (b) is determined to be experimental, investigational or for research purposes based on the informed consent document or the written protocols used by the treating physician, hospital or facility, (c) is subject to ongoing Phase 1 or Phase 2 clinical trials, (d) reliable evidence show the prevailing opinion among experts is that further studies or clinical trials are necessary, and (e) the outcomes data published in peer-reviewed medical and scientific literature is insufficient to substantiate its safety and effectiveness as compared with the standard means of treatment for the Injury or Sickness.

In making these determinations, the Plan Administrator will obtain an external evaluation by an appropriately licensed or qualified professional who will review the claim and any additional information provided for review.

Hospital means an institution duly licensed as a hospital in the state in which it is located and operating within the scope of such license. A hospital must have inpatient facilities, staff of physicians available at all times, 24-hour a day nursing services, and accredited by the Joint Commission on the Accreditation of Healthcare Organizations. This does not include a facility primarily designed for use as an extended care facility, convalescent nursing home or skilled nursing facility. Hospital for mental and nervous disorders and substance abuse includes facilities licensed by the state to provide inpatient mental nervous or substance abuse services or treatment in the state it is located.

Hospital Confined/Hospital Confinement means confined in a hospital for at least 18 hours by reason of an Injury or Sickness for which benefits are payable.

Injury or Injuries means accidental bodily Injury or Injuries which are the direct cause of loss, independent of disease or bodily infirmity and occurring while the insurance is in force. All related Injuries and recurrent symptoms of the same or similar condition will be considered one Injury.

Loss means medical expense or indemnity covered by this Policy as a result of any one Injury or Sickness.

Medical Emergency means a life threatening medical condition resulting from an Injury or Sickness of the insured, which arises suddenly and required immediate medical care to prevent permanent disability or loss of life to the Insured.

Medically Necessary means those covered services provided or prescribed by a hospital or physician which are: (a) consistent with the symptoms and diagnosis or treatment of the Sickness or Injury and which could not have been omitted without adversely affecting the quality of care rendered, (b) in accord with standards of generally accepted medical practice, (c) not provided solely for education purposes or primarily for the convenience of you or your physician, (d) the most appropriate supply or level of service which can safely be provided to you, and (e) within the scope, duration, or intensity of the level of care needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is not maintenance or preventive care.

Other Medical Coverage means any plan providing benefits or services for medical care or treatment, where such benefits or services are provided on a group basis by or under: group insurance; coverage provided by hospital or medical service organizations such as Blue Cross or Blue Shield or similar pre-paid medical service organizations; union welfare or trust plans; employer or employee benefit plans or arrangement whether on an insured or uninsured basis; Medicare as established by Title XVIII of the United States Social Security Act of 1965, as amended; any medical benefits coverage in group, group-type and individual automobile "no-fault" and traditional automobile "fault" type coverage; HMO (health maintenance organization); or PPO (preferred provider organization).

Orthopedic Appliances or Durable Medical Equipment: Any supportive appliance or device which (i) is prescribed by a physician; (ii) is primarily and customarily used to serve a medical purpose; (iii) can withstand repeated use; (iv) generally is not useful to a person in the absence of Injury or Sickness; and (v) is used exclusively by the covered person. Replacement braces and appliances are not covered. No benefits will be paid for rental charges in excess of purchase price. Durable medical equipment does not include for example: non-prescription therapy devices or medical supplies; comfort and convenience items; modifications of the covered person's residence, property or automobiles; corrective shoes; exercise and sports equipment. A written prescription must accompany the claim when submitted. We reserve the right to determine whether an orthopedic appliance or durable medical equipment is eligible as a covered service.

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 sickness 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.

RIGHT OF REIMBURSEMENT

If an insured incurs expenses for Injury or Sickness that occurred due to the negligence of a third party: (a) the health plan has the right to reimbursement for all benefits paid from any and all damages collected from the third party for those same expenses whether by action at law, settlement or compromise, by the insured, the insured's parents if the insured is a minor, or the insured's legal representative as a result of that Injury or Sickness; and (b) the health plan is assigned the right to recover from the third party, or his or her insurer, to the extent of the benefits paid for that Injury or Sickness.

The health plan shall have the right to first reimbursement out of all funds the insured, the insured's parents, if the insured is a minor, or the insured's legal representative, is or was able to obtain for the same expenses paid as a result of that Injury or Sickness.

The insured is required to furnish any information or assistance or provide any documents that the health plan may reasonably require in order to obtain their rights under this provision. This provision applies whether or not the third party admits liability.

EXCESS COVERAGE

When there is a basis for a claim under the Policy and other medical coverage, benefits must be paid by other medical coverage first before benefits are paid under the Policy. When submitting a claim for payment, include the other medical coverage's explanation of payment with any itemized bills to Student Assurance Services, Inc.

CLAIM PROCEDURE

Send all medical, pharmacy or hospital itemized bills including diagnosis to the address below within 90 days of the date of the Injury or Sickness or as soon as reasonably possible. Information to identify the student or dependent must be provided and includes: student name, patient name, address, student ID number or social security number, and name of the Institution under which the student is insured.

A company claim form is not required, unless the itemized billing statements do not provide sufficient information to process the claim. A company claim form can be obtained from the Health Service, Servicing Agent or Student Assurance Services website www.sas-mn.com. A student may also complete the online claim form from the website.

Bills submitted later than one year and 90 days will not be considered for payment except in the case of no legal capacity.

Send claims or inquiries to:
Student Assurance Services Inc.
P.O. Box 196
Stillwater, MN 55082
(800) 328-2739
www.sas-mn.com

The claim office is available for calls between 8:00 a.m. to 4:30 p.m. Central Time, Monday – Friday.

Students may check the status of a claim already filed at www.sas-mn.com. The member ID number located on the ID card is needed to access the online claim status.

Dominican University
2010-2011 STUDENT ACCIDENT AND SICKNESS
INSURANCE PLAN
Policy No. 12-64-0023-016-606-0

Insured _____

Underwritten by:



COLUMBIAN LIFE
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: BINGHAMTON, NY

Current eligibility is subject to verification by the Servicing Agent.

\$25 copay Physician Visits
\$200 Emergency Room

Beech Street.
A CONCENTRA COMPANY

COMPLAINTS AND CLAIM APPEALS

An insured person has a right to file a Grievance in writing for any provision of services or claim practices of Columbian Life Insurance Company which offers a health benefit plan or its claim administration by Student Assurance Services, Inc.

If there is a problem or concern, the insured person can first call the customer service number on the ID Card. A customer service representative will assist in resolving the problem or concern as quickly as possible. If the insured person continues to disagree with the decision or explanation given, a written request may be submitted for a review through the internal grievance process.

The internal grievance process may be initiated by contacting Student Assurance Services, Inc. The insured person can:

- Submit written comments, documents, records, and other material relating to the review;
- Receive upon request, reasonable access to and copies of all documents relevant to your request for benefits relating to the claim denial.

The grievance will be reviewed and a determination will be mailed. The Grievance Procedures can be obtained by contacting Student Assurance Services, Inc. or from the Master Policy on file with the School.

Grievance may be sent to:

Student Assurance Services Inc.
P.O. Box 196 • Stillwater, MN 55082
(800) 328-2739

IMPORTANT! INSURANCE CARD (ID CARD)

1. You may detach and retain the temporary Identification Card provided in this brochure.
2. You **MUST** obtain your permanent Identification Card. The permanent identification card is necessary to check claim status online. Go to: www.DominicanInsurance.com and click on "Print ID Card".
The website will ask for your first and last name, your identification number, and your date of birth. Questions should be directed to (800) 452-5772.
3. You may call (800) 452-5772 and request that your Identification Card be mailed to you.

PRIVACY NOTICE

Columbian Life Insurance Company and Student Assurance Services, Inc. are committed to maintaining the privacy of the insured person's personal health information and complying with all state and federal privacy laws. A copy of the Privacy Notice may be obtained by contacting Student Assurance Services, Inc. at (800) 328-2739 or by visiting our website www.sas-mn.com.

SERVICED BY:

Associated Insurance Plans International, Inc.
Phone: (800) 452-5772
www.aipstudentinsurance.com

Direct All Claims and Correspondence to:
Student Assurance Services, Inc.
P.O.Box 196 • Stillwater, MN 55082-0196

- Written proof of loss must be furnished within 90 days after the date of such loss.
- The Master Policy prevails in the case of conflict.
- Precertification is not required.

DOMINICAN UNIVERSITY
2010-2011 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

To apply for Student Accident and Sickness Insurance, either complete this enrollment form or enroll on-line at: www.DominicanInsurance.com

Undergraduate Graduate International Student ID: _____ Credit Hours _____

Student's Name _____ (First) _____ (MI) _____ (Last) _____ Soc. Sec. #

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Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Birthdate _____ MM/DD/YY Telephone _____ email: _____

- NO:** I have comparable insurance coverage and waive my right to participate in the University's Student Accident and Sickness insurance plan. I accept responsibility for any medical expense I incur while attending the University.
- YES:** I wish to purchase the Student Accident and Sickness Insurance plan.

PREMIUM SCHEDULE (INDICATE PREMIUM SELECTED)

	ANNUAL	FALL	SPRING	SPRING/SUMMER	SUMMER	**QUARTERLY
	09-01-2010 to	09-01-2010 to	01-01-2011 to	01-01-2011 to	06-01-2011 to	09-01-2010 to
	08-31-2011	12-31-2010	05-31-2011	08-31-2011	08-31-2011	11-30-2010
						12-01-2010 to
						02-28-2011
						03-01-2011 to
						05-31-2011
						06-01-2011 to
						08-31-2011
						**MONTHLY
Student	<input type="checkbox"/> \$ 1,195.00	<input type="checkbox"/> \$ 488.00	<input type="checkbox"/> \$ 488.00	<input type="checkbox"/> \$ 823.00	<input type="checkbox"/> \$ 345.00	<input type="checkbox"/> \$ 345.00
Spouse	<input type="checkbox"/> \$ 2,390.00	<input type="checkbox"/> \$ 956.00	<input type="checkbox"/> \$ 956.00	<input type="checkbox"/> \$ 1,625.00	<input type="checkbox"/> \$ 670.00	<input type="checkbox"/> \$ 670.00
Each Child	<input type="checkbox"/> \$ 1,793.00	<input type="checkbox"/> \$ 713.00	<input type="checkbox"/> \$ 713.00	<input type="checkbox"/> \$ 1,220.00	<input type="checkbox"/> \$ 502.00	<input type="checkbox"/> \$ 502.00

A \$10 administrative fee has been added to all student rates except Annual.

** Quarterly and monthly premium is available only if purchasing Annual coverage with an automatic debit from your checking, savings or credit card account. Complete the automatic debit authorization on the reverse side of this form.

Coverage becomes effective on the later of the following dates: the Policy Effective Date (09-01-2010) at 12:01 a.m.; 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 Servicing Agent. All coverage expires on the earliest of the following dates: the last day of the Coverage period for which the premium is paid; or when payment for your health insurance coverage is due and unpaid; or Policy expiration date 08-31-2011 at 11:59 p.m. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. No refunds, except as provided in the Master policy.

DEPENDENT INFORMATION (COMPLETE IF PURCHASING DEPENDENT COVERAGE)

Spouse's Name _____ Soc. Sec. # _____ Birthdate _____ MM/DD/YY _____
Child's Name _____ Soc. Sec. # _____ Birthdate _____ MM/DD/YY _____
Child's Name _____ Soc. Sec. # _____ Birthdate _____ MM/DD/YY _____

- Enclosed is my check or money order, payable to Student Health Insurance, Inc., in the amount of \$ _____.
Mail to: Associated Insurance Plans International, Inc. P.O. Box 189 Libertyville, IL 60048
- Please charge my credit card a one-time premium payment of \$ _____. Complete credit card information below.
- Please automatically charge my credit card the following Quarterly or Monthly premium for the entire policy year: \$ _____.
Complete the credit card information below and sign the Automatic Payment Authorization on the reverse side of this form to activate this payment method.

AUTOMATIC PAYMENT WITHDRAWAL FORM

Please automatically charge my credit card the following Quarterly or Monthly premium for the entire policy year: \$ _____.
Complete the credit card information and sign the Automatic Payment Authorization below to activate this payment method.

Please automatically withdraw payment from my Checking or Savings account for the following Quarterly or Monthly premium for the entire policy year: \$ _____.
Complete the bank account information and sign the Automatic Payment Authorization below to activate this payment method.

Important: Please note there is no provision for cancellation of the automatic monthly debit payment option prior to the policy expiration date, other than upon a student's entry into the military service. Students interested in coverage for a term other than the annual coverage should elect an option for payment other than monthly automatic debit.

BANK ACCOUNT

Financial Institution: _____ Address: _____

Name of Bank Account Owner: _____

Drivers License # _____ State _____ Expiration Date _____

Frequency: () Monthly () Quarterly

Account Type: () Checking or () Savings

Routing Number:

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 Must have 9 digits in routing #

Account Number: _____ Can have up to 17 positions in account #

**OPTIONAL – ADDITIONAL PREMIUM REQUIRED
DENTAL/VISION/PHARMACY DISCOUNT PLAN**

(Additional premium required)

No Claim Forms
No Waiting Periods
No Pre-existing Conditions
No Deductible or Maximums
No Age Restriction
Discount is immediate at time of service
Over 100,000 participating providers nationwide

The Co-Health Group Collegiate plan has been specifically designed to meet the needs of today's College and University students, whether they are incoming freshmen, graduate, evening students, international or domestic students attending Dominican University.

The Co-Health Benefit Plan provides discounts in certain health care areas not normally reimbursed by insurance. In the "Collegiate Plan" we are offering the Vision, Dental and Pharmacy Discount Program as a single package of Benefits, or you may purchase discounts for pharmacy or vision separately. Here's how the plan works.

This is not an Insurance Plan. The Co-Health Group Collegiate Plan is a Discount Care Plan offering discounts and savings for Vision, Dental and Prescription Pharmacy expenses.

Each of the benefit programs (Vision, Dental and Prescription Pharmacy) has a network of Providers (for example, the participating dentists in the Dental Plan). As a member of the Plan you can go to any of the providers listed and purchase their products or services on a negotiated discount basis. You receive your discount/savings on the spot. There are no exclusions for "pre-existing" conditions. There are no claim forms to fill out and no paperwork to be filed. Simply show your Co-Health membership card at the time of your scheduled appointment or at a participating pharmacy.

The discounts you will receive are significant and these savings can be very important to you. The services that make up the Collegiate Plan (Vision, Dental and Pharmacy) are also the three most common areas where you will have unexpected expenses. With our Benefits, you can significantly reduce your out of pocket expenses, and as an added bonus, you can use our plan benefits anywhere in the United States, except the State of Washington.

You simply show your Co-Health ID Card and get your discount on the spot.

Annual Premiums – enroll anytime throughout the year at www.DominicanInsurance.com. You do not need to purchase health insurance to enroll in the optional dental/vision/pharmacy discount plan. For rate information call (800) 452-5772 or email at office@aipstudentinsurance.com.

Note: This program is not underwritten by Columbian Life Insurance Company.