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first day of the term for which the proper premium ator. All coverage expires on the earlier of: the Mast. It is your responsibility to make timely premium in the Master Policy. Any refund provided is subjection.

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**EXCLUSIONS** 

The policy does not provide Benefits for expense re-

1. Air flight, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.

Dental treatment.

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ENROLL s, Inc. • P.O. Box on nroll online at:

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196 • Stillwater, MN 55082-0196

www.ILCentralInsurance.com

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3. Treatment where no Injury or Sickness is involved (physical examinations or preventive medicines); or Elective Surgery and Elective Treatment: or abortion: except as specifically provided in the Benefits Schedule. It does not include cosmetic surgery made necessary by Injury. Non-medical self-care or selfhelp 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. 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 Dis-

7. Growth Hormone therapy; Patient Controlled Analgesia: Allergy Treatment.

8. Injury sustained while participating in the practice or play of interscholastic or intercollegiate sports, including the participation in any conditioning program for such sport, contest or competition.

9. Loss incurred while committing or attempting to commit a felony; or 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 Student Accident and Sickness Insurance Plan for 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, 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, per policy year or 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 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; TMJ; allergy testing: treatment for acne: biofeedback-type services: infertility; hypnotherapy; learning disabilities; and weight management services.

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

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 student or dependent's effective date of coverage.

Prior Creditable Coverage means coverage provided in the United States under any individual or group; health benefits plan; insurance policy or certificate; service contract or HMO contract; or any government health benefit

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 FAIR Health, Inc. for such services or supplies.

### 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.

Global Emergency Services, Inc. - The global emergency services program is provided by Scholastic Emergency Services. The program provides 24-hour assistance whenever the student travels more than 100 miles away from the permanent residence, campus location, or in another country.

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.

**CLAIM PROCEDURE** 

Secure a claim form from the Student Assurance Services. Inc. website www.sas-mn.com. Fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels, and send to Student Assurance Services, Inc. at the address listed below.

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

### TO ENROLL FOR COVERAGE

Students have two options to enroll for coverage:

OPTION 1 - Enroll Online - Credit Card payment only Students can complete an online enrollment form on the website www.ILCentralinsurance.com.

### OPTION 2 - Mail Enrollment Form and Payment

- 1. Students can download and print an enrollment form on the website www.ILCentrallnsurance.com,
- 2. Print all information legibly and indicate the coverage and options vou desire.
- 3. Enclose your check payable to Student Assurance Services, Inc., or complete all credit card information.
- 4. Send the form and payment to Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196.

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

# **HEALTH CARE REFORM**

Columbian Life Insurance Company currently is evaluating this comprehensive and complex legislation and its impact on our company and student insurance plans. We will continue to monitor and identify any changes to our products and processes. We are committed to comply with all federal and state requirements within the timelines required.

Keep this brochure as your summary of coverage - no individual policy will be issued. Master Policy 12-64-0067-016-607-1 is issued to the College. The Master Policy contains the contract provisions and shall prevail in the event of a conflict between this brochure and the Master Policy. PRIVACY POLICY: You may obtain a detailed copy of Columbian Life's privacy policy by contacting the Plan Administrator at (800) 328-2739, or by 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 9F149F-CL

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



2011 • 2012

Underwritten by



COLUMBIAN LIFE
INSURANCE COMPANY
HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

LOCAL AGENT: Callender & Company 1615 Candletree Drive Peoria, IL 61614 Phone: (309) 693-1313

SERVICING AGENT:



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

Email: office@aipstudentinsurance.com Website: www.ILCentralInsurance.com

POLC 11/12

Form No. 3739-CL-11-IL

W-67IL

### 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 sickness including those which occur off campus and during interim vacations.

# For assistance and questions about Insurance

Benefits, ID cards, or problems, contact: Associated Insurance Plans International, Inc.

Post Office Box 189

Libertyville, Illinois 60048 Phone: (800) 452-5772

Email: office@aipstudentinsurance.com website: www.ILCentralInsurance.com

#### ELIGIBILITY

All students taking 9 or more credits hours or enrolled in Health Career classes are eligible to enroll in this insurance plan. Students must be physically and actively attending classes on campus. Students age 65 and over, online 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 or as provided under enrollment period, and must enroll for the same coverage as the student. Eligible dependents means the insured student's legal spouse and unmarried children (as defined in the Master Policy) under age 23 years old who are residing with the student and not self-supporting. 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 Master Policy effective date 08-16-2011; 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 Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-15-2012, or when premium for the insurance coverage is due and unpaid.

# ENROLLMENT PERIOD

Eligible students and dependents may enroll in the plan prior to the enrollment period deadline date for each term of coverage listed:

Annual and Fall deadline date 10-15-2011; Spring/ Summer Term deadline date 02-15-2012; Summer Term deadline date 07-15-2012.

If we receive premium payment after the effective date of coverage for the term for which you are enrolling, your coverage becomes effective 12:01 a.m. following the date the proper premium is received by the Plan Administrator. We do not accept enrollment forms and premium payments postmarked by the US Postal Service after the enrollment period deadline date, unless you qualify for late enrollment. To qualify for late enrollment, you must submit an enrollment form and premium payment no later than 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.

#### CREDIT FOR PRIOR COVERAGE

This plan provides portability of coverage as it relates to "preexisting" health conditions:

- a) If, at the time of enrollment, you have **not** been covered by prior creditable coverage, the Policy will not cover pre-existing conditions until you have continuous coverage for twelve (12) months under this policy
- months under this policy.

  b) If you were covered by prior creditable coverage, the preexisting 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 or more days immediately prior to your effective date of
  coverage under the Policy. To obtain credit for previous coverage, please provide evidence of prior creditable coverage when
  you file your first claim.

## **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 the 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 the Policy for a pre-existing condition or an injury or sickness covered under your prior student health insurance policy, unless under the Policy the injury or sickness expenses incurred are not considered a covered service, or benefits are limited by other provisions in the Policy, including credit for prior coverage. If the prior policy was with us, benefits will not be paid under the Policy if any applicable lifetime maximum has been exhausted.

# BENEFITS MANDATED BY THE STATE OF ILLINOIS

This 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: <a href="https://www.llCentralInsurance.com">www.llCentralInsurance.com</a>. Students may also refer any questions to the claim administrator, Student Assurance Services, Inc. at 800-328-2739.

# **PREMIUMS**

For premium rates and coverage periods, refer to the enrollment form or visit the website at <a href="https://www.lLCentrallnsurance.com">www.lLCentrallnsurance.com</a> 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. Any refund provided is subject to a \$25 administration fee.

PREFERRED PROVIDER ORGANIZATION (PPO)

Student Assurance Services, Inc. has contracted with First Health Network, a Preferred Provider Organization (PPO) to provide all insured by this plan with quality care at significantly reduced fees. In the Medical Benefits Schedule of this brochure, PPO benefits will be paid at the percentage shown for PPO negotiated fee when a First Health preferred provider is used, and at the percentage shown for Usual and Customary (U&C) Charges incurred when a non-preferred provider is used. Please confirm your provider is a member of the First Health Network prior to receiving services. Students traveling or temporarily residing outside the PPO service area will receive benefits at the PPO benefit level for medical emergencies.

A listing of participating providers is available by contacting First Health Network at: Toll Free (888) 685-7774; or by visiting the website, <a href="https://www.llcentrallnsurance.com">www.llcentrallnsurance.com</a>.

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

# PARTA: BASIC INJURY OR SICKNESS BENEFITS

When your covered Injury or Sickness requires treatment by a physician, the Policy will provide benefits while your coverage is in force for 100% of the PPO negotiated fee for covered services received from a PPO provider, and 90% usual and customary charges (U&C) incurred for covered services received from a non-PPO provider; or the PPO/non-PPO coinsurance and benefit limits as scheduled below. Basic benefits are payable up to **maximum benefit of \$10,000 for each covered Injury or Sickness**. Eligible expenses are payable **after a \$100 deductible**, per person for each Injury or Sickness. The deductible will be waived if treatment is first received at the Student Health Center (SHC). Services received at the SHC are paid at 100% of the charges incurred.

#### COVERED SERVICES .......INJURY or SICKNESS BENEFIT LIMITS I.INPATIENT a. HOSPITAL ROOM AND BOARD (Includes general nursing care) ......100% PPO; or 90% U&C; up to \$350 per day b. INTENSIVE CARE (Includes 24-hour nursing care) ...... c. HOSPITAL MISCELLANEOUS INPATIENT (For x-ray examination, laboratory tests, anesthesia, . 100% PPO: or 90% U&C: operating room, medications, dressings, physiotherapy, radiology, pathology) ...... up to \$4,000 ......25% Surgical Treatment Benefit f. PRIVATE DUTY NURSE (When medically necessary)..... g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit per day, not paid day of surgery) ................................. 100% PPO; or 90% U&C; \$35 first visit; then \$20 each subsequent visit h. PRE-ADMISSION TESTS Paid under l.c. i. MATERNITY BENEFITS Same as any Sickness j. MENTAL AND NERVOUS DISORDERS Same as any Sickness k. SUBSTANCE ABUSE .... **II. OUTPATIENT** (2) Physiotherapy (For a condition that regures surgery or hospital confinement; within 30 days following surgery or hospital confinement; or physician's release (3) Hospital Emergency Room ...... ..... .. 100% PPO: or 90% U&C (4) Diagnostic X-ray and Lab Services ..... . 100% PPO; or 90% U&C (5) Chemotherapy and Radiation Therapy (When prescribed by attending physician) ..... . 100% PPO: or 90% U&C (6) Miscellaneous Tests and Procedures (When no other policy benefits are payable). .. 100% PPO; or 90% U&C (7) MENTAL AND NERVOUS DISORDERS ...... .. Same as any Sickness III. OTHER a. AMBULANCE SERVICES (Ground service only) ...... b. CONSULTANT PHYSICIAN (When requested by the attending physician) ..... .... Inpatient: Paid under I.c. Outpatient: Paid under II.d. c. PRESCRIPTION DRUGS (Outpatient) \$500 per policy year d. MOTOR VEHICLE INJURY ..... ..... Same as any Injury e. WELLNESS BENEFIT (1 routine examper year) ..... . \$200 per policy year

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ Mail to: Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082-0196	Inc., in the amount of $\$$ $_{-}$	Ì
☐ Please charge my credit card a one-time premium payment of \$	. Complete cred	. Complete credit card information below.
Check credit card type: UVISA® DMasterCard® or DDiscover® Credit Card Number  Security Code (on back of card, 3 digits)	Card Expiration Date (Month) (Year)	Credit card billing will state: "Student Health Insurance"
Cardholder Name/Cardholder Signature		Date/
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(Street)	(City) (State)	(Zip)
DEPENDENT INFORMATION (COMPLETE IF PURCHASING DEPENDENT COVERAGE)	SING DEPENDENT COVE	RAGE)
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	Soc. Sec. #	MIMDD/YY Birthdate
	Soc. Sec. #	MIMDD/YY Birthdata
	Soc. Sec. #	MMDD/YY
Student Signature		
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