





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](mailto:office@aipstudentinsurance.com)  
website: [www.ILCentrallInsurance.com](http://www.ILCentrallInsurance.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 "pre-existing" 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.  
**b)** If you were covered by prior creditable coverage, the pre-existing conditions waiting period will be reduced by the period of time you were covered by prior creditable coverage. Coverage must be continuous and there must be no break in coverage 63 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: [www.ILCentrallInsurance.com](http://www.ILCentrallInsurance.com). 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 [www.ILCentrallInsurance.com](http://www.ILCentrallInsurance.com) to view or print an enrollment form.**

REFUNDS

A prorated premium refund will be made for the following situations only, if the Plan Administrator receives written notice, including the date of occurrence that: You have entered into full-time active-duty military service of any country; or you are a non-immigrant Foreign National and have permanently left the North American continent. 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, [www.ILCentrallInsurance.com](http://www.ILCentrallInsurance.com).

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

PART A: 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) ..... Paid under I.a.
- c. HOSPITAL MISCELLANEOUS INPATIENT (For x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physiotherapy, radiology, pathology) ..... 100% PPO; or 90% U&C; up to \$4,000
- d. SURGICAL TREATMENT (Does not include assistant surgeon) ..... 80% PPO; or 60% U&C; up to \$4,000
- e. ANESTHESIA ..... 25% Surgical Treatment Benefit
- f. PRIVATE DUTY NURSE (When medically necessary) ..... \$1,000
- 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 I.c.

- i. MATERNITY BENEFITS ..... Same as any Sickness
- j. MENTAL AND NERVOUS DISORDERS ..... Same as any Sickness
- k. SUBSTANCE ABUSE ..... Same as any Sickness; up to 30 days

II. OUTPATIENT

- a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS ..... 100% PPO; or 90% U&C; up to \$4,000
- b. SURGICAL TREATMENT (Does not include assistant surgeon) ..... 80% PPO; or 60% U&C; up to \$4,000
- c. ANESTHESIA ..... 25% Surgical Treatment Benefit
- d. OUTPATIENT MISCELLANEOUS SERVICES ..... \$1,500 Aggregate Limit for the following:
  - (1) Physician's Non-Surgical Visits (1 visit per day; not paid day of surgery) ..... 100% PPO, or 90% U&C
  - (2) Physiotherapy (For a condition that requires surgery or hospital confinement; within 30 days following surgery or hospital confinement; or physician's release for rehabilitation, 1 visit per day) ..... 100% PPO; or 90% U&C
  - (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
  - (8) SUBSTANCE ABUSE ..... Same as any Sickness; up to 20 visits
- e. MATERNITY BENEFITS ..... Same as any Sickness

III. OTHER

- a. AMBULANCE SERVICES (Ground service only) ..... \$500
- 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 exam per year) ..... \$200 per policy year

PART B: MAJOR MEDICAL BENEFITS ..... \$50,000 Maximum Benefit for Each Injury or Sickness

After the Company has paid \$10,000 under the Basic Injury and Sickness Benefit (Part A), the Company will then pay 80% of the PPO negotiated fee for covered services received from PPO provider, or 60% of U&C for covered services received from non-PPO provider, up to the Maximum Benefit of \$50,000 for each covered Injury or Sickness. This maximum includes benefits paid under PART A and PART B. No Benefits are payable under this provision for Mental and Nervous Disorders; Substance Abuse; Physiotherapy; Motor Vehicle Injuries; Wellness Benefit; or Room and Board in excess of the Basic Benefit of \$350 per day.

☐ 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

☐ Please charge my credit card a one-time premium payment of \$ \_\_\_\_\_. Complete credit card information below.

Check credit card type: ☐ VISA® ☐ MasterCard® or ☐ Discover®

Credit Card Number

Card Expiration Date  
(Month) (Year)

Security Code (on back of card, 3 digits)

Credit card billing will state:  
"Student Health Insurance"

Cardholder Name/Cardholder Signature

Cardholder Address

(Phone No.)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MMDDYY)

(Street)

(City)

(State)

(Zip)

DEPENDENT INFORMATION (COMPLETE IF PURCHASING DEPENDENT COVERAGE)

Spouse's Name

Birthdate

MMDDYY

Child's Name

Birthdate

MMDDYY

Child's Name

Birthdate

MMDDYY

Student Signature

A276C FG (Rev. 3/10)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
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