

Policy Form 9F149F-CL

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



**UNIVERSITY OF
ST. FRANCIS®**

Respect. Service. Integrity. Compassion.

Engaging mind and spirit™

2009 • 2010

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.

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

Email: office@aipinternational.com

Website: www.myusfinsurance.com

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@aipinternational.com
website: www.myusfinsurance.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

**Columbian Life Insurance Company
Accident & Sickness Plan
for
The University of St. Francis
2009 • 2010**

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.myusfinsurance.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 University of St. Francis is making available to students a plan of Blanket Accident and Sickness Insurance Plan (hereinafter called "plan" or "Plan") underwritten by Columbian Life Insurance Company. It provides continual 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 \$25,000 per Accident or Sickness.
- Repatriation and Medical Evacuation Benefits providing 24-hour assistance services.
- 24-hour nurse line program providing phone based health information.
- Use the hospital or physician of your choice.

ELIGIBILITY

All traditional students and student athletes registered for 12 or more credit hours are eligible to enroll in the health insurance plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the plan. Students will automatically be enrolled in the health insurance plan and the premium will be charged to the student's account, unless proof of existing health insurance coverage is provided to the University. Students who have existing health insurance coverage or another plan for paying medical expenses, must complete the Waiver Form online at www.myusfinsurance.com by the Waiver Deadline Dates.

For the entire academic year or the Fall semester, the Waiver/Enrollment Deadline Date is **September 12, 2009**. For new students registering for Spring semester, the Waiver/Enrollment Deadline Date is **February 01, 2010**.

Students must be physically and actively attending classes to enroll in this health 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 health insurance plan. Contact Associated Insurance Plans International at (800) 452-5772 or email office@aipinternational.com.

PERIODS OF COVERAGE

<u>Term</u>	<u>Date Coverage Begins</u>	<u>Date Coverage Ends</u>
Annual	08-01-2009	07-31-2010
Fall	08-01-2009	01-31-2010
Spring	02-01-2010	07-31-2010

2009-2010 PREMIUM RATES

	<u>Annual</u>	<u>Fall Only</u>	<u>Spring</u>
Student Only	\$ 430.00	\$ 215.00	\$ 215.00
Student Athlete \$	985.00	\$ 492.50	\$ 492.50

EFFECTIVE AND EXPIRATION DATES OF COVERAGE

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

- The Policy Effective date August 01, 2009 at 12:01 a.m.; or
- The first day of the Term for which the proper premium has been paid; or
- 12:01 a.m. following the date the proper premium is received by the University or Servicing Agent.

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

- The Policy Expiration date July 31, 2010 at 11:59 p.m.; or
- When payment for your health insurance coverage is due and unpaid.

LATE ENROLLMENT

Students may enroll after the Enrollment Deadline Date only if there is a qualifying event of involuntary loss of coverage under another health plan. **You must enroll in this plan within 31 days of the qualifying event.**

Students must notify Associated Insurance Plans International, Inc. at office@aipinternational.com.

CONTINUOUS COVERAGE

There will be no lapse in coverage for students 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 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.

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 health plan are eligible for Scholastic Emergency Services, Inc. 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 Assist America; no claims will be accepted for assistance services provided by 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 Assist America program meets or exceeds the requirements of USIA for International Students and Scholars. The following services are provided:

1. Medical Consultation and Evaluation. Your call to the Alarm Center is 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 you or your 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 your family.
5. Medically Supervised Repatriation. If you are ready to be discharged from the hospital but are still in need of medical assistance, you 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. If you forget or lose a medication, 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. If you are traveling alone and will be 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 accident or illness, 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 Assist America at toll free inside the U.S. 800-872-1414 or outside the U.S. 609-986-1234 or email at medservices@assistamerica.com.

ASK MAYO CLINIC

Students 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 your ID card.

EXPRESS SCRIPTS PRESCRIPTION DRUG PROGRAM

When the physician prescribes a drug for a covered Injury and Sickness, the student can purchase the Prescription Drug at a Participating Pharmacy by showing their ID card to the pharmacy as proof of coverage. Student will receive 100% coverage up to \$150 maximum per Policy Year. For a complete listing of participating pharmacies visit:

www.myusfinsurance.com or www.express-scripts.com.

Coverage questions on a specific drug can be obtained from Express Scripts at 800-332-5455 or visiting their website.

Excluded drugs and medicines under the Prescription Drug Program include, but are not limited to:

- Over the counter drugs and medicines.
- Drugs purchased outside the US which are not legal inside the US.
- Drugs not approved by the FDA for any use/indication in the US.
- Medical Supplies or devices, including Insulin prescribed needles, syringes, test strips.
- Charges for the administration or injection of any drug or medicine.
- Injectable medication not designed for patient administration
- Serums and toxoids and vaccines.
- A drug or medicine dispensed or administered while hospital confined, including any confinement any facility or institution that dispenses drugs.
- Vitamins and minerals; Growth hormones; Drugs for weight loss; Drugs for smoking cessation purposes; Drugs solely for cosmetic purposes.

Important - You will receive your Identification Card for the Pharmacy Drug Program directly from Express Scripts approximately 2 weeks after the waiver deadline date for each semester. Until your permanent Identification Card is received, you must present the Express Scripts Temporary Identification Card (found by going to "More Online Services" at www.myusfinsurance.com to your Pharmacist. You may also call 800-452-5772 and ask that a copy of the Temporary Identification Card to be sent to you.

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.

SUPPLEMENTAL MEDICAL BENEFITS

The Supplemental Medical Benefit begins to pay after the Basic Injury or Sickness Maximum Benefit Limit of \$3,000 has been paid under Part A or Part B in the Schedule of Benefits. Then benefits will be payable for 80% of the Usual and Customary Charges incurred for Covered Services up to a Maximum Benefit of \$25,000 for each Injury or Sickness. This maximum includes benefits paid under Basic Benefit and Supplemental Medical Benefit. No Benefits are payable for Hospital Room and Board in excess of the Semi-private room rate; Mental Nervous Disorders and Substance Abuse benefits in excess of state mandated benefits; or Intercollegiate Sports Injuries.

INTERCOLLEGIATE SPORTS MEDICAL BENEFITS

The Intercollegiate Sports Medical Benefit begins to pay after the Basic Injury Maximum Benefit Limit of \$3,000 has been paid under Part A in the Schedule of Benefits. Then benefits will be payable for 100% of the Usual and Customary Charges incurred for Covered Services up to a Maximum Benefit of \$25,000 for each sports Injury. This maximum includes benefits paid under Basic Injury Benefit and Intercollegiate Sports Medical Benefit. No Benefits are payable for Dental Treatment Injuries or Motor Vehicle Injuries.

MATERNITY EXPENSE BENEFIT

We will pay benefits for an Insured person's covered services for maternity care, including hospital, surgical and medical expenses. We cover Maternity expenses the same way we treat covered expenses for any other sickness. What we pay is shown in the Schedule of Benefits.

With respect to a newborn, nursery room and board and miscellaneous hospital expenses will be covered from birth until 31 days old. Benefits will be considered under the mother's maternity benefit. Coverage will be for a sickness or injury or treatment for medically diagnosed congenital defect and birth abnormalities. Coverage will expire at the end of the 31 days.

SCHEDULE OF BENEFITS

Basic Maximum Medical Expense Benefit - Per Accident or Sickness (Includes benefit paid under PART A or B).....	\$ 3,000
Supplemental Maximum Medical Expense Benefit - Per Accident or Sickness (Includes benefit paid under PART A or B and C) Refer to Page 5 for more details	\$25,000
Intercollegiate Sports Injury Maximum Medical Expenses Benefit – Per Injury (includes benefits paid under Part A and D) Refer to Page 5 for more details	\$25,000

PART A: BASIC INJURY COVERED SERVICES AND BENEFIT LIMITS

	BASIC BENEFIT	SUPPLEMENTAL BENEFIT
(a) Hospital Room and Board: Semi-private Room	100%	80%
(b) Hospital Miscellaneous Inpatient: (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressing, radiology, pathology, and physical therapy)	100%	80%
(c) Hospital Outpatient Surgical Miscellaneous (in lieu of Inpatient)	100%	80%
(d) Surgical Treatment:	100%	80%
(e) Anesthesia.....	100%	80%
(f) Assistant Surgeon	100%	80%
(g) Private Duty Nurse: Paid under (b)	100%	80%
(h) Physician Non-Surgical Visits: 1 visit per day; not paid day of surgery; inpatient or outpatient	100%	80%
(i) Physiotherapy: 1 visit per day:	100%	80%
(j) Hospital Emergency Room.....	100%	80%
(k) Outpatient Diagnostic X-rays and Lab Services:.....	100%	80%
(l) Ambulance Services.....	100%	80%
(m) Outpatient Prescription Drugs: 30 day supply per prescription; up to \$150 per policy year.....	100%	80%
(n) Consultant Physician:	100%	80%
(o) Motor Vehicle Injury: Paid Same as any Injury.....	100%	80%

PART B: BASIC SICKNESS COVERED SERVICES AND BENEFIT LIMITS

	BASIC BENEFIT	SUPPLEMENTAL BENEFIT
(a) Hospital Room and Board: Semi-private Room; \$250 per day, up to 4 days per Policy Year	100%	80%
(b) Hospital Miscellaneous Inpatient: (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, radiology, pathology) up to \$1,000	100%	80%
(c) Hospital Outpatient Surgical Miscellaneous: Day Surgery; up to \$1,000	100%	80%
(d) Surgical Treatment: up to \$1,000	100%	80%
(e) Anesthesia: up to \$200	N/A	N/A
(f) Assistant Surgeon: 30% of Surgical Treatment	100%	80%
(g) Physician Inpatient Non-Surgical Visits: 1 visit per day, not paid the day of surgery; \$50 per visit, up to 5 visits per Policy Year	100%	80%
(h) Physician's Outpatient Non-Surgical Visits: 1 visit per day; not paid the day of Surgery; \$100 per visit, up to 5 visits per Policy Year	100%	80%
(i) Physiotherapy: 1 visit per day, Inpatient paid under (b); Outpatient paid under (h)	100%	80%
(j) Diagnostic X-rays, Radiology, and Laboratory Services: includes Ultrasound and Nuclear medicine, ECG, EEF and other Electronic Diagnostic procedures; up to \$100	100%	80%
(k) Hospital Emergency Room: up to \$100	100%	80%
(l) Maternity: Paid the same as any Sickness	100%	80%
(m) Mental and Nervous Disorders: Paid the same as any Sickness	100%	80%
(n) Substance Abuse: Paid the same as any Sickness	100%	80%
(o) Prescription Drugs: Outpatient; 30 day supply per prescription; up to \$150 per Policy Year. (Refer to Prescription Drug Program through Express Scripts on page 5)	100%	80%
(p) Ambulance: up to \$100 per Trip	100%	80%
(q) Consultant Physician: up to \$50	100%	80%

PART C: OTHER COVERED SERVICES AND BENEFIT LIMITS

	BASIC BENEFIT	SUPPLEMENTAL BENEFIT
(a) Additional Benefits Mandated by State of Illinois:		
Breast Reconstruction following Mastectomy and Post Mastectomy Treatment Benefits.....	100%	80%
Cervical Pap and Prostrate Cancer Tests Benefit.....	100%	80%
Diabetes Benefit	100%	80%
Mammography Examination Benefit	100%	80%
Prenatal HIV Testing Benefit	100%	80%
Maternity and Postpartum Care Benefit	100%	80%
Temporomandibular Joint Disorder And Craniomandibular Disorder Benefit	100%	80%
Dental Care in Hospital	100%	80%
Alcoholism	100%	80%
Contraceptive Services	100%	80%
Colorectal Screening	100%	80%

BASIC BENEFIT	SUPPLEMENTAL BENEFIT
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PART D: INTERCOLLEGIATE SPORTS INJURY BENEFIT

Intercollegiate sports injuries are paid the same as any Injury for Covered Services listed under PART A	100%	No Benefit
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PART E: ACCIDENTAL DEATH AND DISMEMBERMENT

Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount):

Accidental Death	\$10,000
Single Dismemberment	\$ 5,000
Double Dismemberment	\$10,000

ADDITIONAL PROGRAMS

OPTIONAL DENTAL, VISION AND PHARMACY DISCOUNT CARD See Details Page 16

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.myusfinsurance.com and click on "Dental, Vision, & Pharmacy-Discount Card".

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.myusfinsurance.com and click on *Dental Insurance Plan*.

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.

CO-INSURANCE

Covered services are subject to a co-insurance unless indicated otherwise, up to the Benefits Schedule Policy Year Maximum of \$25,000 per Accident or Sickness.

Co-insurance is the percentage of covered expense the health plan pays. The Plan will pay a coinsurance of 100% of Usual and Customary charges for Basic Injury expenses and a coinsurance of 80% of Usual and Customary charges for Supplemental Medical eligible expenses, as a result of a covered accident or sickness.

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.myusfinsurance.com.

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

PRE-EXISTING CONDITION

This 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.

A pre-existing condition is subject to a 12 month pre-existing condition waiting period. During this waiting period, the student or dependent must be continuously covered under this health plan 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 this health plan.

If any break in continuous coverage occurs, the pre-existing condition exclusion will apply.

Provisions that Reduce or Eliminate the Pre-existing Condition Waiting Period:

- If a student or dependent had 12 months of continuous coverage under a prior student health plan, the injury or sickness which began during the prior year coverage will not be considered a pre-existing condition.
- The pre-existing condition waiting period will be reduced by the period of time a student or dependent 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 this Policy). You must show proof of Prior Creditable Coverage by submitting a Certificate of Prior Coverage from the prior plan or other satisfactory evidence of coverage.
- The pre-existing condition waiting period does not apply to pregnancy, newborn or adopted children.

Prior Creditable Coverage means Your 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.

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; Orthopedic Appliances; Durable Medical Equipment; 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, except as provided on the Benefits Schedule.
9. Intentional self-inflicted Injuries, including drug overdose; Loss incurred while committing or attempting to commit a felony; Loss due to voluntary participation in a riot or civil disturbance.
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; Services.
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 programs, and related nutritional supplies; treatment of obesity; surgery for the removal of excess skin or fat, and for weight reduction or treatment of obesity.

DEFINITIONS

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; treatment for acne; 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 requires immediate medical care to prevent permanent disability or loss of life to the Insured.

Maternity Benefit means covered medical expenses for physician visits, diagnostic services, obstetrical /surgical procedures, hospital room and board, and hospital miscellaneous. The benefit includes medically necessary routine screening examinations and testing as established as the standard of care by the American College of Obstetricians and Gynecologists. Routine screening and testing includes pregnancy test, alpha-fetoprotein, antibody screening, blood group and Rh type, one pap smear, gestational diabetes screening, hemoglobin or hematocrit, hepatitis B screening, HIV screening, one ultrasound, rubella antibody measurement, syphilis screening, urinalysis, one amniocentesis for women over age 35, and genetic testing when there is family history of genetic disorders in a parent or a sibling.

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 means 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 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 Ingenix for such services or supplies.

EXCESS COVERAGE

When there is a basis for a claim under this health plan and Other Medical Coverage, benefits must be paid by Other Medical Coverage first before benefits are paid under this health plan. When submitting a claim for payment, include the Other Medical Coverage's explanation of payment with any itemized bills to Student Assurance Services, Inc.

RIGHT OF REIMBURSEMENT

If an Insured incurs expenses for Sickness or Injury 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 Sickness or Injury; 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 Sickness or Injury.

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 Sickness or Injury.

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.

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 www.myusinsurance.com, the University Health Service, or Student Assurance Services website www.sas-mn.com. A student may also complete the online claim form from website.

Bills submitted later than one year after the 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.

PRIVACY NOTICE

We are committed to maintaining the privacy of your personal health information and complying with all state and federal privacy laws. You may obtain a copy of the Privacy Notice from the School, or by contacting Student Assurance Services, Inc. at 1-800-328-2739 or visiting website www.sas-mn.com.

COMPLAINTS AND CLAIM APPEALS

Students and dependents have 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 student or dependent can first call the customer service toll free number on the ID card. A customer service representative will assist in resolving the problem or concern as quickly as possible. If the student or dependent continues to disagree with the decision or explanation given, a written request may be submitted for a review through the internal grievance process.

You may initiate the internal grievance process by contacting Student Assurance Services, Inc. You have the right to:

- 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 an Adverse Determination.

Your grievance will be reviewed and a determination will be mailed to you. You may obtain our Grievance Procedures by contacting Student Assurance Services, Inc. or from the Master Policy on file with your 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.myusfinsurance.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.

The University of St. Francis 2009-2010 STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Policy No. 12-64-0080-016-609-9

Insured _____



Underwritten by:
**COLUMBIAN LIFE
INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE:
STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196 • STILLWATER, MN 55082-0196

Current eligibility is subject to verification by the Servicing Agent.

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

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 the 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.MYUSFInsurance.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@aipinternational.com.

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

SERVICED BY:

Associated Insurance Plans International, Inc.
Phone: 800-452-5772
www.aipinternational.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.