

## 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 Benefits Schedule.
3. Treatment where no Injury or Sickness is involved (physical examinations or preventive medicines); or Elective Surgery and Elective Treatment; or Abortion; It does not include cosmetic surgery made necessary by Injury. 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 Benefits Schedule.
5. Eyeglasses, contact lenses, and examination for prescribing or fitting them; any other procedure for correction of refractive disorder of the eye or eyes; Hearing aids and hearing examinations; 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. Contraceptive drugs and devices; Growth hormone therapy; Patient controlled analgesia; Allergy treatment.
8. Intentional self-inflicted Injuries; including drug overdose; 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.
9. Routine newborn baby care, well baby nursery and related Physician's charges.
10. 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.
11. Treatment related to nicotine addiction or smoking cessation.
12. 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.
13. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
14. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered by the University's Student Accident and Sickness Insurance plan for a period of 12 consecutive months.
15. Sleep disorders, supplies and treatment or testing related to sleep disorders.
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.

## 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, for each Injury or Sickness, before benefits are considered.

**Elective Surgery and Elective Treatment** means surgery or medical treatment which is not necessitated by a pathological change occurring after Your Effective Date of coverage. Elective Surgery 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. This does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect.

**Injury** means accidental bodily injury or injuries directly caused by specific accidental contact with another body or object while Your coverage is in force. It is unrelated to any pathological, functional, or structural disorder or Injury resulting directly and independently of all other causes, in Loss covered by the Policy. All related injuries and recurrent symptoms of the same or similar condition will be considered one Injury.

**Pre-Existing Condition** means any condition which is diagnosed, treated or recommended for treatment within the 12 months immediately prior to Your Effective Date of coverage.

**Prior Creditable Coverage** means coverage provided in the United States under any individual, group or individual health insurance policy or health benefit arrangement, service contract or HMO contract, or any government health benefit plan. See Master Policy for complete listing.

**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 50th percentile of the most current survey published by Ingenix for such services or supplies.

## PORTABILITY OF COVERAGE

If you are covered by this Policy and transfer to a new school that maintains a Student Health insurance policy with us, you may a) continue to pay the premium for the remainder of the Policy year under this Policy, or b) enroll in the new school's Policy with us and pay the premium for the remainder of the Policy year within 31 days after you become eligible for coverage. If you choose to enroll in the new school's Policy with us, your Premium may be adjusted. Contact the Plan Administrator for further information.

## UST STUDENT HEALTH SERVICE

Location: Lower Level Brady Residence Hall  
Phone: 651-962-6750  
[www.stthomas.edu/studenthealth](http://www.stthomas.edu/studenthealth)

## UST PERSONAL COUNSELING

Location: 356 Murray-Herrick Center  
Phone: 651-962-6780  
[www.stthomas.edu/personalcounseling](http://www.stthomas.edu/personalcounseling)

**NOTE: UST Student Health Service and UST Personal Counseling are not affiliated with Columbian Life Insurance Company.**

## HOW TO SUBMIT A CLAIM

Obtain a claim form from the University of St. Thomas Health Services website at [www.stthomas.edu/studenthealth](http://www.stthomas.edu/studenthealth). Complete the form thoroughly, and do the following:

FOR PPO CLAIMS - Mail your claim form to the address shown below. The PreferredOne provider will send its bills directly to the Plan Administrator.

FOR NON-PPO and PRESCRIPTION CLAIMS - Attach all medical bills or prescription drug labels and receipts to your claim form and mail to the Plan Administrator at:

**STUDENT ASSURANCE SERVICES, INC.**  
P.O. Box 196 • Stillwater, MN 55082-0196  
(651) 439-7098 • (800) 328-2739  
[www.sas-mn.com](http://www.sas-mn.com)

Bills for which benefits are to be paid must be submitted within ninety (90) days from the date treatment was provided.

## UNIVERSITY DISCLAIMER

All claim disputes should be referred to the Plan Administrator. The University is not responsible for unpaid claims.

## TO ENROLL FOR COVERAGE

Insurance premium is added to the student tuition and account statement at registration.

To enroll dependents in the plan, complete the enrollment form and return it with the required premium payment at registration to UST Student Health Insurance Office.

If you have misplaced your insurance ID card, please call Student Assurance Services, Inc. or request an ID card on the website [www.sas-mn.com](http://www.sas-mn.com).

Keep this brochure as your summary of coverage — no individual policy will be issued — a master policy #22-64-0185-500-661-8 is issued to the University. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy. **PRIVACY POLICY:** You may obtain a detailed copy of Columbian Life's privacy policy from your University, by contacting SAS, Inc. at (800) 328-2739, or visiting [www.sas-mn.com](http://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 9F149B-CL

# ACCIDENT AND SICKNESS INSURANCE PLAN

## A Non-Renewable Term Policy For Students Attending

# 2008-2009

Administered by



**STUDENT  
ASSURANCE  
SERVICES**  
INCORPORATED

College Division  
333 N. Main St. • P.O. Box 196  
Stillwater, MN 55082-0196  
(800) 328-2739

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  
Candy Mears  
Phone: (651) 209-5991  
(866) 293-6473  
FAX: (651) 439-0200  
email: [candym@sas-mn.com](mailto:candym@sas-mn.com)

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.

Any questions about the policy should be directed to:  
 Student Assurance Services, Inc.  
 P.O. Box 196, Stillwater, MN 55082-0196  
 Phone toll-free (800) 328-2739

**ELIGIBILITY**

All degree-seeking students and international students holding F-1 and J-1 visas are eligible to enroll in this plan at the time of registration. All students must be attending the University of St. Thomas and registered for class in the term for which insurance coverage is purchased. Students must be physically and actively attending classes on campus to enroll in this plan. On-line students 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 permitted under the Enrollment Period, and must enroll for the same coverage as the student. Eligible dependents are the spouse residing with the Insured Student, and unmarried children under twenty-three years of age who are not self-supporting and reside with the Insured Student. 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 Policy Effective Date (08-15-2008); or the first day of the term for which the proper premium has been paid. All coverage expires on 08-14-2009, or when payment is due and unpaid.

**ENROLLMENT PERIOD**

Eligible students and dependents may enroll in the plan by the following deadline dates:  
**Fall Deadline Date 09-30-2008;**  
**Spring/Summer Deadline Date 03-1-2009;**  
**Summer Deadline Date 07-06-2009.**  
 Enrollment requests received after the deadline date will not be accepted, unless you qualify for late enrollment. If the premium payment is received 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 UST Student Health Insurance Office. 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 UST Student Health Insurance Office for enrollment information and partial year rates.

**MANDATED BENEFITS**

The plan will pay benefits for the items below in accordance with any applicable Minnesota law. Benefits may be subject to deductibles, coinsurance, limitations, and

exclusions of the Policy. Description of these Additional Benefits can be found in the Master Policy on file at the University or call the Claim Office. Law includes benefits for: Reconstructive Surgery, including Breast Surgery; Alcoholism, Chemical Dependency or Drug Addiction; Emotionally Handicapped Children; Temporomandibular Joint Disorders; Phenylketonuria; Prosthesis for Alopecia Areata; Child Health Supervision Services, including Prenatal Care Services; Cleft Lip and Palate; Ventilator-Dependent Nursing Care; Breast Implant Complications; Cancer Screening Procedures; Antipsychotic Drug Treatment; Off-Label Drug Treatment; and Dependent Continuation and Conversion.

**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, this 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 days or more immediately prior to your effective date of coverage under this Policy. To obtain credit for previous coverage, you must provide evidence of Prior Creditable Coverage within 30 days of enrollment in this policy.

**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 this 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 this Policy for a Pre-existing Condition or an Injury or Sickness covered under your prior Student Health insurance policy, unless under this Policy the Injury or Sickness expenses incurred are not considered a Covered Service, or benefits are limited by other provisions in this Policy, including Credit for Prior Coverage. If the prior Policy was with us, benefits will not be paid under this Policy if any applicable Lifetime Maximum has been exhausted.

**PREFERRED PROVIDER ORGANIZATION**

Student Assurance Services, Inc. has contracted with PreferredOne, a Preferred Provider Organization, to provide all insured by this plan with quality care from PreferredOne affiliated Physicians and hospitals at significantly reduced fees. Please note that Basic Injury and Basic Sickness Benefits are payable as described whether you use a PreferredOne provider or not. However, it is to your advantage to use a PreferredOne provider since your costs will be reduced. If you are not using a PreferredOne provider, and your expenses go into Major Medical Benefits, your costs will be significantly increased. A listing of participating PreferredOne physicians and hospitals is available at the PreferredOne website [www.preferredone.com](http://www.preferredone.com). Students traveling or temporarily residing outside of the PPO service area will receive benefits at the PPO level for medical emergencies. Note that the PPO allowance applies only to a covered Injury or Sickness.

**MEDICAL BENEFITS SCHEDULE - UP TO \$100,000 MAXIMUM EACH INJURY OR SICKNESS**

When your covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits while your coverage is in force for the Usual and Customary Charges (U&C) scheduled below. This policy will allow benefits only for expenses not covered by Other Medical Coverage.

**PART A: BASIC INJURY BENEFITS ..... \$3,000 Maximum/Each Injury, subject to the following limits:**  
 HOSPITAL ROOM AND BOARD ..... Semiprivate Rate  
 DENTAL TREATMENT (repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries) ..... Same as any Injury  
 MOTOR VEHICLE INJURY ..... Same as any Injury  
 ALL OTHER COVERED SERVICES (covered services are those listed under Part B) ..... U&C

**PART B: BASIC SICKNESS BENEFITS ..... \$3,000 Maximum/Each Sickness, subject to the following limits:**  
 HOSPITAL ROOM & BOARD & INPATIENT MISC. (for x-ray examination, laboratory tests, anesthesia, Intensive Care, operating room, medications, dressings, nursing, pre-admission tests, private duty nurse, radiology, pathology) ..... Semiprivate Rate, up to \$1,000  
 HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of INPATIENT) ..... \$1,000  
 SURGICAL TREATMENT (in or out of hospital-services performed by a licensed physician, includes assistant surgeon) ..... \$1,000  
 ANESTHESIA ..... 25% of Surgical Treatment  
 PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid day of surgery) ..... \$45/visit, 1 visit/day  
 PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid day of surgery—includes injections) ..... \$45/visit, 1 visit/day, up to 30 visits  
 PHYSIOTHERAPY ..... Paid under Physician's Non-Surgical Outpatient  
 OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES ..... \$250  
 HOSPITAL EMERGENCY ROOM (OUTPATIENT) ..... \$100 after a \$10 copay/visit  
 CHEMOTHERAPY ..... Paid under Outpatient Diagnostic  
 RADIATION THERAPY ..... Paid under Outpatient Diagnostic  
 AMBULANCE SERVICES (ground service only) ..... \$100  
 OUTPATIENT PRESCRIPTION DRUGS (Patient must pay and then submit a claim for reimbursement) ..... 80% of U&C, up to \$200  
 MENTAL AND NERVOUS DISORDERS ..... Inpatient—Same as any Sickness, up to 30 days  
 ..... Outpatient—80% 1<sup>st</sup> 10 hours, then 75% next 30 hours;  
 up to maximum 40 hours in any 12 month benefit period  
 SUBSTANCE ABUSE ..... Paid under Mandated Benefits  
 MATERNITY BENEFITS (conception must occur while coverage is in force) ..... Same as any Sickness  
 ORTHOPEDIC APPLIANCES ..... Paid under Major Medical

**PART C: MAJOR MEDICAL BENEFITS ..... \$100,000 Maximum Lifetime Benefit Each Injury or Sickness**  
 The Major Medical begins to pay after the Company has paid the Maximum Basic Benefit Limit for each Covered Service as listed under Basic Benefits (PART A or B), and the Insured has paid a \$250 Major Medical deductible. The Company will then pay 80% of PPO allowable charge for PPO covered services, or 50% of the Usual and Customary Charge incurred for non-PPO covered services, up to a Maximum Benefit of \$50,000 for each Injury or Sickness. The Company will then pay charges in excess of \$50,000 at 100% of PPO allowable charge or 90% of U&C charge for non-PPO up to a Maximum Lifetime Benefit of \$100,000 for each Injury or Sickness. This maximum includes benefits paid under Part A or B and Part C. Major Medical Covered Services are listed under PART A and B, and includes any other necessary medical services and supplies which are not excluded by the Policy. No benefits are payable under this provision for Motor Vehicle Injuries; Intercollegiate Sports Injuries; Mental and Nervous Disorders (inpatient) and Substance Abuse in excess of \$50,000; Outpatient Mental and Nervous Disorders visits in excess of 40 visits; or charges in excess of PPO allowable or U&C paid under Basic Benefits.

**PART D: INTERCOLLEGIATE SPORTS INJURY BENEFITS ..... \$75,000 Maximum/Each Injury**  
 Covered Services received from a PPO provider are paid at 100% of the PPO allowable charges. Covered Services received from a non-PPO provider are paid at 70% of U&C.

**UST STUDENT HEALTH AND PERSONAL COUNSELING SERVICES**

If you participate in the student insurance plan, you are eligible to receive one annual wellness exam, including TB testing, at no cost when performed by the UST Student Health Service. Students will be responsible for any lab tests. Outpatient short term counseling is available to you at no cost when performed by UST Personal Counseling.

PREMIUMS:	FALL SEMESTER 08-15-2008 TO 01-14-2009	SPRING/SUMMER SEMESTER 01-15-2009 TO 08-14-2009	SUMMER 05-21-2009 TO 08-14-2009
Student	<input type="checkbox"/> \$ 445.00	<input type="checkbox"/> \$ 445.00	<input type="checkbox"/> \$ 214.00
Spouse	<input type="checkbox"/> \$ 1,512.50	<input type="checkbox"/> \$ 1,512.50	<input type="checkbox"/> \$ 736.50
Each Child	<input type="checkbox"/> \$ 1,135.00	<input type="checkbox"/> \$ 1,135.00	<input type="checkbox"/> \$ 555.00

**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. Refunds are subject to a \$25 administrative fee.

**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.**  
**Scholastic Emergency Services, Inc.** – This program provides protection while you travel. The program is administered by Assist America. It provides 24 hour assistance whenever you are traveling more than 100 miles away from home or school. Services include Emergency Evacuation, Supervised Repatriation and Return of Mortal Remains.  
**Ask Mayo Clinic** – This program provides you telephone access to registered nurses. 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.