

EXCLUSIONS

The 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 dental treatment made necessary by injury to natural teeth. Coverage for dental treatment for a newborn shall include, but not be limited to, treatment (including orthodontic and oral surgery) for the management of birth defects known as cleft lip and cleft palate.
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.
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.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. 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.
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.
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. This exclusion does not apply to emergency services received by an insured who is treated at Deaconess Urgent Care.
11. 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.
12. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
13. Pre-existing Conditions until continuously covered by the University's Student Accident and Sickness plan for a period of 12 consecutive months.

DEFINITIONS

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 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; temporomandibular joint dysfunction (TMJ); cosmetic procedures; and submucous resection and/or other surgical correction for deviated nasal septum, other than for treatment of covered acute purulent sinusitis. Elective Treatment includes but is not limited to: allergy testing; treatment for acne; biofeedback-type services; infertility; hypnotherapy; learning disabilities, and weight reduction.

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 originates, is diagnosed, treated or recommended for treatment within the three hundred sixty-five (365) days immediately prior to Your Effective Date of coverage.

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.

PREFERRED PROVIDER ORGANIZATION

SAS, Inc. has contracted with First Health Network, a Preferred Provider Organization, to provide all insured by this plan with quality care at significantly reduced fees. To take advantage of this discount in your area, please use a First Health PPO provider. In the Medical Benefits Schedule of this brochure, Benefit Limits will be reduced 10% when a non-First Health provider is used, except services performed by Deaconess Urgent Care will be paid at the PPO benefit level. First Health Network directories are available at the Student Health Center, or you can contact First Health Network at 888-685-7774, or visit the website at www.firsthealth.com.

CLAIM PROCEDURE

Secure a claim form from the Student Health Center, or from the SAS, Inc. website. Fill in the necessary information, attach all itemized doctor and hospital bills and send to:

STUDENT ASSURANCE SERVICES, INC.
P.O. Box 196 • Stillwater, MN 55082-0196

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness.

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

TO APPLY FOR COVERAGE

You can either complete the enrollment form and return it with your credit card information or a check made payable to:

Student Assurance Services, Inc.
P.O. Box 196 • Stillwater, MN 55082-0196

Or

You can enroll online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under School Look-up.

Return your completed Enrollment Form to the above named office. Do not send it elsewhere. No refunds are made except as provided for in the Master Policy.

Keep this brochure as your summary of coverage — no individual policy will be issued — a master policy #13-64-0118-600-606-7 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 school, by contacting SAS, Inc. at (800) 328-2739, or visiting 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 9F138-CL

ACCIDENT AND SICKNESS INSURANCE PLAN

A Non-Renewable Term Policy
For Students Attending

UNIVERSITY OF SOUTHERN INDIANA

2007 - 2008

Administered by



**STUDENT
ASSURANCE
SERVICES**
INCORPORATED

www.sas-mn.com
College Division
333 N. Main St. • P.O. Box 196
Stillwater, MN 55082-0196

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
Steven Rust
Rust & Associates
1605 N. Ankeny Blvd.
Suite 120
Ankeny, IA 50023
(800) 336-0747

Dear Student:

The administration is making available to 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.

Participating in this plan is voluntary; however, we encourage you to review your personal situation to determine if you need coverage.

Any questions about the policy should be directed to:

Steven Rust
Rust & Associates
1605 N. Ankeny Blvd. Suite 120
Ankeny, IA 50023
(800) 336-0747

ELIGIBILITY

All undergraduate students taking 3 or more credits and all graduate students are eligible to enroll in the plan. 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 and must enroll for the same coverage as the student. Eligible dependents are the spouse residing with the Insured Student, and unmarried children under 23 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 (08-26-2007); 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 08-25-2008, or when payment is due and unpaid.

CONTINUOUS COVERAGE

If an insured person was covered to the Expiration Date of the prior student health insurance policy of the Policyholder, he or she will not be denied benefits under this Policy for an Injury or Sickness which was the basis of a covered claim under the prior policy. The student must be enrolled in this Policy and pay the Premium within 31 days of the expiration date of the prior student insurance policy. For purposes of this provision, benefits for the aggravation of an old Injury will be paid on the same basis as a Sickness.

PORTABILITY OF COVERAGE

Insured persons who are covered by this policy until: (a) they are enrolled in another institution; or (b) the Policy Expiration Date, will not experience a break in coverage if the other institution maintains a master policy with Columbian Life. Enrollment in the other institution's policy and initial premium payment must occur: (a) within 31 days after becoming eligible for coverage; and (b) no more than 45 days after the Policy Expiration Date.

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits for the PPO Allowable Charges, subject to the scheduled limits below, for covered services provided by a PPO provider. If you receive treatment from a non-PPO provider, benefits will be paid for the Usual and Customary Charges (U&C), and the benefit coinsurance and schedule limits below are reduced 10%. **Eligible expenses are subject to a \$100 deductible per Injury or Sickness.** The \$100 deductible is waived for students and dependents when treated or referred by the USI Student Health Center. The deductible is also waived when the Student Health Center is closed and when services are provided by Deaconess Urgent Care Northpark (3844 First Ave.) or Deaconess Urgent Care Lawndale (827 S Greenriver Rd.). This policy will allow benefits only for expenses not covered by other medical coverage. Benefits are not provided for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY OR SICKNESS BENEFITS \$50,000 Maximum Each Injury or Sickness, subject to the following Limits:

- (a) Hospital Room and Board Daily Semi-private Rate
- (b) Hospital Intensive Care Unit \$600/day
- (c) Hospital Inpatient Miscellaneous (includes physical therapy, pathology, radiology) 80% of U&C
- (d) Hospital Outpatient Surgical Miscellaneous 80% of U&C, up to \$3,000
- (e) Surgical Treatment (includes assistant surgeon) 80% of U&C, up to \$3,000
- (f) Anesthetist 25% of Surgical Treatment
- (g) Consultant Physician (at request of the attending physician) \$50
- (h) Physician's Non-Surgical Visits (Inpatient, not paid day of surgery) \$50/visit, 1 visit/day
- (i) Physician's Non-Surgical Visits (Outpatient, not paid day of surgery; includes physical therapy, injections) \$50/visit, 1 visit/day, up to 10 visits
- (j) Outpatient Diagnostic X-ray and Lab Services \$1,000
- (k) Chemotherapy and/or Radiation Therapy 80% of U&C
- (l) Hospital Emergency Room (Outpatient) \$300
- (m) Ambulance Services (ground service only) \$250
- (n) Orthopedic Appliances \$100
- (o) Outpatient Prescription Drugs 75% of U&C, up to \$250
- (p) Dental Treatment (including x-rays - Injury Only, does not include biting or chewing injuries) \$100/tooth
- (q) Motor Vehicle Injury Same as any Injury
- (r) Maternity Benefit (conception must occur while coverage is in force) Same as any Sickness
- (s) Mental and Nervous Disorders/Substance Abuse
 - (1) As Hospital Inpatient Same as any Sickness, up to \$5,000/Policy Year
 - (2) Outpatient: In lieu of all other Policy Benefits 50% of U&C, up to \$500/Policy Year

For specific costs and further details of coverage, including exclusions, reductions or limitations contact your Servicing Agent or write the Plan Administrator.

PART B: OPTIONAL MAJOR MEDICAL BENEFITS (Additional Premium Required) \$250,000 Maximum Lifetime Benefit Each Injury or Sickness

After the Company has paid \$50,000 under the Basic Injury or Sickness Benefits (Part A), the Company will then pay 80% of the PPO Allowable services or 70% of U&C charges for non-PPO services, up to a maximum lifetime benefit of \$250,000 for each Injury or Sickness. This maximum includes benefits paid under Part A and Part B. No benefits are payable for Hospital room and board in excess of semi private room rate; Mental and Nervous Disorders; Substance Abuse; or Dental Treatment.

PART C: PREMIUMS

For premium rates and coverage periods, refer to the Enrollment Form, or visit the Student Assurance Services, Inc. website at www.sas-mn.com to view or print an Enrollment Form.

REFUND: 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 may be subject to an 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.** (Additional Premium Required) – 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. **To enroll contact the Servicing Agent.**

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.