

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.

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) except as specifically provided in the Benefits Schedule; 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. 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 specifically provided in the Benefits Schedule.
9. Intentional self-inflicted Injuries; including drug overdose; Loss incurred while committing or attempting to commit a felony; Loss incurred from violating or attempting to violate any existing city, state, or federal law; Loss due to voluntary participation in a riot or civil disturbance; Injuries caused by or contributed to or resulting from the use of hallucinogenics, illegal drugs, or any drugs and medicines that are not taken in the dosage or for the purpose prescribed by the Insured's Physician.

10. Routine newborn baby care, well baby nursery and related Physician's charges.
11. Services provided normally without charge by the Health Service of the Policyholder; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
12. Treatment related to nicotine addiction or smoking cessation.
13. Use of any services or supplies which are experimental and/or not in accord with generally accepted standards of medical practice; organ transplants, including donor's expenses; Services, supplies and/or treatment for acupuncture.
14. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
15. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered by the University's Student Accident and Sickness Insurance plan for a period of 12 consecutive months.
16. Sleep disorders, supplies and treatment or testing related to sleep disorders.
17. Weight management services and supplies related to weight reduction programs, weight management programs, and related nutritional supplies; treatment of obesity; surgery for the removal of excess skin or fat, 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 80th percentile of the most current survey published by Ingenix for such services or supplies.

CLAIM PROCEDURE

Secure a claim form from the CSB Counseling & Health Promotion Office, Saint John's 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

For student attending the College of Saint Benedict, complete the Enrollment Form, make your check payable to **College of Saint Benedict**, and return both to the CSB Counseling and Health Promotion Office no later than 09-18-2007.

For Students attending Saint John's University, complete the Enrollment Form and make your check payable to **Saint John's University**. Return both to the Saint John's Health Center no later than 09-18-2007.

Return your completed enrollment form to the above named office. Do not send it elsewhere.

Keep this brochure as your summary of coverage — no individual policy will be issued — master policy 22-64-0052-500-659-7 is issued to College of Saint Benedict and master policy #22-64-0052-500-657-7 is issued to Saint John's 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 us 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.

ACCIDENT AND SICKNESS INSURANCE PLAN

A Non-Renewable Term Policy
For Domestic Students Attending

COLLEGE OF
SAINT BENEDICT

AND

SAINT JOHN'S
UNIVERSITY

2007-2008

Administered by



STUDENT
ASSURANCE
SERVICES
INCORPORATED
www.sas-mn.com
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

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 students attending the College of Saint Benedict or Saint John's University are eligible for this coverage and will be automatically enrolled and premium charged to tuition fees, unless they furnish proof of other comparable coverage at the time of registration. 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 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 (08-10-2007); 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 School. All coverage expires on 08-09-2008, or when payment is due and unpaid.

ENROLLMENT PERIOD

Eligible students and dependents may enroll in the plan by the Annual enrollment period deadline date of **9/18/2007**. We do not accept enrollment forms and premium payments postmarked by the US Postal Service after **9/18/2007**, unless you qualify as a new student or for late enrollment. If you are a new student entering the school after **9/18/2007**, you must enroll no later than 30 days from the first day of the term of coverage for which you are enrolling. 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 School. 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 Plan Administrator for enrollment information and partial year rates.

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.

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 of 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. If the prior Policy was with us, benefits will not be paid under this Policy if any applicable Lifetime Maximum has been exhausted.

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 Mandated Benefits can be found in the Master Policy on file at the School 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.

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. 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 MAXIMUM \$50,000 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) incurred for covered services, subject to the benefit limits scheduled below. This policy will allow benefits only for expenses not covered by Other Medical Coverage. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY BENEFITS \$2,500 Maximum/Each Injury, after a \$50 deductible, and subject to the following limits: DENTAL TREATMENT (repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries) \$300 MOTOR VEHICLE INJURY Same as any Injury ALL OTHER COVERED SERVICES (covered services are listed under PART B) U&C
PART B: BASIC SICKNESS BENEFITS \$2,500 Maximum/Each Sickness, subject to the following limits: HOSPITAL ROOM AND BOARD \$300/day HOSPITAL INTENSIVE CARE UNIT \$300/day HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, dressings, operating room, medications, physiotherapy, radiology, pathology, private duty nurse) \$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) \$1,000 ANESTHESIA AND/OR ASSISTANT SURGEON 20% of Surgical Treatment CONSULTANT PHYSICIAN (when requested by the attending physician) \$50 PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid day of surgery) \$50/visit, 1 visit/day, up to 30 visits PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid day of surgery, includes physiotherapy, injections) \$50/visit, 1 visit/day, up to 10 visits OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES \$500 HOSPITAL EMERGENCY ROOM (Outpatient) \$100 copay/visit (unless admitted), up to \$300 CHEMOTHERAPY Paid under Major Medical RADIATION THERAPY Paid under Major Medical AMBULANCE SERVICES (ground service only) \$100 ORTHOPEDIC APPLIANCES Paid under Major Medical OUTPATIENT PRESCRIPTION DRUGS \$25 copay/Brand Drug; \$10 copay/Generic Drug, then benefits paid as follows: When provided by the pharmacy located on the SJU campus - 100% of charges incurred Off-campus pharmacy - 80% of charges incurred, up to \$200 MENTAL AND NERVOUS DISORDERS Inpatient - Same as any Sickness Outpatient - 80% 1 st 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 Same as any Sickness WELLNESS BENEFIT (one annual routine exam) \$100/Policy Year
For specific costs and further details of the coverage, including exclusions, reductions or limitations, contact the Servicing Agent or write the Plan Administrator.
PART C: MAJOR MEDICAL BENEFITS \$50,000 Maximum Benefit Each Injury or Each Sickness After the Company has paid the Maximum Benefit limit for each service under the Basic Benefits (PART A or PART B) and the insured has paid a \$500 Major Medical deductible, the Company will then pay 80% of PPO allowable charge for PPO covered services, or 60% 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. This maximum includes both benefits paid under PARTS A or B and PART C. No Benefits are payable under this provision for: Mental and Nervous Disorders; Substance Abuse in excess of the Mandated Benefit levels; Dental Treatment; Motor Vehicle Injuries; or Intercollegiate Sports Injuries.
PART D: OPTIONAL INTERCOLLEGIATE SPORTS INJURY BENEFITS (additional premium required) 80% of U&C, after a \$500 deductible, up to \$75,000/Injury
PARTE: 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.
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.