

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 condition 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.

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 as specifically provided in the Benefits Schedule.
3. Treatment where no Injury or Sickness is involved (physical or preventive medicines); or Elective Surgery and Elective Treatment; or abortion. It does not include cosmetic surgery made necessary by Injury.
4. 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 (unless optional coverage for care and treatment of loss or impairment of speech or hearing is elected).
5. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
6. 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.
7. 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.
8. Routine newborn baby care, well baby nursery and related Physician's charges, except as provided by state mandated benefits.
9. 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.
10. 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.
11. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
12. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered by the College's Student Accident & Sickness Insurance plan for a period of 12 consecutive months.

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 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; 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 for which medical advice or treatment was received or recommended within the 12 months 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.

CLAIM PROCEDURE

Secure a claim form from the Student Health Center or from SAS, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills or prescription drug labels and receipts and send to Student Assurance Services, Inc. Proof of loss must be submitted to the address below within 90 days from the date of Injury or Sickness.

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

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 Toll Free: **1-800-328-2739**. The Student Assurance Services, Inc. website is: **www.sas-mn.com**.

TO APPLY FOR COVERAGE

To enroll dependents, complete the Enrollment Form and return it with credit card information or your check made payable to:

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

You can also print a hard copy of the enrollment form from the SAS, Inc. website.

Questions regarding the receipt of premium or verification of coverage under this insurance plan may be answered by contacting Student Assurance Services, Inc. at: **Toll Free 1-800-328-2739; or www.sas-mn.com**

INSURANCE CONTINUATION AND EXTENSION

A six-month Continuation of Insurance Coverage or a 90-day Extension of Coverage for hospital confinement is available on the Insured's expiration date of coverage. The Insured must satisfy all eligibility requirements. Refer to the Master Policy for details.

Keep this brochure as your summary of coverage - no individual policy will be issued - a master policy #42-64-0101-024-602-8 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 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.

ACCIDENT AND SICKNESS INSURANCE

A NON-RENEWABLE TERM POLICY
FOR INTERNATIONAL STUDENTS OF



**STEPHEN F. AUSTIN
STATE UNIVERSITY**

Nacogdoches, Texas 75962

2008-2009

Administered by



**STUDENT
ASSURANCE
SERVICES**
INCORPORATED

www.sas-mn.com

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

Paul Fisher
PINNACLE STUDENT INSURANCE
25 Overlook Circle
New Braunfels, TX 78132
(877) 626-0360

Dear Student/Scholar:

The administration is making available to the International 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 Injury or Sickness including those which occur off campus and during interim vacations.

Any questions about the policy should be directed to:

Paul Fisher
PINNACLE STUDENT INSURANCE
25 Overlook Circle • New Braunfels, TX 78132
(877) 626-0360

ELIGIBILITY

All international students who are engaged in full-time educational activities, who are temporarily outside of the student's home country or country of regular domicile as a non-resident alien in the United States, and who possess a current passport or student visa, are eligible for this coverage. Students will be automatically enrolled unless they furnish proof of comparable coverage under a government-sponsored insurance program, or any other insurance program, satisfactory to the International Business Office. Eligible Students must be physically and actively attending classes on campus. Home study, correspondence, or television courses that are not semester-based do not fulfill the eligibility requirement that the student actively attend classes. 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.

Eligible students who are enrolled in this plan may enroll their eligible dependents in the plan. **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 means the insured Student's legal spouse, and unmarried children (as defined in the Master policy) under 25 years old (or older if physically or mentally incapable of self-sustaining support). Coverage for a sickness or injury of a newborn child will become effective at birth until 31 days old. Coverage for a newly adopted child will become effective from the date the legal obligation begins. For coverage to continue, the Plan administrator must be notified and receive the additional premium within 31 days of birth or adoption.

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

Coverage becomes effective on the later of: the Policy Effective Date (08-18-2008); 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 08-17-2009, or when payment is due and unpaid.

ENROLLMENT PERIOD

Eligible students and dependents may enroll in the plan by the Fall enrollment period deadline date of **9-18-2008**. Enrollment forms and premium payments postmarked by the US Postal Service after **9-18-2008** will not be accepted, unless you qualify as a new student or for late enrollment. If you are a new student entering the University after **9-18-2008**, you must enroll no later than 30 days from the first day of the term of coverage for which you are enrolling. If 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 Plan Administrator. To qualify for late enrollment, you must submit an enrollment form and premium payment no later than 30 days after the qualifying event of involuntary loss of coverage under another health plan, marriage or birth/adoption of child. Contact the servicing agent for enrollment information and partial year rates.

CONTINUOUS COVERAGE

If an insured person was covered to the Expiration Date of the prior student health 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.

T-101TX

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician, the Policy will provide benefits as scheduled below, while your coverage is in force for: 100% of Usual Customary Charges (U&C) incurred until \$5,000 of benefits have been paid; then 80% of the Usual and Customary Charges incurred until an additional \$10,000 of benefits have been paid; then 100% of the Usual and Customary Charges incurred until an additional \$35,000 of benefits have been paid; up to a Maximum Benefit Limit of \$50,000 for each Injury or Sickness. **Benefits are payable after a \$100 deductible for each Injury or Sickness.** Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

PART A: INJURY OR SICKNESS BENEFITS COVERED SERVICES

INJURY OR SICKNESS BENEFIT LIMITS

I. INPATIENT	
a. HOSPITAL ROOM AND BOARD (Semi-Private Room Rate)	U&C
b. HOSPITAL INTENSIVE CARE (includes 24 hour nursing care)	U&C
c. HOSPITAL MISCELLANEOUS INPATIENT (services and supplies including but not limited to: the cost of the operating room; laboratory tests; x-ray examinations; anesthesia; drugs excluding take home drugs or medications; supplies)	U&C, up to \$4,000
d. SURGICAL TREATMENT	U&C, up to \$4,000
e. ASSISTANT SURGEON	U&C
f. ANESTHESIA	U&C
g. PRIVATE DUTY NURSE (when medically necessary)	U&C
h. PHYSICIAN'S NON-SURGICAL VISITS (not paid day of surgery)	U&C, 1 visit/day
i. PHYSIOTHERAPY (when prescribed by attending Physician)	U&C
j. PATHOLOGY AND RADIOLOGY	U&C
II. OUTPATIENT	
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS	U&C, up to \$4,000
b. SURGICAL TREATMENT	U&C, up to \$4,000
c. ASSISTANT SURGEON	U&C
d. ANESTHESIA	U&C
e. PHYSICIAN'S NON-SURGICAL VISITS (not paid day of surgery)	U&C, \$25 copay/visit, 1 visit/day
f. PHYSIOTHERAPY(1 visit/day, when prescribed by attending Physician; includes treatment for spinal manipulation and acupuncture)	U&C, up to \$500
g. OUTPATIENT DIAGNOSTIC X-RAY & LAB SERVICES	U&C, up to \$500
h. CHEMOTHERAPY AND RADIATION THERAPY	U&C
i. HOSPITAL EMERGENCY ROOM	U&C, \$100 copay/visit (waived if admitted)
j. OUTPATIENT PRESCRIPTION DRUGS (30 day maximum supply per prescription)	50% of charges, up to \$300
III. OTHER	
a. AMBULANCE SERVICES (ground service only)	U&C, up to \$1,000
b. CONSULTANT PHYSICIAN (when requested by the attending physician)	U&C, up to \$300
c. BRACES AND ORTHOPEDIC APPLIANCES (when prescribed)	U&C
d. DENTAL TREATMENT (Injury Only, does not include biting or chewing injuries; includes removal of impacted wisdom teeth and root canals)	\$100/tooth
e. MATERNITY BENEFITS	Same as any Sickness
f. MENTAL & NERVOUS DISORDERS AND SUBSTANCE ABUSE	Inpatient - U&C, up to \$5,000 Outpatient - U&C, up to \$500
g. MOTOR VEHICLE INJURY	Same as any Injury, up to \$10,000

PART B: ADDITIONAL BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Texas 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. They include Cognitive Therapy; Breast Reconstruction Surgery; Prescription Contraceptive Drug Benefit; TMJ; Breast Cancer Inpatient Care; Telemedicine Services; Well Child Care and Immunizations; Prostate Exam and Testing; Colorectal Screening; Craniofacial Reconstructive Surgery; Diabetes Equipment and Supplies and Self-Management; and Off-Label Prescription Drugs.

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.

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.