

### 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 .....	\$5,000
Double Dismemberment/Loss of Both Eyes ....	\$5,000
Single Dismemberment/Loss of Eye .....	\$2,500
Thumb or Index Finger .....	\$2,500

### 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.

### 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 examinations or preventive medicines); or Elective Surgery and Elective Treatment; or abortion. It does not include cosmetic surgery made necessary by Injury, except as specifically provided in the Benefits Schedule, or by state mandated benefits.
4. Motor vehicle accidents.
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, unless optional coverage for care and treatment of loss or impairment of speech or hearing is elected.
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 new-born baby care, well baby nursery and related Physician's charges, except as provided by state mandated benefits.
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 of Mental and Nervous Disorders and Substance Abuse, except as specifically provided in the Benefits Schedule.
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.
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.

### DEFINITIONS

**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; 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: treatment for acne; biofeedback-type services; infertility; hypnotherapy; learning disabilities; allergy testing; 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.

**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 Sickness or Injury, (b) in accord with standards of generally accepted medical practice, (c) not primarily for the convenience of You or Your Physician, and (d) the most appropriate supply or level of service which can safely be provided to You.

**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 the SAS, Inc. website ([www.sas-mn.com](http://www.sas-mn.com)), 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](http://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](http://www.sas-mn.com).** The online form will be available under School Look-up. You can also print a hard copy of the enrollment form from the website.

The above office is authorized to accept and process your completed Enrollment Form. Do not send it elsewhere. No refunds are made except as provided in the Master Policy.

### 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 certificate as your summary of coverage - no individual policy will be issued. Master Policy 42-64-0095-024-602-8 is issued to the University. The Master Policy contains the contract provisions and shall prevail in the event of a conflict between this certificate 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](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 9F138-CL

## ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy  
For Domestic Students Attending



## STEPHEN F. AUSTIN STATE UNIVERSITY

*Nacogdoches, Texas 75962*

### 2008-2009

Administered by



[www.sas-mn.com](http://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

Form No. 3581-CL-08-TX

T-95TX

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 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 undergraduate students taking 6 or more credit hours and all graduate students taking 3 or more credit hours 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 means the insured Student's legal spouse, domestic partner, unmarried children (as defined in the Master Policy) under 25 years old (older if physically or mentally incapable of self-sustaining support). 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 proper premium is received by the Plan Administrator. All coverage expires on 08-17-2009, or when premium is due and unpaid.

**ENROLLMENT**

Eligible undergraduate and graduate students may purchase the insurance plan on a voluntary basis. Eligible students and dependents may enroll in the plan by the Fall enrollment period deadline date of **9-18-2008**. We do not accept enrollment forms and premium payments postmarked by the US Postal Service after **9-18-2008**, 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 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 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.

Coverage for sickness or injury of a newborn child will become effective at birth until 31 days old. An adopted child will become effective from the date the legal obligation begins. For coverage to continue, the Plan Administrator must be notified and receive additional premium within 31 days of birth or adoption.

**MEDICAL BENEFITS SCHEDULE**

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 (U&C) Charges incurred for covered services subject to the scheduled limits listed below. Benefits are payable up to the maximum benefit listed for the plan the student enrolled, Plan A or Plan B. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

<b>PART A: INJURY AND SICKNESS BENEFITS</b>	<b>PLAN A MAXIMUM BENEFIT</b>	<b>PLAN B MAXIMUM BENEFIT</b>
<b>COVERED SERVICES</b>	<b>\$10,000 EACH INJURY OR SICKNESS</b>	<b>\$20,000 EACH INJURY OR SICKNESS</b>
<b>BENEFIT LIMITS</b>	<b>BENEFIT LIMITS</b>	<b>BENEFIT LIMITS</b>
<b>I. INPATIENT</b>		
a. HOSPITAL ROOM AND BOARD (including general nursing care) .....	\$250 per day .....	\$500 per day
b. HOSPITAL INTENSIVE CARE (including 24 hour nursing care) .....	\$500 per day .....	\$1,000 per day
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) .....	\$800/ 1st day; \$300 each subsequent day .....	\$1,200/ 1st day; \$600 each subsequent day
d. SURGICAL TREATMENT (does not include Assistant Surgeon) .....	80% of U&C .....	90% of U&C
e. PRIVATE DUTY NURSE .....	U&C .....	U&C
f. ANESTHETIST .....	25% of Surgical Treatment .....	25% of Surgical Treatment
g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) .....	U&C .....	U&C
h. MATERNITY BENEFITS (conception must occur while coverage is in force) .....	Same as any Sickness .....	Same as any Sickness
i. SUBSTANCE ABUSE .....	Paid under I. a. ....	Paid under I. a.
<b>II. OUTPATIENT</b>		
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS .....	\$1,200 .....	\$2,000
b. SURGICAL TREATMENT (does not include Assistant Surgeon) .....	80% of U&C .....	90% of U&C
c. ANESTHETIST .....	25% of Surgical Treatment .....	25% of Surgical Treatment
d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) .....	\$50 per visit .....	\$100 per visit
e. PHYSIOTHERAPY (1 visit/day) .....	\$50 per visit .....	\$100 per visit
f. HOSPITAL EMERGENCY ROOM .....	\$250 .....	\$500
g. DIAGNOSTIC X-RAY AND LAB SERVICES .....	\$500 .....	\$1,000
h. MATERNITY BENEFITS (conception must occur while coverage is in force) .....	Same as any Sickness .....	Same as any Sickness
i. PRESCRIPTION DRUGS (30 day supply/prescription) .....	\$200 per Policy Year .....	\$200 per Policy Year
<b>III. OTHER</b>		
a. AMBULANCE SERVICES (Professional Ground Service) .....	\$500 .....	\$1,000
b. CONSULTANT PHYSICIAN (when requested by the attending physician) .....	\$200 .....	\$400
c. DENTAL TREATMENT (Injury to sound, natural teeth, does not include biting or chewing injuries; Includes X-rays) .....	\$500 .....	\$1,000

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

**PART B: MAJOR MEDICAL BENEFITS (AVAILABLE FOR PLAN A ONLY) ..... \$25,000 MAXIMUM BENEFIT FOR EACH INJURY OR SICKNESS**

After the Company has paid \$10,000 under Part A, the Company will then pay 80% of the Usual and Customary Charges incurred, up to a Maximum Benefit of \$25,000 for each Injury or Sickness. This Maximum Benefit includes all benefits paid under Part A and B. No benefits are payable for Motor Vehicle Injuries, Mental and Nervous Disorders, or Substance Abuse.

**PART C: MAJOR MEDICAL BENEFITS (AVAILABLE FOR PLAN B ONLY) ..... \$50,000 MAXIMUM BENEFIT FOR EACH INJURY OR SICKNESS**

After the Company has paid \$20,000 under Part A, the Company will then pay 80% of the Usual and Customary Charges incurred, up to a Maximum Benefit of \$50,000 for each Injury or Sickness. This Maximum Benefit includes all benefits paid under Part A and C. No benefits are payable for Motor Vehicle Injuries, Mental and Nervous Disorders, or Substance Abuse.

**PART D: 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](http://www.sas-mn.com) to view or print an Enrollment Form. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.

**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.** – 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