

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; 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; Orthopedic Appliances; 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. 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. 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.
 10. Routine newborn baby care, well baby nursery and related Physician's charges, except as specifically provided in the Benefits Schedule.
 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 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 6 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, per Policy year or 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 or not covered under the policy. 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.

Emergency Medical Condition means a medical condition that manifests itself by acute symptoms of sufficient severity including severe pain, or by acute symptoms developing from a chronic medical condition that would cause a prudent lay person, possessing an average knowledge of health and medicine, to reasonably expect the absence of immediate medical attention to result in any of the following: placing the health of an Insured, unborn child, or Insured dependent in serious jeopardy; serious impairment to a bodily function; or serious dysfunction of any bodily organ or part.

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 12 months immediately prior to your Effective Date of coverage.

Prior Creditable Coverage means coverage provided in the United States under any individual or group: health benefits plan; insurance policy or certificate; service contract or HMO contract; or any government health benefit plan.
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.

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.

STUDENT HEALTH CENTER

Students are strongly encouraged by the University to utilize the services of the Student Health Center. It is both cost effective and convenient. Please check with your campus-specific SHC to verify the services they offer.
NOTE: The Student Health Center is not affiliated with Columbian Life Insurance Company.

CLAIM PROCEDURE

Secure a claim form from the SAS, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels, 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

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.

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

PREFERRED PROVIDER NETWORK

Student Assurance Services, Inc. has contracted with HealthEOS Plus by MultiPlan, a Preferred Provider Network, to provide a discount for services received from physicians and hospitals participating in the HealthEOS Plus Network. To take advantage of this discount in your area, please use a HealthEOS Plus Network provider. In the Medical Benefits Schedule of this brochure, benefits will be paid at the percentage shown for the PPO Allowable when HealthEOS Plus provider is used and the percentage shown for the U&C charges when a non-HealthEOS Plus Network provider is used. Please confirm your provider is a member of the HealthEOS Plus by MultiPlan Network prior to receiving services. **Benefits will be considered at the PPO coinsurance level only when a HealthEOS Plus Network provider is not available for medical emergencies.**

A directory listing of participating providers may be obtained from HealthEOS Plus website at:

www.healtheos.com.

Keep this brochure as your summary of coverage - no individual policy will be issued. Master Policy 48-64-114A-506-6XX-9 is issued to the University. The Master Policy contains the contract provisions and shall prevail in the event of a 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.

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 9F149-CL

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For Domestic Students Attending

UNIVERSITY OF
WISCONSIN SYSTEM



2009-2010

Administered by



STUDENT
ASSURANCE
SERVICES
INCORPORATED

www.sas-mn.com
College Health 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
Candy Mears

Phone: (651) 439-7098
(800) 328-2739

FAX: (651) 439-0200

email: candym@sas-mn.com

Form No. 3687-CL-09-WI

U-114AWI

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 registered undergraduates and special students taking 5 or more credits hours (3 or more credit hours during Summer Term) and all graduate students are eligible to enroll in this insurance 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 or as provided under Enrollment Period, 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 age 23 years old who are residing with the student and not self-supporting. 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 (08-05-2009); 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 the earlier of 08-04-2010, or when payment for the Accident & Sickness coverage is due and unpaid.

ENROLLMENT PERIOD

Eligible students and dependents may enroll in the plan prior to the enrollment deadline date for each term of coverage listed on the Enrollment Form. 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. We do not accept enrollment forms and premium payments postmarked by the US Postal Service after the enrollment period deadline date, unless you qualify for late enrollment. 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.

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 six (6) 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, please provide evidence of Prior Creditable Coverage when you file your first claim.

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.

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.

CONTINUATION PRIVILEGE

If a student no longer meets the plan eligibility requirements, he or she may continue coverage. For qualifications and cost, please contact the Plan Administrator.

MANDATED BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Wisconsin 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.
 Treatment of Alcoholism, Drug Addiction or Mental or Nervous Disorders is limited to benefits for:
 INPATIENT CARE- the lesser of 100% of covered charges for the first 30 days of hospital confinement; or 90% of the first \$7,000 of covered charges.
 OUTPATIENT CARE - a maximum of 90% of the first \$2,000 of covered charges.
 TRANSITIONAL TREATMENT - a maximum of 90% of the first \$3,000 of covered charges.
 The mandated benefits overall annual maximum for each insured for inpatient, outpatient and transitional treatment is \$7,000. Other benefits include: Kidney Disease Treatment; Diabetes Treatment; Home Health Care; Skilled Nursing Home Confinements; Dependent Children Maternity Coverage; Mammogram Coverage; Lead Poisoning Screening; HIV Drugs; TMJ; Breast Reconstruction; and Dental Care Treatment.

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 \$3,000
 Single Dismemberment/Loss of Eye \$1,500
 Double Dismemberment/Loss of Both Eyes \$3,000

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

PART A: BASIC INJURY OR SICKNESS BENEFITS

When your covered Injury and Sickness requires treatment by a Physician, the policy will provide benefits while your coverage is in force for 80% of the PPO Allowable for charges incurred for covered services received from a PPO Provider until the Insured has paid \$5,000 in out-of-pocket expenses, and 60% of the Usual and Customary Charges (U&C) incurred for covered services received from a non-PPO Provider until the Insured has paid \$10,000 in out-of-pocket expenses. After the out-of-pocket maximum is met, eligible expenses will be payable at 100% of the PPO Allowable Charge or U&C as scheduled below, up to a **Lifetime Maximum Benefit of \$100,000 for Each Injury and Sickness**. Out of pocket expenses do not include copays, deductibles, or ineligible expenses. **Eligible expenses are subject to \$250 per person or \$500 per family deductible per Policy year**. Covered services (as listed in the schedule of benefits and not excluded by the policy) received at the student health center are paid at 100% and the deductible and/or copay is waived. Please check your campus-specific SHC to verify the services they offer. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

COVERED SERVICES INJURY or SICKNESS BENEFIT LIMITS

I. INPATIENT	
a. HOSPITAL ROOM AND BOARD (includes general nursing care)	PPO Allowable; non-PPO U&C; up to \$1,200/day
b. INTENSIVE CARE (includes 24-hour nursing care)	Paid under I.a.
c. HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physiotherapy, radiology, pathology; chemotherapy; and radiation therapy)	Paid under I.a.
d. SURGICAL TREATMENT	PPO Allowable; non-PPO U&C
e. ANESTHESIA AND ASSISTANT SURGEON	PPO Allowable; non-PPO U&C
f. PRIVATE DUTY NURSE (when medically necessary)	PPO Allowable; non-PPO U&C
g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	PPO Allowable; non-PPO U&C
h. PRE-ADMISSION TESTS (within 3 days of admission)	PPO Allowable; non-PPO U&C
i. MATERNITY BENEFITS	Same as any Sickness
j. MENTAL AND NERVOUS DISORDERS	Paid under Mandated Benefits
k. SUBSTANCE ABUSE	Paid under Mandated Benefits
II. OUTPATIENT	
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS	PPO Allowable; non-PPO U&C
b. SURGICAL TREATMENT (does not include Assistant Surgeon)	PPO Allowable; non-PPO U&C
c. ANESTHESIA	PPO Allowable; non-PPO U&C
d. OUTPATIENT MISCELLANEOUS SERVICES	Aggregate Limit \$3,000 for the following:
(1) Physician's Non-Surgical Visits, (1 visit/day- not paid day of Surgery)	\$20 copay/visit; PPO Allowable; non-PPO U&C
(2) Diagnostic X-ray and Lab Services (includes CAT Scans and MRI)	PPO Allowable; non-PPO U&C
(3) Chemotherapy and Radiation Therapy (when prescribed by attending physician)	PPO Allowable; non-PPO U&C
e. PHYSIOTHERAPY	PPO Allowable; non-PPO U&C; up to 15 visits
f. HOSPITAL EMERGENCY ROOM	\$100 copay/visit (waived if admitted); PPO Allowable; non-PPO 80% U&C
g. MATERNITY TESTS AND PROCEDURES	PPO Allowable; non-PPO U&C
h. MATERNITY BENEFITS (does not include Maternity tests and procedures)	Same as any Sickness
i. MENTAL AND NERVOUS DISORDERS	Paid under Mandated Benefits
j. SUBSTANCE ABUSE	Paid under Mandated Benefits
III. OTHER	
a. AMBULANCE SERVICES (ground service only)	80% of U&C
b. CONSULTANT PHYSICIAN (when requested by attending physician)	PPO Allowable; non-PPO U&C
c. INJECTIONS (administered in physician's office)	PPO Allowable; non-PPO U&C
Student Health Center only: Hepatitis B immunization \$125/Policy year	
d. PRESCRIPTION DRUGS (30 day supply/prescription; includes contraceptives; no copay at Student Health Center; patient must pay and then submit a claim for payment)	\$10 copay/Generic; \$25 copay/Brand; then 80% of U&C, up to \$750/Policy Year
e. MOTOR VEHICLE INJURY	Same as any Injury
f. DENTAL TREATMENT (injury only, does not include biting or chewing injuries)	80% U&C
g. ELECTIVE ABORTION (of covered pregnancy)	PPO Allowable; non-PPO U&C
h. ROUTINE INPATIENT NEWBORN CARE	Same as any Sickness, up to 48 hrs following vaginal delivery, or 96 hrs following Cesarean section delivery
i. IMMUNIZATIONS (children age 6 and under)	Charges incurred, not subject to deductible/copay/coinsurance
j. TB TESTING	100% of charges incurred at Student Health Center only

PART B: OPTIONAL INTERCOLLEGIATE SPORTS (additional premium required)

After a \$50 deductible per injury, 80% of the PPO Allowable for covered services received from PPO Provider, or 60% of U&C for covered services received from non-PPO Provider, up to maximum of \$75,000 per Injury. Covered services are listed under PART A. **Intercollegiate Sports coverage is required by the University if you are a varsity sport athlete and are purchasing the Accident and Sickness coverage.**

PART C: OPTIONAL MAJOR MEDICAL BENEFITS (additional premium required)

..... **\$ 250,000 Maximum Lifetime Benefit Each Injury or Sickness**
 After the Company has paid \$100,000 under PART A, the Company will then pay 100% of charges incurred at the Student Health Center subject to the restrictions noted in PART A, or 100% of the PPO Allowable for PPO provider services, or 100% of Usual and Customary Charges incurred 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 C. No Benefits are payable for Mental or Nervous Disorders and Substance Abuse in excess of Mandated Benefits; Intercollegiate Sports Injuries; Prescription Drugs; or Dental Treatment.

PREMIUMS

For premium rates, coverage periods and enrollment 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.