

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) except as provided in the Benefits Schedule; or Elective Surgery and Elective Treatment; or abortion. It does not include cosmetic surgery made necessary by Injury.
 4. Motor Vehicle Accident, to the extent benefits are payable under any medical expense payment provision (by whatever terminology used – including such benefits mandated by law) of any automobile policy.
 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 which arises out of or in the course of any employment for wage or profit to the extent the Insured is covered or is required to be covered by the Workers' Compensation law. If the Insured enters into a settlement giving up his right to recover future medical benefits under a Workers' Compensation law, the Policy will not pay those medical benefits that would have been payable in the absence of that settlement.
 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.
 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.

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; 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 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 Service, the Servicing Agent, 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.

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.

Keep this certificate as your summary of coverage — no individual policy will be issued — a master policy #15-64-0123-200-6XX-9 is issued to the Institution. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this certificate and the Master Policy. **PRIVACY POLICY:** You may obtain a detailed copy of Columbian Life's privacy policy from your Institution, 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 9F138B-CL

CERTIFICATE OF COVERAGE ACCIDENT AND SICKNESS INSURANCE PLAN

A Non-Renewable Term Policy
For Students Attending

KANSAS INSTITUTIONS OF HIGHER LEARNING 2009-2010

Administered by



**STUDENT
ASSURANCE
SERVICES**
INCORPORATED

www.sas-mn.com
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
Student Assurance Services, Inc.
P.O. Box 3126
Lawrence, KS 66046-0126
Phone (800) 520-9909

9F141B-CL

U-123KS

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. 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:

Student Assurance Services, Inc.,
P.O. Box 3126, Lawrence, KS 66046-0126
Phone: (800) 520-9909

ELIGIBILITY

All students attending the participating institution 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.

Alternative Coverage - If you do not meet the Eligibility requirements of this policy, please call (800) 328-2739 or (800) 520-9909 for information on alternative insurance coverage offered through the Servicing Agent.

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 (08-15-2009); 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 08-14-2010, 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.

THIS PLAN UTILIZES A PREFERRED PROVIDER ORGANIZATION (PPO)

Preferred Health Professionals/Freedom Network, a Preferred Provider Organization, has contracted with SAS, Inc. to provide a discount for services received from physicians and hospitals participating in the Freedom Network. The qualifications of each provider have been reviewed so that you will be provided quality care at significantly reduced fees. To take advantage of this discount in your area, please use a Freedom Network Provider. In the Medical Benefits Schedule of this brochure, Benefit Limits will be reduced 10% when a non-Freedom Network Provider is used. Please confirm your provider is a member of the Freedom Network prior to receiving services. To determine provider eligibility check the Freedom Network website www.phpkc.com or call toll free 1-800-544-3014.

MEDICAL BENEFITS SCHEDULE

This Policy provides benefits for the Usual and Customary charges (U&C), when your covered Injury or Sickness requires treatment by a Physician or Hospital. If you receive treatment by a non-PPO provider, the benefit coinsurance and scheduled benefit limits listed below are reduced 10%. Coverage must be in force and benefits payable will not exceed the scheduled limits listed below. Benefits will not be provided for services which are not listed in the Medical Benefit Schedule.

PART A: BASIC INJURY OR SICKNESS BENEFITS	\$50,000 Maximum, after a \$100 deductible, Each Injury or Sickness and subject to the following limits:
HOSPITAL ROOM AND BOARD	\$400 per day
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, radiology, pathology)	80% up to \$4,000
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient)	80% up to \$4,000
SURGICAL TREATMENT (in or out of hospital—services performed by a licensed physician. Does not include Assistant Surgeon)	80% up to \$3,000
ANESTHETIST	35% of Surgical Treatment
CONSULTANT PHYSICIAN (when requested by the attending physician)	\$150
PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid day of surgery)	\$75/visit, 1 visit/day, up to 30 visits
PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid day of surgery; includes physical therapy)	\$75/visit, 1 visit/day, up to 5 visits
OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES AND	
HOSPITAL EMERGENCY ROOM (Outpatient)	Aggregate Limit to 80% up to \$1000; \$100 copay/visit for Emergency Room
CHEMOTHERAPY	Paid under Hospital Miscellaneous Inpatient
RADIATION THERAPY	Paid under Hospital Miscellaneous Inpatient
MENTAL AND NERVOUS DISORDERS / } SUBSTANCE ABUSE TREATMENT }	{ Inpatient - Same as any Sickness, up to 30 days per policy year Outpatient - 100% of 1st \$100, 80% of next \$100, 50% of next \$1,640/year
AMBULANCE SERVICES (ground service only)	\$300
MATERNITY BENEFITS (conception must occur while coverage is in force)	Same as any Sickness
DENTAL TREATMENT (Injury Only—repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries)	\$500
MOTOR VEHICLE INJURY	Same as any Injury
OUTPATIENT PRESCRIPTION DRUGS (30 day supply/prescription)	\$10 copay/prescription, up to \$250 maximum
PREVENTIVE CARE (Student only, routine exam including misc. routine tests and lab services; deductible applies)	\$250/PolicyYear

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

PART B: 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.

GRACE PERIOD: Insureds that purchase quarterly coverage will have a 31 day grace period between quarters. If the premium is not paid within the 31 day period, at the end of the coverage period, coverage will lapse, and a new effective date will start upon receipt of the new Premium.

Scholastic Emergency Services, Inc. (Meets USIA International Student Requirements)

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 or more away from home or school

- **Emergency Evacuation**
- **Medically Supervised Repatriation**
- **Return of Mortal Remains**
- Medical Consultation and Evaluation
- Critical Care Monitoring
- Emergency Message Transmission
- Hospital Admission Guarantee
- Prescription Medication Dispatching
- Family/Friend Transportation

You will receive a separate identification (I.D.) card and brochure that further explains the benefits of this program.

Note: The Travel Assistance program is not underwritten by Columbian Life Insurance Company.