

Policy Form 9F149A-CL

Certificate of Coverage

**BLANKET ACCIDENT AND
SICKNESS INSURANCE**

A Non-Renewable Term Policy
For International Students Attending

Northwest

MISSOURI STATE UNIVERSITY

Maryville, Missouri

2011 – 2012

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
M. Beth Schupp
Aon Consulting, Inc.
4801 Main Street, Suite 350
Kansas City, MO 64114
(800) 892-5974 ext. 649

9F150A-CL

W-33MO(NW)

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:

M. Beth Schupp
Aon Consulting, Inc.
4801 Main Street, Suite 350 • Kansas City, MO 64114
(800) 892-5974 ext. 649

ELIGIBILITY

All international students or scholars taking full-time credit hours, registered for thesis or dissertation, or otherwise engaged in educational activities with the University are eligible to enroll in the plan. Students will be automatically enrolled in the plan at registration and the premium will be included in the tuition billing, unless proof of other comparable coverage is provided to the University. Eligible students must be physically and actively attending classes on campus. Students age 65 or over, or online students and 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. Persons who are dependents at the time the Student enrolls in the plan, must enroll: (a) when the student first enrolls; and (b) for the same coverage as the student. Eligible dependents residing with the Insured Student are the spouse, and unmarried children under twenty-five years of age who are 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 Master Policy effective date 08-15-2011; 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 University or the Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-14-2012, or when premium for the insurance coverage is due and unpaid.

ENROLLMENT PERIOD

Eligible students and dependents may enroll in the plan by the annual or fall enrollment period deadline date of **9-15-2011**. We do not accept enrollment forms and premium payments postmarked by the U.S. Postal Service after **9-15-2011**, unless you qualify as a new student or for late enrollment. If you are a new student entering the University after **9-15-2011**, you must enroll no later than 30 days from the first day of the term of coverage for which you are enrolling. 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

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 the 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 the Policy for a pre-existing condition or an Injury or Sickness covered under your prior student health insurance policy, unless under the Policy the Injury or Sickness expenses incurred are not considered a covered service, or benefits are limited by other provisions in the Policy, including credit for prior coverage. If the prior policy was with us, benefits will not be paid under the Policy if any applicable lifetime maximum has been exhausted.

PORTABILITY

If you are covered by the 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 the 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

The plan provides portability of coverage as it relates to pre-existing conditions.

- a) If, at the time of enrollment, you have not been covered by prior creditable coverage, the Policy will not cover pre-existing conditions until you have been continuously covered for 12 months under the 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 or more days immediately prior to your effective date of coverage under the Policy. To obtain credit for previous coverage, you must provide evidence of prior creditable coverage within 30 days of enrollment in the Policy.

PREFERRED PROVIDER ORGANIZATION

Student Assurance Services, Inc. has contracted with First Health Network, a Preferred Provider Organization, to provide all insured by this plan with quality care at significantly reduced fees. You can choose to use an in-network preferred provider or an out-of-network provider of your own choice. Expenses incurred for medical treatment received by in-network provider will be paid at the higher level of scheduled benefits. If you choose to receive medical treatment from an out-of-network provider, expenses incurred will be paid at the reduced benefit level. Refer to the Medical Benefits Schedule. In-network benefits only apply to services covered under the Policy.

Benefits will be paid at the higher in-network scheduled benefit level for emergency treatment.

A listing of preferred providers is available by contacting First Health Network at 888-685-7774 or by visiting the website www.firsthealth.com.

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

PART A: BASIC INJURY OR SICKNESS BENEFITS

When your covered Injury or Sickness requires treatment by a physician, the Policy will provide benefits while your coverage is in force for 100% of in-network negotiated fee for covered services received from a preferred provider or 90% of usual and customary charges (U&C) incurred for covered services received from an out-of-network provider up to \$5,000 in paid benefits. Then the policy will provide benefits for 90% of negotiated fee or 80% of U&C up to \$45,000 in paid benefits. When the insured has paid **\$5,000 in out-of-pocket expenses**, eligible expenses will be payable at **100% of the negotiated fee or 100% U&C** for the remainder of the claim. Out-of-pocket expenses do not include copays, deductibles, or ineligible expenses. Basic benefits will be paid up to a maximum of \$50,000 for each Injury or Sickness. Covered services received at the Student Health Center are paid at 100% of the charges incurred. 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 (Including general nursing care) Negotiated Fee; or U&C; up to \$500 per day
- b. HOSPITAL INTENSIVE CARE (Includes 24 hour nursing care) Negotiated Fee; or U&C; up to \$750 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; therapeutic services; supplies) Negotiated Fee; or U&C
- d. SURGICAL TREATMENT (Does not include assistant surgeon) Negotiated Fee; or U&C
- e. ANESTHESIA Negotiated Fee; or U&C
- f. PRIVATE DUTY NURSE (When medically necessary) Negotiated Fee; or U&C
- g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit per day, not paid same day as surgery) Negotiated Fee; or U&C; \$50 per visit
- h. MATERNITY BENEFITS Same as any Sickness
- i. PHYSIOTHERAPY Negotiated Fee; or U&C
- j. MENTAL AND NERVOUS DISORDERS Same as any Sickness
- k. SUBSTANCE ABUSE Same as any Sickness, up to 30 days per policy year
- l. PRE-ADMISSION TESTING (Within 3 days of admission) Paid under I.c.

II. OUTPATIENT

- a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS Negotiated Fee; or U&C
 - b. SURGICAL TREATMENT (Does not include assistant surgeon) Negotiated Fee; or U&C
 - c. ANESTHESIA Negotiated Fee; or U&C
 - d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit per day, not paid same day as
surgery, includes injections) Negotiated Fee; or U&C; up to 10 visits
 - e. PHYSIOTHERAPY (Within 30 days following: surgery, hospital
confinement or physician's release for rehabilitation; 1 visit/day) Negotiated Fee; or U&C
 - f. OUTPATIENT X-RAY, RADIOLOGY, & LAB SERVICES Negotiated Fee; or U&C;
MRI or CAT Scan up to \$1,250
 - g. HOSPITAL EMERGENCY ROOM Negotiated Fee; or U&C
 - h. CHEMOTHERAPY OR RADIATION THERAPY (When prescribed by attending physician) Negotiated Fee; or U&C
 - i. MATERNITY BENEFITS Same as any Sickness
 - j. MENTAL AND NERVOUS DISORDERS Same as any Sickness
 - k. SUBSTANCE ABUSE Same as any Sickness, up to 20 visits per policy year
 - l. OUTPATIENT PRESCRIPTION DRUGS U&C
 - m. MISCELLANEOUS TESTS AND PROCEDURES (In lieu of all other Policy Benefits, includes TB test) Negotiated Fee; or U&C
- III. OTHER**
- a. AMBULANCE SERVICES (Professional ground service) Negotiated Fee; or U&C; up to \$350 per trip
 - b. ELECTIVE ABORTION \$500 per policy year
 - c. ORTHOPEDIC APPLIANCES/ DURABLE MEDICAL EQUIPMENT (Physician written prescription
required, does not include replacement equipment) Negotiated Fee; or U&C
 - d. DENTAL TREATMENT (Injury only, includes x-rays, does not include
biting or chewing injuries) \$200 per tooth, up to maximum \$600
 - e. MOTOR VEHICLE (Injury only) Same as any Injury
 - f. CLUB SPORTS Same as any Injury, up to \$5,000
 - g. WELLNESS BENEFIT (One routine exam per year) \$200
 - h. INPATIENT ROUTINE NEWBORN CARE Same as any Sickness, up to 48 hrs following vaginal delivery or
up to 96 hrs following cesarean section delivery.

PART B: MAJOR MEDICAL BENEFITS \$100,000 Lifetime Maximum Benefit for Each Injury or Sickness

After the Company has paid \$50,000 under the Basic Injury and Sickness Benefit (Part A), the Company will then pay 100% of in-network negotiated fee or 100% of U&C, up to the maximum lifetime benefit of \$100,000 for each covered Injury or Sickness. This maximum includes benefits paid under Part A and Part B. No Benefits are payable under this provision for Mental and Nervous Disorders; Substance Abuse; Physiotherapy; or Room and Board in excess of Basic Benefit of \$500 per day.

PREMIUMS

	ANNUAL	1st SEMI-ANNUAL	2nd SEMI-ANNUAL	SPRING/SUMMER	SUMMER
	08-15-2011	08-15-2011	02-15-2012	01-01-2012	05-15-2012
	to 08-14-2012	to 02-14-2012	to 08-14-2012	to 08-14-2012	to 08-14-2012
Student	\$770.00	\$385.00	\$385.00	\$477.00	\$192.00

To enroll dependents, visit the Student Assurance Services Inc. website - www.sas-mn.com to 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. Any refund provided is subject to a \$25 administration 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.**

Travel Assistance - Global Emergency Services program is provided by Scholastic Emergency Services. The program provides 24-hour assistance whenever the student travels more than 100 miles away from the permanent residence, campus location or in another country. International students are eligible for services both on and away from campus.

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

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. 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. Treatment for foot care including care of flat feet, corns, calluses, bunions, weak feet, chronic foot strain, and supportive foot devices.
5. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
6. Growth Hormone therapy; Patient Controlled Analgesia; Allergy Treatment.
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, except prescription drugs taken as directed by a Physician. This does not exclude any covered Loss caused by attempted suicide while insane, or pyogenic infections which result from an accidental bodily Injury and bacterial infections which result from the accidental ingestion of contaminated substances. Loss incurred while committing or attempting to commit a felony; or 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.
9. Routine newborn baby care, well baby nursery and related Physician's charges, except as specifically provided in the Benefits Schedule.
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 related to Nicotine Addiction or Smoking Cessation.
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. Services, supplies and/or treatment for Acupuncture.
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, not subject to Credit for Prior Coverage, until continuously covered by the Student Accident and Sickness Insurance Plan for 12 consecutive months.

15. Sleep disorders, supplies and treatment or testing related to sleep disorders.
16. 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, for weight reduction or treatment of obesity.

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 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; weight management services; and TMJ treatment.

Injury means accidental bodily injury or injuries directly caused by an Accident. 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.

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 FAIR Health, Inc. for such services or supplies.

ADDITIONAL BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Missouri 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. Benefits include: Child Immunizations; Antigen Testing; Dental Anesthesia and Hospitalization; Phenylketonuria; Mammography; Minimum Maternity Stay; Breast Reconstruction after Mastectomy; Pelvic, Cervical, Prostate, Colorectal Exams; Newborn Hearing Screening; Osteoporosis; Contraceptive Drugs and Devices; Mental Health; Chemical Dependency; Clinical Trials for Cancer, Chiropractic Care; and Second Opinion.

CLAIM PROCEDURE

Secure a claim form from the Student Assurance Services, Inc. website www.sas-mn.com. Fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels, 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

DEPENDENT ENROLLMENT INSTRUCTIONS

1. Students can download and print the enrollment form from website www.sas-mn.com.
2. Print all information legibly and indicate the coverage and options desired.
3. Enclose your check for the full premium or complete the credit card information. Only premium amounts indicated on the enrollment form will be accepted.
4. Submit your completed enrollment form and payment to:

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

The above office is authorized to accept and process your completed enrollment form. Do not send it elsewhere.

HEALTH CARE REFORM

Columbian Life Insurance Company continues to monitor the impact of this legislation on student insurance plans, and shall comply with the law's requirements and timelines.

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

Keep this certificate as your summary of coverage - no individual policy will be issued - a master policy #24-64-0033-048-668-1 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 the Plan Administrator at (800) 328-2739, or by visiting our website 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.