

## EXCLUSIONS

This 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. 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; 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. Contraceptive drugs and devices; 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.
9. Intentional self-inflicted Injuries; including drug overdose; 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; 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.
10. Routine newborn baby care, well baby nursery and related Physician's charges.
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 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.
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 School's Student Accident and Sickness Insurance plan for a period of 12 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 program, 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, 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; temporomandibular joint dysfunction (TMJ); 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.

**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 is diagnosed, treated or recommended for treatment within the 6 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 Ingenix for such services or supplies.

## CLAIM PROCEDURE

Secure a claim form from the Business Office, or from the SAS, Inc. website at [www.sas-mn.com](http://www.sas-mn.com), fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels, and mail 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](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 is available under School Look-up. The above office is authorized to accept and process your Completed Enrollment Form. Do not send it elsewhere.

Keep this brochure as your summary of coverage - no individual policy will be issued- a master policy #21-64-0088-500-650-9 is issued to the school. 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](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 9F149-CL

# ACCIDENT AND SICKNESS INSURANCE PLAN

A Non-Renewable Term Policy  
For Students Attending

## MICHIGAN COLLEGES AND UNIVERSITIES

# 2009-2010

Administered by



STUDENT  
ASSURANCE  
SERVICES  
INCORPORATED

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

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

FAX: (651) 439-0200

email: [candym@sas-mn.com](mailto:candym@sas-mn.com)

Form No. 3587-CL-09-MI

U-88MI

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 196, Stillwater, MN 55082-0196  
 Phone toll-free (800) 328-2739

**ELIGIBILITY**

All students attending Grand Valley State University 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 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. Coverage for a sickness or injury of a newborn child will become effective at birth if the company is notified and the proper premium is paid within 31 days of birth. 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 the earlier of: 08-14-2010; or when payment for your Accident and Sickness coverage is due and unpaid.

**ENROLLMENT PERIOD**

Eligible students and dependents may enroll in the plan prior to the enrollment period deadline date for each term of coverage listed below: **Annual and 1<sup>st</sup> Term deadline date 10-01-2009; 2<sup>nd</sup> Term deadline date 01-29-2010; Summer deadline date 06-01-2010.**

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. 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.

**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 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, you must provide evidence of Prior Creditable Coverage within 30 days of enrollment in this policy.

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

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 Charges (U&C) scheduled below. This policy will allow benefits only for expenses not covered by Other Medical Coverage. Benefits will not be provided for services not listed in the Medical Benefits Schedule.

**PART A: BASIC INJURY BENEFITS ..... \$50,000 Maximum/Each Injury, after a \$50 deductible and subject to following limits:**

OUTPATIENT PRESCRIPTION DRUGS .....	\$500
DENTAL TREATMENT (repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries) .....	\$500
MOTOR VEHICLE INJURY .....	Same as any Injury, up to \$1,000
PHYSIOTHERAPY .....	\$25 a visit, one visit/day
ALL OTHER COVERED SERVICES (Covered services are those listed under PART B) .....	U & C

**PART B: BASIC SICKNESS BENEFITS ..... \$50,000 Maximum/Each Sickness, subject to following limits:**

HOSPITAL ROOM AND BOARD (average daily semiprivate room rate) .....	\$1,000/day
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, radiology, pathology, private duty nurse) .....	\$4,000
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of INPATIENT) .....	\$4,000
PHYSICIAN'S NONSURGICAL VISITS (Inpatient - not paid day of surgery, includes consultant physician) .....	\$75/visit, 1 visit/day
PHYSICIAN'S NONSURGICAL VISITS (Outpatient - not paid day of surgery, includes physiotherapy, injections, consultant physician) .....	\$75/visit, 1 visit/day
SURGICAL TREATMENT (in or out of hospital - services performed by a licensed physician) .....	80% of U&C, up to \$4,000
ANESTHESIA AND/OR ASSISTANT SURGEON .....	25% of Surgical Treatment
OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES .....	80% of U&C, up to \$700
HOSPITAL EMERGENCY ROOM (Outpatient) .....	\$50 Copay/Visit (unless admitted), 80% of U&C, up to \$500
SUBSTANCE ABUSE BENEFITS .....	\$3,919 per policy year
AMBULANCE SERVICES (ground service only) .....	\$400
MATERNITY BENEFITS (conception must occur while coverage is in force) .....	Same as any Sickness
MENTAL AND NERVOUS DISORDERS .....	Same as any Sickness, except:
PHYSICIAN'S NONSURGICAL VISITS (Outpatient) .....	\$75/visit, 1 visit/day, up to 10 visits
OUTPATIENT PRESCRIPTION DRUGS .....	\$500
CHEMOTHERAPY, RADIATION THERAPY, ORTHOPEDIC APPLIANCES .....	Paid under Optional Major Medical

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

**PART C: OPTIONAL MAJOR MEDICAL BENEFITS (Additional Premium Required) ..... \$100,000 Maximum Lifetime Benefit Each Injury or Sickness**

After the Company has paid \$50,000 under PART A or B, the Company will then pay 100% of the Usual and Customary Charges incurred for covered services listed under the Basic Benefits up to a Maximum Lifetime Benefit of \$100,000 for each Injury or Sickness. This maximum includes benefits paid under PARTS A or B, and C. No Benefits are payable for Mental or Nervous Disorders; Substance Abuse; Motor Vehicle Injuries, or Dental Treatment.

**PART D: 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 .....	\$1,000
Single Dismemberment .....	\$1,000
Double Dismemberment .....	\$2,000

**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.

**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 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 includes 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.