

Policy Form 9F138-CL

**ACCIDENT AND SICKNESS  
INSURANCE**

A NON-RENEWABLE TERM POLICY  
FOR STUDENTS OF

**SOUTH TEXAS  
COLLEGE**

**2010-2011**

Administered by



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. 3753-CL-10-TX

V-130TX

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.

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:

Paul Fisher  
PINNACLE STUDENT INSURANCE  
25 Overlook Circle • New Braunfels, TX 78132  
(877) 626-0360

#### ELIGIBILITY

All students enrolled in classes for credit are eligible to enroll in the plan. All Students must be physically and actively attending classes on campus. Students taking online courses are eligible, provided the student is progressing toward a degree or certificate program offered by the College, and is attending any required meetings on campus. All other online 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.

Eligible students who are enrolled in this plan may enroll their eligible dependents in the plan. **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, and unmarried children (as defined in the Master policy) under 25 years old (or older if physically or mentally incapable of self-sustaining support). Coverage for a sickness or injury of a newborn child will become effective at birth until 31 days old. Coverage for a newly adopted child will become effective from the date the legal obligation begins. For coverage to continue, the Plan administrator must be notified and receive the additional premium within 31 days of birth or adoption. 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 (08-30-2010); 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 08-29-2011, or when payment is due and unpaid.

#### 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 School 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.

## MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician or Hospital, the Policy will provide benefits while your coverage is in force for the Usual and Customary (U&C) Charges incurred up to a **Maximum Benefit \$15,000** for each Injury or Sickness. The Policy will provide benefits as scheduled below, up to the Covered Services Benefit Limits. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule or listed as "Additional Benefits" elsewhere in the brochure.

**PART A: BASIC INJURY AND SICKNESS BENEFITS**  
**COVERED SERVICES ..... \$10,000 MAXIMUM EACH INJURY OR SICKNESS, SUBJECT TO THE FOLLOWING BENEFIT LIMITS**

- I. INPATIENT**
- a. HOSPITAL ROOM AND BOARD ..... U&C, up to \$150/day
  - b. HOSPITAL INTENSIVE CARE ..... Paid under I.a.
  - c. HOSPITAL MISCELLANEOUS INPATIENT(while entitled to I.a.) ..... U&C, up to \$600
  - d. SURGICAL TREATMENT ..... U&C, up to \$1,000
  - e. ANESTHETIST ..... 25% of Surgical Treatment Benefit
  - f. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) ..... U&C, \$20/visit, up to \$300
  - g. PRIVATE DUTY NURSE ..... U&C, up to \$25
  - h. MATERNITY BENEFITS (48 hours vaginal, 96 hours cesarean) ..... Same as any Sickness
  - i. MENTAL AND NERVOUS DISORDERS ..... Paid under I.a., up to 7 days
  - j. PRE-ADMISSION TESTING ..... Paid under I.c.
- II. OUTPATIENT**
- a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (Day Surgery) ..... U&C, up to \$100
  - b. SURGICAL TREATMENT (75th percentile of Ingenix Survey) ..... U&C up to \$1,000
  - c. ANESTHETIST ..... 25% of Surgical Treatment Benefit
  - d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) ..... U&C, \$20/visit, up to \$300
  - e. PHYSIOTHERAPY (1 visit/day) ..... U&C, \$20/visit, up to 5 visits
  - f. HOSPITAL EMERGENCY ROOM (or Hospital Outpatient Department) ..... Paid under II.a.
  - g. DIAGNOSTIC X-RAY AND LAB SERVICES (includes Ultrasound, MRI or CAT Scan) ..... U&C, up to \$75
  - h. CHEMOTHERAPY AND RADIATION THERAPY ..... U&C
  - i. MATERNITY BENEFITS ..... Same as any Sickness
- III. OTHER**
- a. AMBULANCE SERVICES (Air or Ground Service) ..... U&C, up to \$200
  - b. CONSULTANT PHYSICIAN (when requested by the attending physician) ..... U&C, up to \$100
  - c. DENTAL TREATMENT (Injury to sound, natural teeth, Includes X-rays, does not include biting or chewing injuries) ..... U&C, up to \$150
  - d. EXTRACTION OF IMPACTED WISDOM TEETH ..... \$25/tooth
  - e. MOTOR VEHICLE INJURIES ..... Same as any Injury
  - f. INPATIENT ROUTINE NEWBORN CARE (Up to 48 hours following vaginal delivery or 96 hours following Cesarean delivery) ..... Same as any Sickness

**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 ..... \$15,000 Maximum Benefit for Each Injury or Sickness**  
 After the Company has paid \$10,000 under PART A, Basic Injury and Sickness Benefit, the Company will then pay 80% of the Usual and Customary Charges incurred, up to a Maximum Benefit of \$15,000 for each Injury or Sickness. The Maximum Benefit Limit includes all benefits paid under PART A and PART B. No benefits are payable for Room and Board and Hospital Miscellaneous charges in excess of the Basic Benefits; Mental and Nervous Disorders; Physiotherapy; Dental Treatment; or Motor Vehicle Injuries.

**PART C: ACCIDENTAL DEATH AND DISMEMBERMENT**  
 Occurring within 180 days from the date of accident, pays in addition one of the following (the largest applicable amount):

Accidental Death .....	\$5,000
Single Dismemberment .....	\$2,500
Double Dismemberment .....	\$5,000

**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.**

**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.

**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.

### **CONTINUOUS COVERAGE**

If an insured person was covered to the Expiration Date of the prior student health 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.

### **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 Medical 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.
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, unless optional coverage for care and treatment of loss or impairment of speech or hearing is elected.
5. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
6. 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.
7. Prescription Drugs.
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, except as specifically provided in the Medical 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 of Mental and Nervous Disorders or Substance Abuse, except as specifically provided in the Medical 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; breast reduction; sexual reassignment surgery; any services or supplies rendered for the purpose of 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: 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 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 SAS, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills, 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 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](http://www.sas-mn.com)**

#### **HEALTHCARE 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.

Keep this brochure as your summary of coverage - no individual policy will be issued. Master Policy 42-64-0130-024-617-0 is issued to the College. 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 College, by contacting SAS, Inc. at (800) 328-2739, or by visiting our website [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.**