**2014-2015 STUDENT ACCIDENT INSURANCE COVERAGE**
**SOUTH TEXAS COLLEGE**

**THIS IS A LIMITED BENEFIT POLICY, ACCIDENT ONLY INSURANCE. NON-RENEWABLE.**

**SCHOOL TIME COVERAGE**

Covers would be in force for each person for whom the School Time Coverage premium has been paid as set forth in the Policy:
(a) while on the School premises; during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the insured is participating in or attending any Sponsored and Supervised Activity including intramural sports*, and
(b) while away from the School premises; other than traveling, if participating in a Sponsored and Supervised Activity including intramural sports;* and
(c) while traveling directly to or from the Insured’s residence and School; for regular School sessions, or for any Sponsored and Supervised Activity including intramural sports*, in School provided transportation.

*Excludes the practice or play of interscholastic or intercollegiate sports including travel to or from such practice or play.

**FULL TIME COVERAGE (24-HOUR COVERAGE)**

Covers would be in force for each person for whom the Full Time Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, including intramural sports. Coverage does not include the practice or play of interscholastic or intercollegiate sports including travel to or from such practice or play. The School Time Coverage provision will not apply.

**DENTAL ACCIDENT COVERAGE - (Endorsement 9E509-CL)**

Covers would be in force for accidental injuries to teeth on a 24 hour per day basis subject to the limitations and exclusions of the Insurance Plan and this Dental Endorsement. Pays the usual and customary charges incurred within one year from the date of dental injury up to $5,000 per injury. The injury must occur to a natural tooth or teeth. Excludes orthodontic treatment and the repair or replacement of existing bridges, dentures or implants.

**MEDICAL BENEFITS**

When injury covered by the Policy results in treatment by a licensed physician within 180 days from the date of injury, the Company will pay the usual and customary expenses incurred for necessary services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of $25,000 per covered injury. The Policy will pay benefits regardless of other valid coverage. **Benefit limits listed below are per Injury.**

**A. IN-PATIENT BENEFITS**

1. Hospital Room and Board .......................................................... Semi-private Room Charges
2. Intensive Care (in lieu of Hospital Room and Board) .................. 1.5 X Semi-private Room Charges
3. Hospital Miscellaneous Services (All Charges except Room & Board) .................. First day up to $1,000, thereafter up to $500 per day; maximum $5,000
4. Physician’s Non-Surgical Visits (Other than Physical Therapy) (not paid same day as surgery) .......................................................... First day of treatment up to $50, subsequent visits up to $40; maximum 10 visits
5. Physical Therapy Treatment (Includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) .......................................................... Included in Hospital Miscellaneous Services
6. X-ray and Radiology Services .......................................................... Included in Hospital Miscellaneous Services
7. Registered Nurse .......................................................... U&C up to $2,000

**B. OUT-PATIENT SURGERY BENEFITS**

1. Day Surgery (Facility Charge) .......................................................... U&C up to $2,000
2. X-ray and Radiology Services .......................................................... U&C up to $300
3. Laboratory Services .......................................................... U&C up to $300
4. Physiotherapy Treatment .......................................................... U&C up to $800
5. Physician’s Non-Surgical Visits (Not paid same day as surgery) .......................................................... U&C up to $100
6. Orthopedic Appliances (When prescribed by a physician for healing) .......................................................... U&C up to $500
7. Shots and Injections (Within 24 hours of an injury) .......................................................... $50 per injury
8. Prescription Drugs .......................................................... $50 per prescription
9. Physical Therapy Treatment (Includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) .......................................................... $50 per visit, maximum 5 visits
10. Ambulance Service (Air or Ground) .......................................................... $1,000 per injury
11. Eyeglass Replacement (If medical treatment is also received for a covered injury) .......................................................... up to $200 per injury
12. Durable Medical Equipment (Post-surgical only) .......................................................... $100 per injury

**C. OTHER PHYSICIAN SERVICES**

1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) .......................................................... $200 per tooth
2. Physician’s Surgical Care (In-patient or Out-patient) .......................................................... U&C up to $2,500
3. Assistant Surgeon Charges (In-patient or Out-patient) .......................................................... 25% Surgery Allowance
4. Anesthesia Charges (In-patient or Out-patient) .......................................................... 25% Surgery Allowance

**E. MOTOR VEHICLE INJURY** .......................................................... up to $1,000 maximum as scheduled above

**F. OTHER BENEFITS** - Heat Stroke and Heat Exhaustion will be covered as any other accident.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable:

- Loss of Life $2,000
- Loss of an Eye $2,000
- Double Dismemberment $10,000
- Single Dismemberment $2,000

For specific costs and further details of the coverage, including exclusions, reductions, or limitations, and the terms under which the Policy may be continued in force, see your agent or write the company. This Brochure is only a summary of the insurance coverage. Consult the actual Policy for complete details.

The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefit.

Underwritten by

COLUMBIA LIFE INSURANCE COMPANY
HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

Form No. 3752-CL-14-TX  Policy Form No. 9F140-CL(Rev.)TX  Z-129-TX
EXCLUSIONS

The Policy does not provide benefits for:

1. Any sickness, disease, infection (unless caused by an open cut or wound), aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity. Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondyloysis, slipped femoral capital epiphysis, orthodontics, injuries involving bone cysts or dental implants.

2. Injuries for which benefits are payable under Workers’ Compensation or Employer’s Liability Laws.

3. The services of a second or subsequent Physician when not requested in writing by the attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits.

4. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways.

5. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.

6. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law.

7. Treatment received from any person employed or retained by the Policyholder.

8. Replacement of contact lenses, hearing aids or prescription or examinations thereof.

9. The practice or play of interscholastic or intercollegiate sports including travel to or from such practice or play.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the Effective Date of the policy.

DEFINITIONS

“Accident” means an unexpected, external and sudden event that is independent of any other cause.

“Covered Services” means the services and supplies which are: (a) listed under section titled MEDICAL BENEFITS; (b) Medically Necessary; (c) prescribed or performed by a Physician; and (d) not excluded under the Policy.

“Company” means the Columbian Life Insurance Company.

“Durable Medical Equipment” means equipment which can be rented, leased, or purchased and which is designed to provide treatment and/or support for an extended period of time. It includes, but is not limited to: CPM machines; drug pumps; and H2O pumps.

“Injury” means an accidental bodily Injury or injuries directly caused by specific accidental contact with another body or object while the Insured is covered under the Policy. It is unrelated to any pathological, functional, or structural disorder. The Accident must result in an Injury which begins while the Insured is covered under the Policy.

The term Injury also means a re-Injury sustained while the Insured is covered under the Policy, for which the Insured has remained treatment free for a period of 180 days prior to the Policy Effective Date.

If benefits have been paid under the Policy for an Injury, a re-Injury will be considered new if:

a) the re-Injury occurs while the Insured is covered under the Policy; and

b) the Insured remains treatment free for a period of 180 days between the date of last treatment for the original Injury and the date of the re-Injury.

A re-Injury that is incurred within 180 days of the original Injury, will be considered a continuation of the original Injury.

“Medically Necessary” means a Covered Service which is: (a) consistent with symptoms and diagnosis or treatment of Injury; (b) in accordance with standards of generally accepted medical practice; (c) not primarily for the convenience of the patient or Physician; and (d) most appropriate supply or level of service which can be safely provided.

“Physician” means a practitioner of the healing arts, other than a member of the Insured’s immediate family, who: (a) is duly licensed to practice medicine in the state in which treatment is received; and (b) is acting within the scope of such license.

“Sponsored and Supervised Activity” means any activity which is exclusively sponsored by the Policyholder and which is under the direct and immediate supervision of an employee of the Policyholder.

“Usual and Customary Charges (U&C)” means charges for medical services or supplies for which the Insured is 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 for Covered Services are determined by referencing the 75th percentile of the most current survey published by FAIR Health, Inc. for such Covered Service.

EFFECTIVE DATES AND ENROLLMENT

EFFECTIVE DATE – is the later of (a) the date on which the premium is actually received by the College, the Company, or its authorized agent; (b) the first day of the term for which the proper premium has been paid; or (c) the Master Policy effective date 08-25-2014.

TO FILE A CLAIM – notify the College officials immediately if the accident has occurred at school. Obtain a claim form from the College. Submit the claim along with all bills to Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082.

EXPIRATION DATE – is the earlier of (a) the date on which the Insured ceases to be enrolled in the College; (b) the date at the close of the period for which the premium is paid or (c) the Master Policy expiration date 08-24-2015.

TO ENROLL – Determine the insurance coverage you want. Complete the enrollment form and enclose your check made payable to Student Assurance Services, Inc. Premium is not prorated. Mail it to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082. Be sure to retain the brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or an ID card. The Master Policy is issued to the College.

Keep this as your Summary of Coverage — no individual policy will be issued — a master policy 42-54-0129-024-017-4 is issued to the College. 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 by contacting the Plan Administrator at (800) 328-2739, or by visiting our website www.sas-mn.com.