

## 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; 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. Prescription Drugs.
8. 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.
9. 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.
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. 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, until continuously covered by the University's Student Accident and Sickness Insurance plan for a period of 12 months.

## DEFINITIONS

**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 SAS, Inc. website or the Servicing Agent, 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

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

Complete the Enrollment Form and return it with your check made payable to:

### OTTAWA UNIVERSITY

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 #15-64-0112-200-694-7 is issued to the University. 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 insurance 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



LIVE • LEARN • LEAD

*Ottawa, Kansas 66067*

# 2007-2008

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

9F141B-CL

S-112KS

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:

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

**ELIGIBILITY**

All registered undergraduate students taking 5 or more credit hours and all graduate students pursuing a graduate degree are required to purchase this insurance plan unless proof of comparable coverage is provided to the University Business Office at registration. Students must be physically and actively attending classes on campus to enroll in this insurance plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the insurance plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Servicing Agent should be notified at that time by the student. Students who enroll in the insurance plan may secure family coverage. Dependents must enroll when the student first enrolls, 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 (08-15-2007); 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. All coverage expires on 08-14-2008, or when payment is due and unpaid.

**ENROLLMENT**

Eligible students will be automatically billed for the Student Accident and Sickness Insurance plan at registration, unless they provide the University Business Office with satisfactory evidence of comparable coverage. Student may enroll eligible dependents by submitting the proper premium to the University Business Office by **09-15-2007**. Eligible dependents who do not enroll in the plan when the Insured Student first enrolls, may enroll no later than 30 days after involuntary loss of coverage under another health plan; marriage; or the birth or adoption of a child.

**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.

**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.

**MEDICAL BENEFITS SCHEDULE**

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) incurred for covered services, subject to the limits listed below. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

<b>PART A: BASIC INJURY BENEFITS</b> .....	<b>\$10,000 Maximum/Each Injury, subject to the following limits:</b>
HOSPITAL ROOM AND BOARD (Semi-private room rate) .....	\$300/day
DENTAL TREATMENT (repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries) .....	\$1,000
MOTOR VEHICLE INJURY .....	Same as any Injury
ALL OTHER COVERED SERVICES (covered services are those listed under PART B) .....	80% of U&C

<b>PART B: BASIC SICKNESS BENEFITS</b> .....	<b>\$10,000 Maximum/Each Sickness, subject to the following limits:</b>
HOSPITAL ROOM AND BOARD .....	\$300/day
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, radiology, pathology) .....	80% of U&C, up to \$4,500
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient) .....	80% of U&C, up to \$4,500
SURGICAL TREATMENT (in or out of hospital — services performed by a licensed physician. Does not include Assistant Surgeon) .....	80% of U&C, up to \$3,000
ANESTHETIST .....	25% of Surgical Treatment
PHYSICIAN'S NON SURGICAL VISITS (Inpatient, not paid day of surgery) .....	\$45/visit, 1 visit/day, up to 30 visits
PHYSICIAN'S NON SURGICAL VISITS (Outpatient, not paid day of surgery, does not include physical therapy) .....	\$45/visit, 1 visit/day, up to 5 visits, includes injections
OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES .....	\$300
HOSPITAL EMERGENCY ROOM (Outpatient) .....	\$140
MENTAL AND NERVOUS DISORDERS } { Inpatient - Same as any Sickness, up to 30 days per Policy year	
SUBSTANCE ABUSE TREATMENT } { Outpatient - 100% of 1st \$100, 80% of next \$100, 50% of next \$1,640/Policy year	
AMBULANCE SERVICES (ground service only) .....	\$200
MATERNITY BENEFITS (conception must occur while coverage is in force) .....	Same as any Sickness
For specific costs and further details of coverage, including exclusions, reductions or limitations contact your Servicing Agent or write the Plan Administrator.	

**PART C: MAJOR MEDICAL BENEFITS** ..... **\$100,000 Lifetime Maximum Benefit for Each Injury or Sickness**  
After the Company has paid \$10,000 under the Basic Injury or the Basic Sickness Benefits (PART A or PART B) and the insured has paid a \$500 Major Medical deductible, the Company will then pay 80% of the Usual and Customary Charges incurred during the benefit period up to a Maximum Lifetime Benefit for Each Injury or Sickness of \$100,000. This maximum includes both benefits paid under PART A or B and PART C. No Benefits are payable for Mental and Nervous Disorders; Substance Abuse; Dental Treatment; or Motor Vehicle Injuries.

**PART D: 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 may be subject to an \$25 administrative fee.

**MANDATED BENEFITS**

The plan will pay benefits for the items below in accordance with any applicable Kansas law. Benefits may be subject to Policy deductibles, coinsurance, limitations, and exclusions. Description of these Mandated Benefits can be found in the Master Policy on file at the University or call the claims office. These benefits include Off-Label Prescription Drug Coverage for Cancer; and Dental Anesthesia and Hospital Benefits.

**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. **Note: 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.

OTTAWA UNIVERSITY

2007-2008 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381

must purchase this coverage or provide evidence of comparable coverage to the University Business Office at registration.

Student's Name (Please Print) (Last) (First) (MI) Birthdate

Billing Address (Street) (City) (State) (Zip)

Soc. Sec. # [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ] Grade Level Phone # ( )

Annual

Circle Premium Selected: 08-15-2007 to 08-14-2008

Student Only\* \$ 650
Spouse \$1,735
Each Child \$1,470

\*Premium includes an administrative fee charged by the University.

Please indicate premium being paid with this form \$

Checks should be made payable to Ottawa University and returned to the University Business Office at registration.

Coverage becomes effective on the later of the Policy Effective Date (08-15-2007); 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. All coverage expires on 08-14-2008, or when payment is due and unpaid. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. No refunds, except as provided in the Master Policy.

DEPENDENT INFORMATION (Complete if purchasing dependent coverage)

Spouse's Name Birthdate Soc. Sec# (MM/DD/YY)

Child's Name Birthdate Soc. Sec# (MM/DD/YY)

Child's Name Birthdate Soc. Sec# (MM/DD/YY)

Student's Signature Date / /