

Policy Form 9F138B-CL  
**CERTIFICATE OF COVERAGE**  
**ACCIDENT AND SICKNESS  
INSURANCE PLAN**  
A Non-Renewable Term Policy  
For Students Attending

**MANHATTAN  
CHRISTIAN  
COLLEGE**

*Manhattan, Kansas 66502*

**2011-2012**

Administered by



**STUDENT  
ASSURANCE  
SERVICES**  
INCORPORATED

[www.sas-mn.com](http://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  
Student Assurance Services, Inc.  
P.O. Box 3126  
Lawrence, KS 66046  
(800) 520-9909

Keep this certificate as your summary of coverage — no individual policy will be issued — a master policy #15-64-0027-200-685-1 is issued to the College. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this certificate and the Master Policy. **PRIVACY POLICY:** You may obtain a detailed copy of Columbian Life's privacy policy from your College, by contacting the Plan Administrator at (800) 328-2739, or by visiting our website [www.sas-mn.com](http://www.sas-mn.com).

9F141B-CL

W-27KS

*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  
(800) 520-9909*

#### **ELIGIBILITY**

All undergraduate, graduate, and international students taking credit hours are eligible to enroll in the plan. Eligible students must be physically and actively attending classes on campus.

Students age 65 or over or online 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 Servicing Agent 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. 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 & EXPIRATION DATES**

Your coverage becomes effective on the later of: the Master Policy effective Date 08-01-2011; 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 College. All coverage expires on the earlier of: the Master Policy expiration date 07-31-2012, or when premium for the insurance coverage is due and unpaid.

#### **ENROLLMENT**

All degree seeking students are required to purchase this coverage unless proof of other comparable coverage is furnished. The premium for this coverage will be charged to the student's tuition billing.

#### **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 health 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.

#### **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 College or call the claims office. These benefits include Off-Label Prescription Drug Coverage for Cancer, and Dental Anesthesia and Hospital Benefits.

**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 100% of the PPO negotiated fee incurred for covered services received from a PPO provider or 90% of the Usual and Customary charges (U&C) incurred for covered services received from a non-PPO provider; or the PPO or non-PPO co-insurance amount and Benefit Limits scheduled below. Benefits are payable up to maximum benefit \$50,000 for each covered Injury or Sickness. Benefits will not be provided for services which are not listed in the Medical Benefit Schedule.

**PART A: BASIC INJURY OR SICKNESS BENEFITS ..... Each Injury and Sickness, subject to the following limits:**

HOSPITAL ROOM AND BOARD .....	PPO - \$600/day; U&C - \$540 per day
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, pathology, radiology) .....	80% PPO to \$4,000; 70% U&C to \$3,600
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient) .....	80% PPO to \$4,000; 70% U&C to \$3,600
SURGICAL TREATMENT (in or out of hospital—services performed by a licensed physician does not include assistant surgeon) .....	80%PPO to \$3,000 ; 70% U&C to \$2,700
ANESTHETIST .....	35% of Surgical Treatment Benefit
CONSULTANT PHYSICIAN (when requested by the attending physician) .....	PPO - \$150; U&C - \$135
PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid same day as surgery) .....	PPO - \$100/visit; U&C - \$90/visit; 1 visit/day, up to 30 visits
PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid same day as surgery, includes physical therapy, injections) .....	PPO - \$100/visit; U&C - \$90/visit; 1 visit/day, up to 5 visits
OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES AND HOSPITAL EMERGENCY ROOM (Outpatient, includes physician services) .....	Aggregate Limit PPO - \$1000;U&C - \$900; \$100 copay/visit for Emergency Room
CHEMOTHERAPY .....	Paid under Hospital Miscellaneous Inpatient
RADIATION THERAPY .....	Paid under Hospital Miscellaneous Inpatient
MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE TREATMENT .....	Inpatient - Same as any Sickness, up to 30 days per Policy Year Outpatient - 100% of 1st \$100, 80% of next \$100, 50% of next \$1,640; per Policy Year
AMBULANCE SERVICES (ground service only) .....	\$150
MATERNITY BENEFITS (conception must occur while coverage is in force) .....	Same as any Sickness
DENTAL TREATMENT (Injury Only—repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries) .....	\$500
MOTOR VEHICLE INJURY .....	Same as any Injury
OUTPATIENT PRESCRIPTION DRUGS (30 day supply/prescription; patient must pay, then submit a claim for payment) .....	\$10 copay/prescription, up to \$100 maximum

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

**PART B: 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 .....	\$10,000
Single Dismemberment/Loss of Eye .....	\$ 5,000
Double Dismemberment/Loss of Both Eyes .....	\$10,000

**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.

**CREDIT FOR PRIOR COVERAGE**

This plan provides portability of coverage as it relates to "pre-existing" health conditions:

- 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.
- 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 to the date 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.

**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 their 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; 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. 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; 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.
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. 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.
12. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
13. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered by the College's Student Accident and Sickness Insurance plan for a period of twelve (12) consecutive months.

### DEFINITIONS

**Copay** means a fee that is the Insured's responsibility each time a covered service is received.

**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 6 months immediately prior to Your Effective Date of coverage. Prior Creditable Coverage means coverage provided in the United States under any individual or group: health benefits plan, insurance policy or certificate, service contract or HMO contract, or any government health benefit plan.

**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.

#### **THIS PLAN UTILIZES A PREFERRED PROVIDER ORGANIZATION (PPO)**

Student Assurance Services, Inc. has contracted with First Health Network, a Preferred Provider Organization (PPO) to provide all insured by this plan with quality care at significantly reduced fees. In the Medical Benefits Schedule of this brochure, PPO benefits will be paid at the percentage shown for PPO negotiated fee when a First Health Network Provider is used, and at the percentage shown for Usual and Customary (U&C) Charges incurred when a non-PPO provider is used. Please confirm your provider is a member of the First Health Network prior to receiving services. Students traveling or temporarily residing outside the PPO service area will receive benefits at the PPO percentage for medical emergencies. A listing of participating providers is available by contacting First Health Network at: Toll Free 1-888-685-7774; or by visiting the website, [www.firsthealth.com](http://www.firsthealth.com).

#### **CLAIM PROCEDURE**

Secure a claim form from the MCC Business Office, the Plan Administrator website, [www.sas-mn.com](http://www.sas-mn.com) or the Servicing Agent. 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](http://www.sas-mn.com).

#### **TO APPLY FOR COVERAGE**

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

**MANHATTAN CHRISTIAN COLLEGE**  
**1415 ANDERSON AVE. • MANHATTAN, KS 66502**

Return your completed enrollment form to the above named office. Do not send it elsewhere. No refunds, except as provided in the Master Policy.

#### **HEALTH CARE REFORM**

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

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.