

Policy Form 9F147
CERTIFICATE OF COVERAGE

**ACCIDENT AND SICKNESS
INSURANCE**

A Non-Renewable Term Policy
For Students Attending

**MEDAILLE
COLLEGE**

2011 – 2012

Underwritten by



COLUMBIAN MUTUAL
LIFE INSURANCE COMPANY
HOME OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

SERVICING AGENT
David Harris
Niagara National Inc.
5001 Genesee Street
Buffalo, NY 14225
(800) 444-5530

Keep this certificate as a summary of your coverage - no individual policy will be issued - a master policy #31-67-0022-029-604-1 is issued to the College. The Master Policy contains the contract provisions and shall prevail in the event of a conflict between this certificate and the Master Policy. **PRIVACY POLICY:** You may obtain a detailed copy of Columbian Mutual's privacy policy by contacting Student Assurance Services, Inc. ("SAS") the Plan Administrator at (800) 328-2739, or by visiting our website www.sas-mn.com.

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 Mutual Life Insurance Company. Any questions about the policy should be directed to:

Niagara National Inc.
5001 Genesee Street, Buffalo, NY 14225
(800) 444-5530

ELIGIBILITY

All registered students taking 9 or more credit hours are eligible to enroll in the insurance plan. Students must be physically and actively attending classes on campus. Student athletes must enroll in the basic injury and sickness benefit of the insurance plan in order to purchase the optional intercollegiate sports coverage. Students age 65 or over, online 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 the College 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 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. Eligible dependent includes a child for whom the Insured is required to provide coverage by court or administrative order. Contact the Plan Administrator for further information.

EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the later of: the Master Policy effective date 08-15-2011; 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 Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date of 08-14-2012, or when premium for the insurance coverage is due and unpaid. Dependent coverage will not be effective prior to that of the student. Dependent coverage expires concurrently with that of the student.

CONTINUOUS COVERAGE

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 the Policy and pay the required premium within 63 days of the expiration date of the prior student health insurance policy. You will not be denied benefits under the Policy for a pre-existing condition or an injury or sickness covered under your prior student health insurance policy, unless under the Policy the injury or sickness expenses incurred are not considered a covered service, or benefits are limited by other provisions in the Policy. If the prior policy was with us, benefits will not be paid under the Policy if any applicable lifetime maximum has been exhausted.

CREDITABLE COVERAGE

In determining whether a pre-existing condition waiting period applies, the Policy shall credit the time you were covered under prior creditable coverage. The prior creditable coverage must be continuous to a date not more than sixty three (63) days prior to the enrollment date under the Policy. Periods of coverage under several prior health plans may be added together, provided there is no break in coverage 63 continuous days or more. If you were covered by more than one health plan, only one day of prior creditable coverage is credited for each day your dual coverage existed. You must show proof of prior creditable coverage by submitting a certificate or other satisfactory evidence of coverage. The pre-existing condition waiting period shall not exclude coverage in the case of:

- (a) an individual who, as of the last day of the thirty-day period beginning with the date of birth, is covered under prior creditable coverage; or
- (b) a child who is adopted or placed for adoption before attaining eighteen years of age and who, as of the last day of the thirty-day period beginning on the date of the adoption or placement for adoption, is covered under prior creditable coverage; or
- (c) The individual or dependent of the individual is eligible for a federal tax credit under the federal trade adjustment assistance reform act of 2002 and who has three months or more of prior creditable coverage.

Paragraphs (a) and (b) no longer apply to an individual after the end of the first sixty three (63) day period during all of which the individual was not covered under any prior creditable coverage.

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a physician, the Policy will provide benefits for covered services and while your coverage is in force for 80% of the usual and customary (U&C) charges incurred, up to scheduled benefit limits listed below. Benefit are payable up to a **maximum benefit of \$25,000 for each Injury or Sickness, after a \$100 deductible per person, per policy year.** Benefits will not be provided for services which are not listed in the Medical Benefits Schedule. Pre-existing conditions, experimental and investigational services, and elective surgery or treatment are not covered services.

BASIC INJURY OR SICKNESS BENEFITS Subject to the following Limits:

COVERED SERVICES

1. INPATIENT

- a. HOSPITAL ROOM AND BOARD AND HOSPITAL MISCELLANEOUS Semi-private room rate; up to \$950 per day
(Services and supplies including but not limited to: the cost of the operating room; laboratory tests; x-ray examinations; anesthesia; drugs - excluding take home drugs or medications; therapeutic therapy; and supplies)
- b. SURGICAL TREATMENT \$1,500
- c. ANESTHETIST 25% Surgical Treatment Benefit
- d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit per day; not paid same day as surgery) \$30 per visit
- e. PRE-ADMISSION TESTING (3 days prior to admission) Paid under 1.a.
- f. MATERNITY BENEFITS Same as any Sickness
- g. MENTAL AND NERVOUS DISORDERS Same as any Sickness; up to 30 days per policy year
- h. SUBSTANCE ABUSE Paid under 1.g.
- i. PHYSIOTHERAPY (When prescribed by the attending physician) Paid under 1.a.

2. OUTPATIENT

- a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS \$950
- b. SURGICAL TREATMENT \$1,500
- c. ANESTHETIST 25% Surgical Treatment Benefit
- d. OUTPATIENT MISCELLANEOUS SERVICES Aggregate maximum for 1-4; up to \$500
 - 1. PHYSICIAN'S NON-SURGICAL VISITS (1 visit per day; not paid same day as surgery; includes injections) Paid under 2.d.
 - 2. PHYSIOTHERAPY (When prescribed by the attending physician) Paid under 2.d.
 - 3. HOSPITAL EMERGENCY ROOM Paid under 2.d.
 - 4. DIAGNOSTIC, X-RAY, AND LAB SERVICES Paid under 2.d.
- e. MENTAL AND NERVOUS DISORDERS Same as any Sickness; up to 20 visits per policy year
- f. MATERNITY BENEFITS Same as any Sickness
- g. PRESCRIPTION DRUGS (30-day supply per prescription; includes contraceptives) 50% U&C; up to \$200 per policy year
- h. SUBSTANCE ABUSE Same as any Sickness; up to 60 visits per policy year

3. OTHER

- a. AMBULANCE SERVICES (Ground service) \$500
- b. CONSULTANT PHYSICIAN (When requested by the attending physician) \$100
- c. DENTAL TREATMENT (Injury to sound, natural teeth, includes x-rays, does not include biting or chewing injuries) \$200
- d. DURABLE MEDICAL EQUIPMENT \$200
- e. MOTOR VEHICLE INJURY Same as any Injury
- f. WELL BABY CARE Same as any Sickness; up to 48 hours for vaginal delivery; or 96 hours cesarean delivery
- g. OPTIONAL INTERCOLLEGIATE SPORT INJURY BENEFIT (Additional premium required) Same as any Injury, up to \$500

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

ACCIDENTAL DEATH AND DISMEMBERMENT

Occurring within 90 days from date of accident, pays in addition one of the following (the largest applicable amount):

Accidental Death	\$5,000
Single Dismemberment/Loss of Eye	\$2,500
Double Dismemberment/Loss of Both Eyes	\$5,000

PREMIUM

	<u>ANNUAL</u> <u>08-15-2011 to 08-14-2012</u>	<u>SPRING/SUMMER TERM</u> <u>01-01-2012 to 08-14-2012</u>	<u>SUMMER TERM</u> <u>05-15-2012 to 08-14-2012</u>
Student Only	\$ 625	\$ 398	\$ 166
Spouse	\$1,875	\$1,173	\$ 479
Each Child	\$1,250	\$ 785	\$ 323
*Optional Intercollegiate Sports	\$ 115 per athlete		

*Student athletes must be enrolled in the basic injury and sickness benefit of the insurance plan in order to purchase optional intercollegiate sports. Optional coverage will terminate when the accident and sickness insurance plan terminates.

MANDATED BENEFITS

Benefits mandated by the State of New York are made a part of the Policy. They include treatment for Outpatient Chemical Dependency, Alcoholism and Substance Abuse; Breast Reconstruction Surgery; Chiropractic Care; Diabetes; Off Label Drug; Breast Cancer Treatment; Screening for Cervical and Prostate Cancer; Mammography; Minimum Pregnancy Stays; Second Opinion; Prehospital Ambulance Emergency Services; Experimental or Investigational Treatments; Bone Mineral Density Tests; Drugs or Devices for Osteoporosis; Contraceptive Methods; Dental Treatment; TMJ Treatment; Cosmetic Surgery; Home Care; Enteral Formula; End of Life Care Coverage; Preadmission Tests; and Mental and Nervous Disorders. Benefits may be subject to deductibles, coinsurance, limitations, and exclusions of the Policy. A description of these Mandated Benefits can be found in the Master Policy on file at the College or call the Claim Office.

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 Mutual Life Insurance Company.**

Travel Assistance – The 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 the permanent residence, campus location, or in another country. International students are eligible for services on and away from campus. 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.

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, for such care or treatment due to Injury to sound natural teeth. This does not include dental care and treatment necessary due to congenital disease or anomaly.
3. Cosmetic surgery except reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
4. Motor vehicle Accidents, to the extent covered by another valid and collectible insurance policy, prepaid services contract, or similar plan, except as specifically provided in 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.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. Injury sustained while participating in the practice or play of inter-scholastic or intercollegiate sports, including the participation in any conditioning program for such sport, contest or competition, except as specifically provided in the Benefits Schedule.
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. 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.
10. Treatment of Mental and Nervous Disorders and Chemical Dependency, Alcoholism and Substance Abuse, except as specifically provided in the Benefits Schedule or per Mandated Benefits.
11. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
12. Pre-existing Conditions; not subject to Prior Creditable Coverage, and until continuously covered by the College's Student Accident and Sickness Insurance plan for a period of 12 consecutive months.
13. Rest cures, custodial care and transportation.

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 except when medically necessary to achieve symmetry following a mastectomy; sexual reassignment surgery; any services or supplies rendered for the purpose or with the intent of inducing conception; weight reduction or treatment of obesity; 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; cosmetic procedures; infertility; hypnotherapy; learning disabilities; acupuncture; treatment related to sleep disorders; growth hormone therapy; treatment for hair growth or baldness; and weight management services and supplies.

This does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.

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 a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the six (6) month period ending on the enrollment date. Pre-existing condition does not include:

- (a) Genetic information in the absence of a diagnosis of the condition related to such information, or
- (b) Congenital anomaly of a covered dependent child.

Pre-existing Condition Waiting Period means the twelve (12) month time period you must have continuous coverage in force under the Policy before a pre-existing condition is considered a loss. Except, the pre-existing condition waiting period for a pregnancy existing on the Enrollment Date is ten (10) months.

Refunds - A prorated premium refund, less an administration fee, will be made for the following situations if the Plan Administrator receives written notice and proof, including the date of occurrence that: a) the student has entered into full-time active-duty military service of any country; b) the student is a non-immigrant foreign national and has left the North American continent or c) the student withdraws from the College within 31 days of the 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. See Master Policy for a 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.

CLAIM PROCEDURE

Usually the healthcare provider will file all necessary bills on the insured's behalf. However some providers may require payment at the time the service is provided or may send the bill directly to the insured. In these instances, the insured should file a claim and send all itemized medical or hospital bills to Student Assurance Services, Inc. A company claim form is not required, unless the itemized billing statements do not provide sufficient information to process the claim. The insured can print a company claim form or complete an online form from the website. To obtain reimbursement for a prescription drug, the insured will need to pay for the prescription drug at the pharmacy and submit a copy of the drug label with a claim form 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 or as soon as reasonably possible.

TO ENROLL FOR COVERAGE

- 1) To enroll and pay by credit card, complete the online enrollment form located on the Student Assurance Services Inc. website www.sas-mn.com. The online form is located under "Find My School".
- 2) To enroll and pay by check or money order, complete the enrollment form or download and print an enrollment form from the website www.sas-mn.com. Complete the form and send it with your payment to:

**Student Assurance Services Inc.
P.O. Box 196, Stillwater, MN 55082.**

TO OBTAIN MORE INFORMATION

To check the status of your filed claim, ask questions regarding receipt of premium, or to verify coverage contact the claims office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday. Call Student Assurance Services, Inc. toll free at **(800) 328-2739** or refer questions on our website www.sas-mn.com.

HEALTH CARE REFORM

Columbian Mutual 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.

This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 70 percent. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with this policy.

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.