

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 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. 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 University'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 con-

dition 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 this 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 administrative 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.

PORTABILITY OF STUDENT COVERAGE

If you are covered by this Policy and transfer to a new school that maintains a student health insurance policy with us, You may (a) continue to pay the premium for the remainder of the Policy year under this Policy, or (b) enroll in the new school's Policy with us and pay the premium for the remainder of the Policy year within 31 days after you become eligible for coverage. If you choose to enroll in the new school's Policy with us, your premium may be adjusted. Contact the Plan Administrator for further information.

CLAIM PROCEDURE

Secure a claim form from the SAS, Inc. website, 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, or as soon as reasonably possible, from the date of Injury or Sickness.

To check on 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.

TO APPLY FOR COVERAGE

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

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.

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.

Policy Form 9F147

CERTIFICATE OF COVERAGE

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For Students Attending

NIAGARA UNIVERSITY

2010 - 2011

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 #31-67-0109-029-003-0 is issued to the University. 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 from your school by contacting Student Assurance Services, Inc. ("SAS") the Plan Administrator at (800) 328-2739, or visiting www.sas-mn.com.

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