

Policy Form 9F138B-CL

**CERTIFICATE OF COVERAGE  
ACCIDENT AND SICKNESS  
INSURANCE PLAN**

A Non-Renewable Term Policy  
For Students Attending



**WASHBURN**  
UNIVERSITY™

*Topeka, Kansas 66621*

**2011-2012**

Administered by



[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 8126  
Wichita, Kansas 67208-0126  
Phone (316) 686-3373  
or (800) 245-0486

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W-107KS

*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 the 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 8126 Wichita, KS 67208-0126  
Phone (316) 686-3373 or (800) 245-0486*

#### **ELIGIBILITY**

All domestic undergraduate students taking 5 or more credit hours and graduate students pursuing a graduate degree are eligible to enroll in the insurance plan on a voluntary basis. Students taking computer online courses are eligible provided the student is progressing to a degree offered by the University.

All International students and scholars holding a F-1 or J-1 visa are eligible to enroll in the plan. International students are automatically enrolled in the plan at registration, unless proof of other comparable coverage is submitted and approved for waiver by the Office of International Programs. Scholars may enroll by contacting the Office of International Programs.

Students must be physically and actively attending classes on campus to enroll in the plan. Students age 65 or over, or students taking distance learning, home study, correspondence, or television courses are not eligible to enroll in the plan. Coverage will become invalid for students who leave the University 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 23 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 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 University or Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-14-2012, or when premium for the insurance coverage is due and unpaid.

#### **ENROLLMENT PERIOD - LATE ENROLLMENT**

Eligible students and dependents may enroll in the plan by the Annual or Fall enrollment period deadline date of **10-13-2011**. We do not accept enrollment forms and premium payments postmarked by the US Postal Service after **10-13-2011**, unless you qualify as a new student or for late enrollment. If you are a new student entering the University after **10-13-2011**, you must enroll no later than 30 days from the first day of the term of coverage for which you are enrolling. To qualify for late enrollment, you must submit an enrollment form and premium payment no later than 30 days after the qualifying event of involuntary loss of coverage under another health plan, marriage or birth/adoption of child. Contact the Servicing Agent for enrollment information and partial year rates.

#### **CONTINUOUS COVERAGE**

If an insured 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 the Policy for an injury or sickness which was the basis of a covered claim under the prior policy. The student must be enrolled in the 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.

#### **PORTABILITY OF COVERAGE**

Insureds who are covered by the 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.

#### **GRACE PERIOD**

Insureds that purchase quarterly coverage will have a 31 day grace period between quarters. If the premium is not paid within the 31 day period, at the end of the coverage period, coverage will lapse, and a new effective date will start upon receipt of the new premium.

#### **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 preferred provider is used, and at the percentage shown for usual and customary (U&C) charges incurred when a non-preferred 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 benefit level 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).

#### **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.

**MEDICAL BENEFITS SCHEDULE**

When your covered Injury or Sickness requires treatment by a physician or hospital, the Policy provides benefits for 100% of PPO negotiated fee 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 U&C co-insurance and benefit limits scheduled below. Benefits are payable up to maximum benefit of **\$75,000 for each covered Injury or Sickness**. Eligible Expenses are subject to **\$250 deductible per policy year, per person**. Benefits will not be provided for a service which is not listed in the Medical Benefits Schedule.

**PART A: BASIC INJURY BENEFITS ..... \$75,000 Maximum/Each Injury, subject to the following limits:**  
 HOSPITAL ROOM AND BOARD ..... PPO - \$750 per day; U&C - \$675 per day  
 DENTAL TREATMENT (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 per prescription) ..... \$400; after \$20 copay per drug  
 ALL OTHER COVERED SERVICES (Covered services are those listed in PART B) ..... 80% PPO; 70% U&C

**PART B: BASIC SICKNESS BENEFITS ..... \$75,000 Maximum/Each Sickness, subject to the following limits:**  
 HOSPITAL ROOM AND BOARD ..... PPO - \$750 per day; U&C - \$675 per day  
 HOSPITAL MISCELLANEOUS INPATIENT (For x-ray examination, laboratory tests, anesthesia,  
 operating room, medications, dressings, pathology, and radiation) ..... 80% PPO; 70% U&C  
 HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (In lieu of Inpatient) ..... 80% PPO; 70% U&C  
 SURGICAL TREATMENT (In or out of hospital-services performed by  
 a licensed physician. Does not include Assistant Surgeon) ..... 80% PPO; 70% U&C  
 ANESTHETIST ..... 35% 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 - \$50 per visit; U&C - \$45 per visit; 1 visit per day; up to 30 visits  
 PHYSICIAN'S NONSURGICAL VISITS (Outpatient; not paid same day as surgery; includes injections)  
 ..... PPO - \$50 per visit; U&C - \$45 per visit; 1 visit per day; up to 5 visits  
 OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES AND ..... Aggregate Limit: PPO - \$650; U&C - \$585;  
 HOSPITAL EMERGENCY ROOM (OUTPATIENT) AND ..... \$50 copay per visit for Emergency Room  
 CHEMOTHERAPY AND RADIATION THERAPY  
 MENTAL AND NERVOUS DISORDERS AND ..... 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 per Policy Year  
 AMBULANCE SERVICES (Ground service only) ..... \$500  
 MATERNITY BENEFITS ..... Same as any Sickness  
 OUTPATIENT PRESCRIPTION DRUGS (30-day supply per prescription, patient  
 pays for drug then submits claim for payment) ..... \$400; after \$20 copay per drug  
 WELLNESS BENEFIT (Routine check-up, pap smear, immunizations;  
 deductible is waived) ..... \$150 per Policy Year

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

**PART C: ACCIDENTAL DEATH AND DISMEMBERMENT**  
 Occurring within 180 days from the 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

**PART D: PREMIUMS**  
**Domestic students** - 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.  
**International students and scholars** - premium information can be obtained from the Office of International Programs.

**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.

**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 the 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), except as specifically provided in the Benefits Schedule. 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 until continuously insured by this plan alone or by it and the University's prior student health insurance plan for at least 6 consecutive months.

## DEFINITIONS

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

**Deductible** means an amount subtracted from eligible expenses, for the policy year, 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 FAIR Health, Inc. for such services or supplies.

#### CLAIM PROCEDURE

Secure a claim form from the University Student Health Service, the Servicing Agent, or from the Plan Administrator website [www.sas-mn.com](http://www.sas-mn.com). 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**

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

**International students (holding a F-1 and J-1 visa)** are automatically enrolled and premium billed to tuition fees. Scholars and student's enrolling dependents may contact the Washburn University International Programs Office.

**Domestic students** may either complete the **online enrollment form located on the Student Assurance Services, Inc. website: [www.sas-mn.com](http://www.sas-mn.com)**. The online form is available on the website under "Find My School."

Or

Complete the enrollment form and return it with your credit card information or a check payable to:

**STUDENT ASSURANCE SERVICES, INC.**  
**P.O. Box 196 • Stillwater, MN 55082**

Questions regarding the receipt of premium or verification of coverage under this insurance plan may be answered by contacting Servicing Agent or Student Assurance Services, Inc. at: **Toll Free 1-800-328-2739; or [www.sas-mn.com](http://www.sas-mn.com)**.

#### HEALTH CARE REFORM

Columbian 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.

Keep this certificate as your summary of coverage - no individual policy will be issued - a master policy #15-64-0107-012-644-1 is issued to the University. 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, by contacting the Plan Administrator at (800) 328-2739, or by visiting our website [www.sas-mn.com](http://www.sas-mn.com).