

Policy Form 9F138-CL

**ACCIDENT AND SICKNESS
INSURANCE PLAN**

**A Non-Renewable Term Policy
For Students Attending**

**INDIANA
WESLEYAN
UNIVERSITY
2010-2011**

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:



**ASSOCIATED
INSURANCE PLANS**
INTERNATIONAL, INC.

28085 Ashley Circle, Suite 201
Libertyville, IL 60048-9658
Phone: (800) 452-5772
Fax: (847) 281-8813

Email: office@aipstudentinsurance.com
Website: www.IWUInsurance.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 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. Participating in this plan is voluntary; however, we encourage you to review your personal situation to determine if you need coverage.

For assistance and questions about Insurance Benefits, ID cards, or problems contact:
Associated Insurance Plans International, Inc.
Post Office Box 189
Libertyville, Illinois 60048
Phone: (800) 452-5772
Email: office@aipstudentinsurance.com
website: www.IWUinsurance.com

ELIGIBILITY

All registered students are eligible to enroll in this insurance plan. Eligible students must be physically and actively attending classes on campus. On-line students 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 school 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 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. Coverage for Sickness or Injury of a newborn child will become effective at birth if the company is notified and the proper premium is paid within 31 days of birth.

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 (08-25-2010); 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 Servicing Agent. All coverage expires on the earlier of: 08-24-2011; or when payment for your Accident and Sickness coverage is due and unpaid.

ENROLLMENT PERIOD

Eligible students and dependents may enroll in the plan prior to the enrollment period deadline date for each term of coverage listed: **Annual and Fall 10-12-2010; Spring 02-28-2011; Summer 06-15-2011**

If we receive premium payment after the Effective Date of coverage for the term for which you are enrolling, your coverage becomes effective 12:01 a.m. following the date the proper premium is received by the Servicing Agent. We do not accept enrollment forms and premium payments postmarked by the US Postal Service after the enrollment period deadline date, unless you qualify for late enrollment. To qualify for late enrollment, you must submit an enrollment form and premium payment no later than 31 days after the qualifying event of involuntary loss of coverage under another health plan, marriage or birth/adoption of child. Call (800) 452-5772 or email office@aipstudentinsurance.com for enrollment information and partial year rates.

ADDITIONAL PROGRAMS
(These programs are not underwritten by Columbian Life Insurance Company)

SCHOLASTIC EMERGENCY SERVICES, INC.
(TRAVEL ASSISTANCE)

Students who enroll and maintain medical coverage in this health plan are eligible for services provided by Scholastic Emergency Services, Inc. (SES) and administered by assist america. This program provides 24-hour assistance services whenever the student is traveling more than 100 miles away from home, school, or abroad.

All assistance services must be arranged and provided by SES; no claims will be accepted for assistance services provided by any other provider or company.

Note: This program does not replace medical insurance. All claims for medical expenses should be submitted to Student Assurance Services Inc. for consideration.

This program meets or exceeds the requirements of USIA for International Students and Scholars. The following services are provided:

1. Medical Consultation and Evaluation. Your call to the Alarm Center is evaluated by medical staff and referred to the appropriate provider.
2. Hospital Admission Guarantee - outside the U.S.A.
3. Emergency Evacuation. If adequate medical facilities are not available, whatever mode of transportation equipment and personnel necessary will be used to evacuate you or your family member to the nearest facility capable of providing proper care.
4. Critical Care Monitoring. Scholastic Emergency Services will stay in regular communication with the attending physician and/or hospital and relay information to your family.
5. Medically Supervised Repatriation. If you or your dependent is ready to be discharged from the hospital but is still in need of medical assistance, you will be repatriated to a rehabilitation facility or home, and if necessary will be provided a medical or non-medical escort.
6. Dispatch of Prescription Drugs. If you or a dependent forgets or loses a medication, a replacement will be arranged. If the medication is not available locally, the medicine will be dispatched when possible and legally permissible.
7. Transportation to Join Patient. If you are traveling alone and will be hospitalized for more than 7 days, transportation to the place of hospitalization will be provided for a designated family member or friend.
8. Care for Minor Children. If a minor child is left unattended as a result of an accident or illness, one-way transportation (with attendant if necessary) will be provided to the place of residence.
9. Return of Mortal Remains. In case of death, transport and reasonable assistance in legal formalities will be provided for the return of mortal remains.
10. Legal Referrals. Referrals for interpreters or legal personnel are available.

An ID card and a detailed brochure describing the program will be mailed to students when enrollment and premium payment has been received for the student health plan.

ASK MAYO CLINIC

Students and eligible dependents who enroll and maintain medical coverage in this health plan, have access to a 24-hour nurse line administered through the Mayo Foundation. This program provides:

- Phone-based, reliable health information in response to health concerns and questions; and
- Assistance with decisions on the appropriate level of care for a Sickness or Injury. Appropriate care may include self-care at home, a call to a Physician, or visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. Ask Mayo Clinic does not answer health plan benefits questions. Health benefit questions should be referred to Student Assurance Services, Inc.

MEDICAL BENEFITS SCHEDULE - UP TO \$25,000 MAXIMUM EACH INJURY OR SICKNESS

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 benefit limits scheduled below. This policy will allow benefits only for expenses not covered by Other Medical Coverage. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY BENEFITS \$2,000 Maximum/Each Injury, after a \$100 deductible and the following limits:

DENTAL TREATMENT (repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries) U&C, up to \$500
MOTOR VEHICLE INJURY Same as any Injury, up to \$2,000
PHYSICAL THERAPIST \$25 per visit, one visit/day
OUTPATIENT PRESCRIPTION DRUGS U&C, up to \$250
ALL OTHER COVERED SERVICES (covered services are those listed under PART B) U&C

PART B: BASIC SICKNESS BENEFITS \$2,000 Maximum/Each Sickness, subject to following limits:

HOSPITAL ROOM AND BOARD Semi-private room rate
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, radiology, pathology) U&C
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient) U&C
SURGICAL TREATMENT (in or out of hospital - services performed by a licensed physician) 80% of U&C, up to \$1,000
ANESTHETIST AND/OR ASSISTANT SURGEON 25% of Surgical Treatment
PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid day of surgery) \$50/visit, 1 visit/day
PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid day of surgery, includes physical therapy, injections) \$50 per visit, 1 visit/day
HOSPITAL EMERGENCY ROOM (Outpatient) \$50 copay/visit (unless admitted), 80% of U&C, up to \$750
OUTPATIENT DIAGNOSTIC X-RAYS AND LAB SERVICES 80% of U&C, up to \$700
AMBULANCE SERVICES (ground service only) U&C, up to \$400
MATERNITY BENEFITS Same as any Sickness
MENTAL AND NERVOUS DISORDERS AND/OR SUBSTANCE ABUSE Inpatient: Same as any Sickness
Outpatient: \$50 per visit; 1 visit per day; up to 10 visits
OUTPATIENT PRESCRIPTION DRUGS \$20 copay per Brand Drug if Generic Drug is available; up to \$250
CHEMOTHERAPY, RADIATION THERAPY, DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC APPLIANCES Paid under Major Medical

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 \$25,000 Maximum Benefit Each Injury or Sickness

After the Company has paid \$2,000 under PART A or B, and the Insured has paid \$500 Major Medical deductible, the Company will then pay 80% of the Usual and Customary Charges incurred for covered services listed under the Basic Benefits up to a Maximum Benefit of \$25,000 for each Injury or Sickness. This maximum includes benefits paid under PART A or B, and C. No benefits are payable for Substance Abuse or Dental Treatment.

PART D: 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 \$1,000
Single Dismemberment \$1,000
Double Dismemberment \$2,000

PREMIUMS

For premium rates and coverage periods, refer to the Enrollment Form, or visit the website at www.IWUInsurance.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.

BENEFITS MANDATED BY THE STATE OF INDIANA

This policy will pay benefits for state mandated benefits in accordance with any applicable Indiana law. Benefits may be subject to policy deductibles, coinsurance, limitations or exclusions. Description of these state mandated benefits can be found in the Master Policy on internet site: www.IWUInsurance.com. Students may also refer any questions to the claim administrator, Student Assurance Services, Inc. at 800-328-2739 or on website www.sas-mn.com.

CREDIT FOR PRIOR COVERAGE

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

- a) 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 had continuous coverage for twelve (12) months under this policy.
- b) If you were covered by Prior Creditable Coverage, the pre-existing condition 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 of 63 days or more 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.

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.

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 dental treatment made necessary by injury to natural teeth. Coverage for dental treatment for a newborn shall include, but not be limited to, treatment (including orthodontic and oral surgery) for the management of birth defects known as cleft lip and cleft palate.
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 accidents, to the extent covered by another valid and collectible insurance policy, prepaid services contract, or similar plan. The Motor Vehicle Injury Benefit limit is shown on 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. 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 University's Student Accident & Sickness Insurance Plan for twelve (12) 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 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 6 month 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 Ingenix for such services or supplies.

CLAIM PROCEDURE

Secure a claim form from the Servicing Agent website, www.IWUInsurance.com, or from the SAS, Inc. website, 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 55082-0196

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

TO ENROLL FOR COVERAGE

Students have two options to enroll for coverage:

OPTION 1 - Enroll Online – Credit Card payment only
Students can complete an online Enrollment Form on the website www.IWUInsurance.com.

OPTION 2 – Mail Enrollment Form and Payment

1. Students can download and print an Enrollment Form on the website www.IWUInsurance.com.
2. Print all information legibly and indicate the coverage and options you desire.
3. Enclose your check payable to Student Health Insurance, or complete all credit card information.
4. Send the form and payment to Student Insurance Plan, Associated Insurance Plans International, Inc. P.O. Box 189, Libertyville, IL 60048.

Note: If you are not paying premium for the entire year, to avoid a lapse in coverage your premium payment must be received within 31 days after the date your coverage expires for the term of coverage you have selected. A premium due notice will be mailed at the address provided, however it is your responsibility to make timely premium payments regardless of whether or not you receive a premium due notice. Call (800) 452-5772 or email office@aipstudentinsurance.com for payment terms and information.

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 brochure as your summary of coverage — no individual policy will be issued — a master policy #13-64-0077-016-610-0 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 University, by contacting SAS, Inc. at (800) 328-2739, or visiting www.sas-mn.com.

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.

INDIANA WESLEYAN UNIVERSITY • 2010-2011 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

To apply for insurance coverage, either complete this Enrollment Form or enroll on-line at: www.IWUInsurance.com. If purchasing dependent coverage, complete dependent information below.

Student's Name _____ Soc. Sec. # _____
 (Please Print) (Last) (First) (MI)

Address _____ Student ID# _____
 (Street) (City) (State) (Zip)

Undergraduate Graduate International Phone# _____ Birthdate _____ email: _____
 MM/DD/YY

Enclosed is my check or money order, payable to Student Insurance Plan, in the amount of \$ _____. Mail to: Associated Insurance Plans International, Inc., PO Box 189, Libertyville, IL 60048

Please charge \$ _____ to the following credit card: VISA® MasterCard® or Discover® Card Expiration Date _____
 Credit Card Number _____ Security Code (on back of card, 3 digits) _____ (Month) (Year) _____
 _____ - _____
Credit card billing will state: "Student Insurance Plan"

Cardholder Name/Cardholder Signature _____ Date _____ / _____ / _____
 (Phone No.) MM DD YY

Cardholder Address _____
 (Street) (City) (State) (Zip)

PREMIUMS

	<u>Annual</u> 08-25-2010 to 08-24-2011	<u>*Fall</u> 08-25-2010 to 12-31-2010	<u>*Spring</u> 01-01-2011 to 04-30-2011	<u>*Summer</u> 05-01-2011 to 08-24-2011
Student Only	\$ 815.00	\$ 308.00	\$ 288.00	\$ 279.00
Spouse	\$2,853.00	\$1,028.00	\$ 958.00	\$ 927.00
Each Child	\$2,038.00	\$ 740.00	\$ 690.00	\$ 668.00

*A \$10 administrative fee has been added to all student rates, except Annual.

Coverage becomes effective on the later of the Policy Effective Date (08-25-2010); 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 Servicing Agent. All coverage expires on the earlier of: 08-24-2011, or when payment for your Accident and Sickness coverage 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. Any refund will be subject to \$25 administrative fee.

This plan has an Enrollment Period, refer to the online brochure that accompanies this Enrollment Form.

DEPENDENT INFORMATION

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

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

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

Student Signature _____ Date _____ / _____ / _____
 MM DD YY