

Policy Form 9F138-CL

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For Students Attending

GRAND VIEW 
UNIVERSITY

Des Moines, IA 50316

2010 - 2011

Administered by



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

Form No. 3484-CL-10-IA

V-571A

**GRAND VIEW UNIVERSITY
STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

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. Students may choose to enroll in this Insurance plan or not enroll, whichever they or their parents deem best. That choice may be communicated on the University website under Student Health Insurance.

Any questions about the policy should be directed to:

*Student Assurance Services, Inc.
P.O. Box 3126, Lawrence, KS 66046-0126
Phone: (800) 520-9909.*

ELIGIBILITY

All students are eligible to enroll in the plan. Students must be physically and actively attending classes on campus to enroll in this plan. 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.

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 (08-15-2010) or (08-06-2010 for Intercollegiate Sports); 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. Accident and Sickness coverage expires on 08-14-2011, or when payment is due and unpaid. Optional Intercollegiate Sports coverage expires on the earlier of: 08-05-2011, or when payment for your Accident and Sickness coverage expires.

TO APPLY FOR COVERAGE

You can 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 55082-0196

OR

You can enroll online at the Student Assurance Services, Inc. website: www.sas-mn.com. The online form is available under School Look-up.

Return your completed Enrollment Form to the above named office. Do not send it elsewhere. No refunds are made except as provided for in the Master Policy.

ENROLLMENT PERIODS

Eligible students and dependents may enroll in the plan by the following deadline dates: **Annual and Fall deadline date 10-04-2010; 2nd Semester deadline Date 02-07-2011.**

Enrollment forms and premium payments received after the deadline date will not be accepted, unless you qualify for late enrollment. If premium payment is received 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 Student Health Service or Plan Administrator. 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.

MEDICAL BENEFITS SCHEDULE

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. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule or listed as "Additional Benefits" elsewhere in the brochure.

<p>PART A: BASIC INJURY BENEFITS \$5,000 Maximum/Each Injury, subject to following limits:</p> <p>HOSPITAL ROOM AND BOARD \$350/day PHYSICAL THERAPIST \$25/visit, 1 visit/day, up to 10 visits OUTPATIENT PRESCRIPTION DRUGS \$100 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 up to \$1,000 ALL OTHER COVERED SERVICES (covered services are those listed under PART B) 80% U&C</p>
<p>PART B: BASIC SICKNESS BENEFITS \$5,000 Maximum/Each Sickness, subject to following limits:</p> <p>HOSPITAL ROOM AND BOARD \$350/day HOSPITAL INTENSIVE CARE \$700/day HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, pathology, radiology) 80% up to \$2,000 HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient) 80% up to \$2,000 SURGICAL TREATMENT (in or out of hospital—services performed by a licensed physician, includes assistant surgeon) 80% U&C, up to \$1,000 ANESTHETIST 20% of Surgical Treatment PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid day of surgery, includes consultant physician) \$50/visit, 1 visit/day PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid day of surgery, includes physical therapy, injections, consultant physician) \$50/visit, 1 visit/day, up to 5 visits OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES \$400 HOSPITAL EMERGENCY ROOM (Outpatient) \$200 CHEMOTHERAPY Paid under Major Medical RADIATION THERAPY Paid under Major Medical MENTAL AND NERVOUS DISORDERS / SUBSTANCE ABUSE TREATMENT Same as any Sickness AMBULANCE SERVICES (ground service only) \$250 ORTHOPEDIC APPLIANCES Paid under Major Medical OUTPATIENT PRESCRIPTION DRUGS \$100 MATERNITY BENEFITS (conception must occur while coverage is in force) Same as any Sickness</p> <p>For specific costs and further details of coverage, including exclusions, reductions or limitations, contact your Servicing Agent or write the Plan Administrator.</p>
<p>PART C: MAJOR MEDICAL BENEFITS \$50,000 Maximum Benefit/Each Injury or Each Sickness After the Company has paid \$5,000 under the Basic Injury or Sickness Benefits (PART A or B), the Company will then pay 80% of the Usual and Customary Charges incurred during the Benefit Period up to a maximum of \$50,000 for each Injury or Sickness. This maximum includes benefits paid under PART A or B and PART C. No Benefits are payable for Mental or Nervous Disorders, Substance Abuse, Motor Vehicle Injuries, Dental Treatment, or Intercollegiate Sports Injuries.</p>
<p>PART D: OPTIONAL INTERCOLLEGIATE SPORTS (Additional premium required) Students who enroll in the Accident and Sickness plan have the option to purchase one of the following Optional Intercollegiate Sports Injury benefits. Students must purchase this benefit when first eligible to enroll in the plan: Plan A: Benefits are paid the same as any Injury, up to Maximum of \$500 Plan B: Benefits are paid the same as any injury, up to Maximum of \$2,500 The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.</p>
<p>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 to view or print an Enrollment Form.</p> <p>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.</p>
<p align="center">ADDITIONAL PROGRAMS</p> <p>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. Scholastic Emergency Services, Inc. – This program provides protection while you travel. The program is administered by assist america. It provides 24 hour assistance whenever you are traveling more than 100 miles away from home or school. 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.</p>

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 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, 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. 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.

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; 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 Ingenix for such services or supplies.

CLAIM PROCEDURE

Secure a claim form from the Health Service Office, from the Servicing Agent, or 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 from the date of Injury or Sickness.

In the event it becomes necessary 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

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.

ADDITIONAL BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Iowa law. Benefits may be subject to Policy deductibles, coinsurance, limitations and exclusions. Description of these Additional Benefits can be found in the Master Policy on file at the University or call the claims office. These Mandated Benefits include: Diabetes Supplies and Self-Management Benefits; Mammography; Minimum Maternity Benefits; Anesthesia And Hospital Benefits For Dental Care; and Prescription Contraceptives.

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 #14-64-0057-200-670-0 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 school, 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.