

CONTINUOUS COVERAGE

If an insured person was covered to the Expiration Date of the prior student health 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 insurance policy.

ADDITIONAL BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Texas law. Benefits may be subject to deductibles, coinsurance, limitations, and exclusions of the Policy. Description of these Additional Benefits can be found in the Master Policy on file at the University or call the Claim Office. They include Cognitive Therapy; Breast Reconstruction Surgery; Prescription Contraceptive Drug Benefit; TMJ; Breast Cancer Inpatient Care; Telemedicine Services; Well Child Care and Immunizations; Prostate Exam and Testing; Colorectal Screening; Craniofacial Reconstructive Surgery; Diabetes Equipment and Supplies and Self-Management; and Off-Label Prescription Drugs.

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
Double Dismemberment \$1,000
Single Dismemberment \$ 500

INSURANCE CONTINUATION AND EXTENSION

A six-month Continuation of insurance coverage or a 90-day Extension of Coverage for hospital confinement is available on the Insured's expiration date of coverage. The Insured must satisfy all eligibility requirements. Refer to the Master Policy for details.

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. It does not include cosmetic surgery made necessary by Injury.
4. 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, unless optional coverage for care and treatment of loss or impairment of speech or hearing is elected.
5. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
6. 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.
7. 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.
8. Routine newborn baby care, well baby nursery and related Physician charges, except as specifically provided by state mandated benefits.
9. 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.

10. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
11. Pre-existing Conditions.

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; sexual reassignment surgery; any services or supplies rendered for the purpose or with the intent of inducing conception; 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.

Medically Necessary means those Covered Services provided or prescribed by a Hospital or Physician which are: (a) consistent with the symptoms and diagnosis or treatment of Sickness or Injury, (b) in accord with standards of generally accepted medical practice, (c) not primarily for the convenience of You or Your Physician, and (d) the most appropriate supply or level of service which can safely be provided to You.

Pre-Existing Condition means any condition for which medical advice or treatment was received or recommended 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 50th percentile of the most current survey published by Ingenix for such services or supplies.

CLAIM PROCEDURE

Secure a claim form from the Student Health Center or from the SAS, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels and receipts, and send 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.

STUDENT ASSURANCE SERVICES, INC. P.O. Box 196 • Stillwater, MN 55082-0196

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 Toll Free: **1-800-328-2739**. The Student Assurance Services, Inc. website is: www.sas-mn.com

STUDENT HEALTH SERVICES (SHS)

In the event of an Injury or Sickness, students should report to the SHS or infirmary for treatment, prior to seeking medical care outside. SHS can administer treatment or issue a referral to a PPO provider. A SHS referral is not necessary for the following conditions: medical emergencies, when the SHS is closed, when the service is rendered at another facility during break or vacation period, or maternity. **Note: SHS is not affiliated with Columbian Life Insurance Company.**

PREFERRED PROVIDER ORGANIZATION

SAS, Inc. has contracted with **Beech Street**, a Preferred Provider Organization 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 of the PPO Allowable Charges when a Beech Street Provider is used, and at the percentage shown of the Usual and Customary (U&C) Charges incurred when a non-Beech Street provider is used. See Master Policy for more details.

A listing of participating providers is available by contacting Beech Street at: Toll Free 1-800- 937-2277; or visiting their website, www.beechstreet.com.

TO APPLY FOR DEPENDENT OR OPTIONAL COVERAGE

Dependents of international students and Health Professional Students seeking Needle Stick insurance coverage may complete an online enrollment form and purchase coverage by credit card on the SAS, Inc. website: www.sas-mn.com.

Dependents or students wishing to purchase the insurance plan by check or money order may download an enrollment form at www.sas-mn.com and send a completed enrollment form and check or money order for the proper premium to Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082.

The above office is authorized to accept and process your completed Enrollment Form. Do not send it elsewhere.

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

Keep this certificate as your summary of coverage - no individual policy will be issued. Master Policy 42-64-0012-024-606-9 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 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.

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For International Students Attending



San Antonio, Texas

2009-2010

Administered by



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

Paul Fisher
PINNACLE STUDENT INSURANCE
25 Overlook Circle
New Braunfels, TX 78132
(877) 626-0360

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 Injury or Sickness including those which occur off campus and during interim vacations.

Any questions about the policy should be directed to:
 Paul Fisher
 PINNACLE STUDENT INSURANCE
 25 Overlook Circle • New Braunfels, TX 78132
 (877) 626-0360

ELIGIBILITY

All registered international students taking credit hours are eligible to enroll in the plan. Students are automatically enrolled at registration and the premium for coverage is added to the tuition billing. 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 Servicing Agent 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 or as permitted under the Enrollment Period, and must enroll for the same coverage as the student. Eligible dependents means the insured Student's legal spouse and unmarried children (as defined in the Master Policy) under 25 years old (older if physically or mentally incapable of self-sustaining support). 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

Coverage becomes effective on the later of: the Policy Effective Date (08-01-2009); the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date proper premium is received by the Plan Administrator or University. All coverage expires on 07-31-2010, or when payment is due and unpaid.

ENROLLMENT

Eligible students and dependents may enroll in the plan no later than 30 days from the first date of the Fall or Mini Fall term of coverage. Enrollment forms and premium payments postmarked by the US Postal Service after the 30th day will not be accepted, unless you qualify as a new student or for late enrollment. If you are a new student entering the University after Fall term, you must enroll no later than 30 days from the first day of the term of coverage for which you are enrolling. 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 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, the Policy will provide benefits while your coverage is in force up to a **Lifetime Maximum Benefit of \$150,000** for each Injury or Sickness. The Policy will provide benefits at the scheduled percentage below for the PPO Allowable Charge when a PPO provider is used, and at the scheduled percentage below for the Usual and Customary Charges (U&C) when a non-PPO provider is used, up to the Covered Services Benefit Limits. **Basic Benefits are payable after a \$50 deductible for each Injury or Sickness.** The deductible is waived when first treated at or referred by Student Health Service. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY AND SICKNESS BENEFITS	\$5,000 Maximum Benefit, after a \$50 Deductible, Each Injury or Sickness	
COVERED SERVICES	PPO BENEFIT LIMITS	NON-PPO BENEFIT LIMITS
I. INPATIENT		
a. HOSPITAL ROOM AND BOARD (semi-private room rate)	90% of PPO Allowable, up to \$500/day	80% of U&C, up to \$500/day
b. HOSPITAL INTENSIVE CARE (including 24 hour nursing care, in lieu of 1.a.)	90% of PPO Allowable, up to \$1,000/day	80% of U&C, up to \$1,000/day
c. HOSPITAL MISCELLANEOUS INPATIENT (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; supplies)	90% of PPO Allowable	80% of U&C
d. SURGICAL TREATMENT (does not include assistant surgeon)	90% of PPO Allowable	80% of U&C
e. PHYSIOTHERAPY (when prescribed by attending physician)	Paid under I. c.	Paid under I. c.
f. ANESTHETIST	90% of PPO Allowable	80% of U&C
g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	90% of PPO Allowable	80% of U&C
h. MATERNITY BENEFITS	Same as any Sickness	Same as any Sickness
i. MENTAL AND NERVOUS DISORDERS	Same as any Sickness	Same as any Sickness
j. SUBSTANCE ABUSE	Same as any Sickness	Same as any Sickness
k. MOTOR VEHICLE INJURY	Same as any Injury	Same as any Injury
l. PRIVATE DUTY NURSE	90% of PPO Allowable	80% of U&C
II. OUTPATIENT		
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS	90% of PPO Allowable	80% of U&C
b. SURGICAL TREATMENT (does not include assistant surgeon)	90% of PPO Allowable	80% of U&C
c. ANESTHETIST	90% of PPO Allowable	80% of U&C
d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	\$15 copay/visit - SEE Note a. or 90% of PPO Allowable	80% of U&C
e. PHYSIOTHERAPY (when prescribed by attending physician)	90% of PPO Allowable	80% of U&C
f. DIAGNOSTIC X-RAY AND LAB SERVICES	90% of PPO Allowable	80% of U&C
g. HOSPITAL EMERGENCY ROOM	90% of PPO Allowable	80% of U&C
h. MATERNITY BENEFITS	Same as any Sickness	Same as any Sickness
i. MENTAL AND NERVOUS DISORDERS	Same as any Sickness, up to \$500/Policy Year	Same as any Sickness, up to \$500/Policy Year
j. SUBSTANCE ABUSE	Paid under II.i.	Paid under II.i.
k. PRESCRIPTION DRUGS (30 day supply/prescription)	50% of U&C	50% of U&C
l. MOTOR VEHICLE INJURY	Same as any Injury	Same as any Injury
m. OUTPATIENT CHEMOTHERAPY AND RADIATION THERAPY	90% of PPO Allowable	80% of U&C
n. SHOTS AND INJECTIONS (when performed in emergency room or physician office)	90% of PPO Allowable	80% of U&C
o. MISCELLANEOUS TESTS (in lieu of all other benefits)	90% of PPO Allowable	80% of U&C
III. OTHER		
a. AMBULANCE SERVICES (Professional Ground Service)	\$500	\$500
b. CONSULTANT PHYSICIAN (when requested by the attending physician)	90% of PPO Allowable	80% of U&C
c. DENTAL TREATMENT (Injury to sound, natural teeth, includes X-rays, does not include biting or chewing injuries)	90% of PPO Allowable	80% of U&C
d. BRACES AND ORTHOPEDIC APPLIANCES (when prescribed, replacements not covered)	90% of PPO Allowable	80% of U&C
e. THERAPEUTIC ABORTION	\$500/Policy Year	\$500/Policy Year
f. INTERCOLLEGIATE SPORTS	Same as any Injury	Same as any Injury
g. ACCIDENTAL NEEDLE STICK BENEFIT	U&C, up to \$1,500	U&C, up to \$1,500

Note a. the physician visit Copay only applies for treatment provided by Almo Heights Minor Emergency Clinic. This provider has an arrangement with the University to provide services at a discount from the fees normally charged by the clinic. Benefits for covered services provided by Alamo Heights Minor Emergency Clinic are paid up to maximum \$150, after copay. Note: This clinic is not affiliated with Columbian Life Insurance Company.

PART B: MAJOR MEDICAL BENEFITS **\$150,000 Lifetime Maximum Benefit for Each Injury or Sickness**
 After the Company has paid \$5,000 under PART A, the Company will then pay 100% of PPO allowable charges for PPO services, or 80% of the Usual and Customary Charges incurred for non-PPO covered services, up to a Maximum Benefit of \$150,000 for each Injury or Sickness. This Maximum Benefit includes all benefits paid under PART A and PART B. No benefits are payable for Room and Board charges in excess of semi-private room rate; Mental and Nervous Disorders and Substance Abuse in excess of \$10,000/Policy Year; Dental Treatment; Motor Vehicle Injuries in excess of \$10,000/Policy Year; or Intercollegiate Sports Injuries.

PART C: 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.

REFUNDS - A prorated premium refund will be made for the following situations only; if the Plan Administrator receives a written notice, including the date of occurrence that: 1) the Insured has entered into full-time active-duty military service of any country; 2) the Insured is a non-immigrant Foreign National and has permanently left the North American continent; or 3) the student withdraws from the School within 31 days of their effective date of coverage. Refunds are subject to a \$25.00 administrative fee.

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.**
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.