

### 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 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 more than 63 days 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.

### 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.

### 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; or abortion. 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. 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.
7. 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.
8. 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.
9. Routine newborn baby care, well baby nursery and related Physician charges, except as specifically provided by state mandated benefits.

10. 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.
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 Credit for Prior Coverage, until continuously covered under University Student Accident and Sickness Insurance Plan for a period of 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; 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.

**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 75th 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 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](http://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

Physicians and hospitals affiliated with **Beech Street**, a Preferred Provider Organization, have contracted with SAS, Inc., 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](http://www.beechstreet.com).**

### TO APPLY FOR DEPENDENT COVERAGE

Complete the Enrollment Form and return it with your check made payable to: Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082-0196.

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 42-64-0011-024-606-6 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 school, by contacting SAS, Inc. at (800) 328-2739, or visiting [www.sas-mn.com](http://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.**

Policy Form 9F138-CL

## ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy  
For Students Attending



San Antonio, Texas

# 2006-2007

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

Paul Fisher  
PINNACLE STUDENT INSURANCE  
1017 Larkspur Dr.  
New Braunfels, TX 78130  
(830) 626-0360

3645-CL-06-TX

R-11TX

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  
1017 Larkspur Drive • New Braunfels, TX 78130  
(830) 626-0360

**ELIGIBILITY**

All registered students taking credit hours are eligible to enroll in the 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 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 (08-01-2006); 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. All coverage expires on 07-31-2007, or when payment is due and unpaid.

**ENROLLMENT**

Eligible students will be automatically enrolled in this plan. The insurance premium for Student only coverage will be added to their tuition and fees, unless the student furnishes evidence of comparable insurance coverage to the University. Eligible students and their dependents may enroll in the plan:

- a) between 08-01-2006 and 09-01-2006; or
- b) within 30 days from the 1st day of the term of coverage for a new student entering the University, after the enrollment period in a); or
- c) within 30 days after involuntary loss of coverage under another plan, marriage, or birth or adoption of child.

If you do not enroll by 09-01-2006, any requests for insurance enrollment throughout the remainder of the year will not be accepted, unless you qualify for late enrollment under b) or c) above. Contact the Plan Administrator for partial year rates. Enrollment in this insurance program is limited to the dates and conditions stipulated above.

**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

**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.

**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 **Maximum Benefit of \$15,000 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. 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 Each Injury & Sickness**

COVERED SERVICES .....	PPOBENEFITLIMITS .....	NON-PPOBENEFITLIMITS .....
<b>I. INPATIENT</b>		
a. HOSPITAL ROOM AND BOARD (including general nursing care) .....	Semi-private room rate, up to \$325/day .....	Semi-private room rate, up to \$293/day .....
b. HOSPITAL INTENSIVE CARE (including 24 hour nursing care) .....	Paid under I.a. ....	Paid under I.a. ....
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) .....	80% of PPO Allowable .....	70% of U&C .....
d. SURGICAL TREATMENT (does not include Assistant Surgeon) .....	100% of PPO Allowable, up to \$1,000 .....	90% of U&C, up to \$900 .....
e. PHYSIOTHERAPY (when prescribed by attending physician) .....	Paid under I. c. ....	Paid under I. c. ....
f. ANESTHETIST .....	25% of Surgical Treatment .....	25% of Surgical Treatment .....
g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) .....	\$50/day, up to \$750 .....	\$50/day, up to \$675 .....
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. PRE-ADMISSION TESTING (within 7 days of admission) .....	Paid under I. c. ....	Paid under I. c. ....
<b>II. OUTPATIENT</b>		
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS .....	80% of PPO Allowable, up to \$2,000 .....	70% of U&C, up to \$1,800 .....
b. SURGICAL TREATMENT (does not include Assistant Surgeon) .....	100% of PPO Allowable, up to \$1,000 .....	90% of U&C, up to \$900 .....
c. ANESTHETIST .....	25% of Surgical Treatment .....	25% of Surgical Treatment .....
d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery; does not include physical therapy; <b>1st sickness visit not covered</b> , Student Health Service physician is considered 1st sickness visit when student is referred to another physician) .....	<b>\$15 copay/visit - SEE Note a.</b> Injury: \$50/visit, up to \$250 Sickness: \$50/visit, up to \$500 .....	Injury: \$50/visit, up to \$225 Sickness: \$50/visit, up to \$450 .....
e. HOSPITAL EMERGENCY ROOM AND DIAGNOSTIC X-RAY, AND LAB SERVICES (Includes charges for necessary lab tests ordered by the Student Health Service) .....	80% of PPO Allowable, up to \$1,000 .....	70% of U&C, up to \$900 .....
f. MATERNITY BENEFITS .....	Same as any Sickness .....	Same as any Sickness .....
g. MENTAL AND NERVOUS DISORDERS .....	Same as any Sickness .....	Same as any Sickness .....
h. SUBSTANCE ABUSE .....	Same as any Sickness .....	Same as any Sickness .....
i. PRESCRIPTION DRUGS (30 day supply/prescription) .....	\$25 copay, up to \$250/Policy Year .....	\$25 copay, up to \$225/Policy Year .....
j. MOTOR VEHICLE INJURY .....	Same as any Injury .....	Same as any Injury .....
<b>III. OTHER</b>		
a. AMBULANCE SERVICES (Professional Ground Service) .....	\$500 .....	\$450 .....
b. CONSULTANT PHYSICIAN (when requested by the attending physician) .....	\$50 .....	\$45 .....
c. DENTAL TREATMENT (Injury to sound, natural teeth, Includes X-rays, does not include biting or chewing injuries) .....	\$200/Tooth, up to \$1,000 .....	\$200/Tooth, up to \$900 .....
d. 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 Alamo City Medical Group, Alamo Heights Clinic, or Nix Hospital Riverwalk. These providers have an arrangement with the University to provide services at a discount from the fees normally charged by the clinic. Note: These clinics are not affiliated with Columbian Life Insurance Company.

**PART B: MAJOR MEDICAL BENEFITS ..... \$15,000 Maximum Benefit for Each Injury and Sickness**

After the Company has paid \$5,000 under PART A, the Company will then pay 80% of PPO allowable charges for PPO services, or 70% of the Usual and Customary Charges incurred for non-PPO covered services, up to a Maximum Benefit of \$15,000. This Maximum Benefit includes all benefits paid under PART A and PART B. No benefits are payable for Motor Vehicle Injuries; Mental and Nervous Disorders; Substance Abuse; Dental Treatment; or Room and Board charges in excess of semi-private room rate.

**PART C: OPTIONAL CATASTROPHIC MEDICAL BENEFITS (Additional Premium Required) ..... \$250,000 Lifetime Maximum Benefit Each Injury or Each Sickness**

After the Company has paid \$15,000 under the Major Medical Benefits (Part B), the Company will then pay 100% of PPO allowable charge for PPO covered services, or 90% of the Usual and Customary Charge incurred for non-PPO covered services, up to a Lifetime Maximum Benefit of \$250,000. This maximum includes benefits paid under Part A and B, and Part C. No Benefits are payable for Mental and Nervous Disorders; Substance Abuse; Dental Treatment; Motor Vehicle Injuries; or Room and Board charges in excess of semi-private room rate.

**PART D: 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](http://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.**

**Travel Assistance Program** (Additional Premium Required) – 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. To enroll contact the Servicing Agent.

**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 or question, 24 hours a day, 7 days a week.