

Policy Form 9F149G-CL

**CERTIFICATE OF COVERAGE**  
**BLANKET ACCIDENT AND**  
**SICKNESS INSURANCE**  
A Non-Renewable Term Policy  
For Students Attending

**DELGADO**  
**COMMUNITY**  
**COLLEGE**

**2011-2012**

Administered by



Underwritten by



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 196  
Stillwater, MN 55082  
Phone (800) 328-2739

9F150G-CL

W-194LA

*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. Any questions about the policy should be directed to:* Student Assurance Services, Inc.  
P.O. Box 196, Stillwater, MN 55082-0196  
Phone toll-free (800) 328-2739

#### **ELIGIBILITY**

All full-time students registered for 3 or more semester credit hours and attending on-campus classes are eligible to enroll in the plan. Students age 65 or over, online 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. Eligible dependents are the spouse residing with the Insured Student, and unmarried children and grandchildren under twenty-four years of age who are not self-supporting and reside with the Insured Student. Newborn children will be covered at birth for a sickness or injury until 31 days old or until well enough to be discharged from the hospital, if the Plan Administrator is notified within 30 days of birth and receives proper premium.

#### **TO APPLY FOR COVERAGE**

Students may enroll by completing the Enrollment Form and making your check or money order payable to Student Assurance Services, Inc. Return both to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196

#### **DEPENDENT ENROLLMENT**

Dependents must enroll in the plan when the student first enrolls and must enroll for the same coverage as the student. Requests for dependent insurance enrollment throughout the remainder of the Plan Year will not be accepted, unless made no later than 30 days from the qualifying event of: marriage, adoption or birth of a Dependent; or involuntary loss of other coverage which was in effect for the student and/or dependents when they were first eligible for this plan.

#### **EFFECTIVE AND EXPIRATION DATES**

Your coverage becomes effective on the later of: the Master Policy effective date 08-19-2011; 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 Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-18-2012, or when premium for the insurance coverage is due and unpaid.

#### **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, the policy will not cover Pre-Existing Conditions until you have been continuously covered for 12 months under the Policy.
- b) If you were covered by Prior Creditable Coverage, the Pre-Existing Conditions 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 or more days.
- c) If you were a student covered by a similar policy offered by the College in the school term immediately prior to the Effective Date of this policy, you will not experience a break in coverage provided you apply for coverage and pay the required premium within 31 days of the expiration date of the prior student insurance policy.

**MEDICAL BENEFITS SCHEDULE**

**PART A: BASIC INJURY AND SICKNESS BENEFITS:**

When your covered Injury or Sickness requires treatment by a Physician or Hospital, eligible expenses will be payable for 52 weeks after the date of Injury or after the date of the first treatment of a Sickness. Covered Expenses are paid up to a **Basic Maximum Benefit of \$2,500 for each Injury or Sickness**. Benefits for covered Injury or Sickness expenses are paid for the Usual and Customary Charges (U&C) incurred up to the Benefit Limits listed below. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

<b>COVERED SERVICES</b>	<b>INJURY BENEFIT LIMITS</b>	<b>SICKNESS BENEFIT LIMITS</b>
<b>I. INPATIENT</b>		
a. HOSPITAL ROOM AND BOARD .....	Semi-private room rate .....	Semi-private room rate
b. 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; physiotherapy) .....	U&C .....	\$1,000
c. SURGICAL TREATMENT (does not include Assistant Surgeon) .....	U&C .....	\$1,200
d. ANESTHESIA .....	U&C .....	20% of Surgical Treatment Benefit
e. REGISTERED NURSE (when medically necessary) .....	Paid under I.b. ....	Paid under I.b.
f. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) .....	U&C .....	U&C
g. MATERNITY BENEFITS .....	No Benefit .....	Same as any Sickness
h. MENTAL AND NERVOUS DISORDERS .....	No Benefit .....	Same as any Sickness
<b>II. OUTPATIENT</b>		
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS .....	U&C .....	\$1,000
b. SURGICAL TREATMENT (does not include assistant surgeon) .....	U&C .....	\$1,200
c. ANESTHESIA .....	U&C .....	20% of Surgical Treatment Benefit
d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) .....	U&C .....	\$20/visit; starts on 3rd visit, up to 15 visits
e. PHYSIOTHERAPY (1 visit/ day) .....	Paid under II.d. ....	Paid under II.d.
f. HOSPITAL EMERGENCY ROOM .....	U&C .....	\$75; after \$25 copay/visit
g. DIAGNOSTIC X-RAY, AND LAB SERVICES .....	U&C .....	\$60; after \$25 deductible
h. MATERNITY BENEFITS .....	No Benefit .....	Same as any Sickness
i. MENTAL AND NERVOUS DISORDERS .....	No Benefit .....	Same as any Sickness
<b>III. OTHER</b>		
a. AMBULANCE SERVICES (Professional Ground Service) .....	U&C .....	\$150
b. CONSULTANT PHYSICIAN (when requested by the attending physician) .....	No Benefit .....	\$60; after \$25 copay/visit
c. DENTAL TREATMENT (Injury to sound, natural teeth, Includes X-rays, does not include biting or chewing injuries) .....	\$500/Tooth .....	Not Applicable
d. MOTOR VEHICLE INJURY .....	Same as any Injury .....	Not Applicable

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

**PART B: SUPPLEMENTAL MEDICAL BENEFITS** ..... **\$15,000 Maximum Each Injury or Each Sickness**  
 After the Company has paid \$2,500 under the Basic Benefits (PART A), the Company will then pay 80% of the Usual and Customary Charges incurred up to a Maximum Benefit of \$15,000. This maximum includes benefits paid under Basic and Supplemental Medical Benefits. No benefits are payable under this provision for Dental Treatment.

**PART C: ADDITIONAL BENEFITS**

The plan will pay benefits for the items below in accordance with any applicable Louisiana 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 College or call the Claim Office. Additional benefits include: Cleft Lip and Cleft Palate Coverage; Pap Test and Mammography Coverage; Transliterator Services Coverage; Child Immunization Coverage; AD/HD Coverage; Prostate Screening Coverage; Osteoporosis Coverage; Diabetic Care Coverage; Dental Care Hospital Coverage; Clinical Trials Coverage; Severe Mental Illness Coverage; Surgical Center Coverage; Ambulance Coverage; Off-Label Prescription Drug Coverage; and Breast Reconstruction Coverage.

**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 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); 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; Injury occurring while an Insured is operating a motor vehicle without a valid USA state motor vehicle operator's license. 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; Orthopedic Appliances; Durable Medical Equipment.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. Prescription Drugs; Contraceptive Drugs and Devices; Growth Hormone therapy; Patient Controlled Anesthesia.
8. 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.
9. Intentional self-inflicted Injuries, including drug overdose, unless such Injury results from a medical condition, mental or nervous or substance abuse disorder, or an act of domestic violence; Loss incurred while committing or attempting to commit a felony; or Loss due to voluntary participation in a riot or civil disturbance.
10. Routine newborn baby care, well baby nursery and related Physician's charges.
11. 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.
12. Substance Abuse; treatment related to Nicotine Addiction or Smoking Cessation.
13. Use of any services or supplies which are experimental and/or not in accord with generally accepted standards of medical practice; all other organ transplants and related services.
14. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
15. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered under the School's Accident and Sickness plan for a period of twelve (12) consecutive months.
16. Weight management services and supplies related to weight reduction programs, weight management programs, and related nutritional supplies; Treatment of obesity; Surgery for the removal of excess skin or fat, for weight reduction or treatment of obesity.

## 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. 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 3 months immediately prior to Your Effective Date of coverage.

**Pre-Existing Conditions Waiting Period** means the time period You must have continuous coverage in force under this Policy before a Pre-Existing Condition is considered a Loss.

**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. 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 FAIR Health for such services or supplies.

#### CLAIM PROCEDURE

Complete or print a claim form from the Student Assurance Services, Inc. website [www.sas-mn.com](http://www.sas-mn.com). Fill in the necessary information, send all itemized doctor and hospital bills, prescription drug labels, 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).

#### Genetic Disclosure Notice

This plan does not require an applicant to submit to genetic testing, answer questions related to genetic information, or obtain genetic information from an insured without their written consent. Genetic information or testing is also not used to:

- a) Terminate, restrict, limit, or otherwise apply conditions to coverage or restrict a sale.
- b) Cancel or refuse to renew coverage.
- c) Deny coverage or exclude an applicant from coverage.
- d) Impose a rider that excludes coverage for certain benefits.
- e) Establish differentials in premium rates or cost sharing for coverage.
- f) Otherwise discriminate against the applicant.

#### 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 #17-64-0194-100-610-1 is issued to the College. 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 from your school, by contacting SAS, Inc. at (800) 328-2739, or by visiting our website [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.**