

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), except as specifically provided in the Benefits Schedule. Elective Surgery and Elective Treatment; or abortion. It does not include cosmetic surgery made necessary by Injury.
4. Motor Vehicle Accident, to the extent benefits are payable under any medical expense payment provision (by whatever terminology used – including such benefits mandated by law) of any automobile policy.
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 which arises out of or in the course of any employment for wage or profit to the extent the Insured is covered or is required to be covered by the Workers' Compensation law. If the Insured enters into a settlement giving up his right to recover future medical benefits under a Workers' Compensation law, the Policy will not pay those medical benefits that would have been payable in the absence of that settlement.
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 until continuously insured by this plan alone or by it and the University's prior student health insurance plan for at least 6 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 the Policy Year, 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 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 University Student Health Service, 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

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 APPLY FOR COVERAGE

International students are automatically enrolled and premium billed to tuition fees.

All domestic students and International students who wish to enroll for dependent coverage, should complete the **online Enrollment Form located on the Student Assurance Services, Inc. website: www.sas-mn.com**. The online form is available on the website under School Look-up.

Or

Complete the Enrollment form and return it with your credit card information or a check payable to:

STUDENT ASSURANCE SERVICES, INC.
P.O. Box 8126 • Wichita, KS 67208-0126

Questions regarding the receipt of premium or verification of coverage under this insurance plan may be answered by contacting Servicing Agent or Student Assurance Services, Inc. at: **Toll Free 1-800-328-2739; or www.sas-mn.com**

Keep this certificate as your summary of coverage - no individual policy will be issued - a master policy #15-64-0107-012-644-9 is issued to the University. 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 University, by contacting SAS, Inc. at (800) 328-2739, or visiting www.sas-mn.com.

Policy Form 9F138B-CL

CERTIFICATE OF COVERAGE ACCIDENT AND SICKNESS INSURANCE PLAN

A Non-Renewable Term Policy
For Students Attending



Topeka, Kansas 66621

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
Student Assurance Services, Inc.
P.O. Box 8126
Wichita, Kansas 67208-0126
Phone (316) 686-3373
or (800) 245-0486

9F141B-CL

U-107KS

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 the 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 8126
 Wichita, KS 67208-0126
 Phone (316) 686-3373 or (800) 245-0486*

ELIGIBILITY

All undergraduate students taking 5 or more credit hours; graduate students pursuing a graduate degree; and visiting scholars are eligible to enroll in this insurance plan. International students are required to purchase this insurance plan, and are automatically enrolled at registration and the premium for student coverage added to the tuition billing. Students taking computer online courses are eligible provided the student is progressing to a degree offered by the University. Students must be physically and actively attending classes on campus to enroll in this plan. Students taking distance learning, 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 insurance plan may secure family coverage. Dependents must enroll when the student first enrolls, and must enroll for the same coverage as the student. Eligible dependents are the spouse residing with the Insured Student, and unmarried children under 23 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 (08-15-2009); 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 or Plan Administrator. All coverage expires on 08-14-2010, or when payment is due and unpaid.

ENROLLMENT PERIOD

Eligible students and dependents may enroll in the plan by the Annual or Fall enrollment period deadline date of **10-13-2009**. We do not accept enrollment forms and premium payments postmarked by the US Postal Service after **10-13-2009**, unless you qualify as a new student or for late enrollment. If you are a new student entering the University after **10-13-2009**, 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.

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.

PORTABILITY OF COVERAGE

Insured persons who are covered by this policy until: (a) they are enrolled in another institution; or (b) the Policy Expiration Date, will not experience a break in coverage if the other institution maintains a master policy with Columbian Life. Enrollment in the other institution's policy and initial premium payment must occur: (a) within 31 days after becoming eligible for coverage; and (b) no more than 45 days after the Policy Expiration Date.

GRACE PERIOD

Insureds that purchase quarterly coverage will have a 31 day grace period between quarters. If the premium is not paid within the 31 day period, at the end of the coverage period, coverage will lapse, and a new effective date will start upon receipt of the new premium.

THIS PLAN UTILIZES A PREFERRED PROVIDER ORGANIZATION (PPO)

Student Assurance Services has contracted with Preferred Health Care, Inc. of Kansas, a preferred provider discount for services rendered at hospitals that participate in the Preferred Health Care network. To take advantage of this discount in your area, **please use the services of a Preferred Health Care hospital.** Note that the PPO allowance applies only to services covered under the Policy. A directory listing these participating hospitals may be obtained at the University Business Office, or by visiting the Preferred Health Care website: www.phsystems.com.

MANDATED BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Kansas law. Benefits may be subject to Policy deductibles, coinsurance, limitations, and exclusions. Description of these Mandated Benefits can be found in the Master Policy on file at the University or call the claims office. These benefits include Off-Label Prescription Drug Coverage for Cancer, and Dental Anesthesia and Hospital Benefits.

MEDICAL BENEFITS SCHEDULE

This Policy provides benefits for the Usual and Customary charges (U&C), when your covered Injury or Sickness requires treatment by a Physician. If you require treatment in a hospital, this Policy provides benefits for the PPO allowable charge as scheduled below for covered services provided by a PPO hospital, or the U&C charges incurred as scheduled below for covered services provided in a non-PPO hospital. **Eligible Expenses are subject to \$250 deductible per Policy Year, per Person.** Benefits will not be provided for a service which is not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY BENEFITS	\$50,000 Maximum/Each Injury, subject to the following limits:
HOSPITAL ROOM AND BOARD	PPO \$500/day; non- PPO \$450/day
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
OUTPATIENT PRESCRIPTION DRUGS (30 day supply/ prescription)	\$20 copay/Prescription; up to \$250
ALL OTHER COVERED SERVICES (covered services are those listed in PART B)	80% of U&C

PART B: BASIC SICKNESS BENEFITS	\$50,000 Maximum/Each Sickness, subject to the following limits:
HOSPITAL ROOM AND BOARD	PPO \$500/day; non- PPO \$450/day
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, pathology, and radiation)	80% of PPO Allowable or 70% of U&C
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient)	80% of PPO Allowable or 70% of U&C
SURGICAL TREATMENT (in or out of hospital-services performed by a licensed physician. Does not include Assistant Surgeon)	80% of U&C
ANESTHETIST	35% of Surgical Treatment
CONSULTANT PHYSICIAN (when requested by the attending physician)	\$150
PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid day of surgery)	\$50/visit, 1 visit/day, up to 30 visits
PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid day of surgery, includes injections)	\$50/visit, 1 visit/day, up to 5 visits
OUTPATIENT DIAGNOSTIC, X-RAY AND LAB SERVICES AND HOSPITAL EMERGENCY ROOM (OUTPATIENT) AND CHEMOTHERAPY AND RADIATION THERAPY	Aggregate Limit to \$650; \$50 copay/visit for Emergency Room
MENTAL AND NERVOUS DISORDERS/ } { Inpatient - Same as any Sickness, up to 30 days per Policy Year	
SUBSTANCE ABUSE TREATMENT } { Outpatient - 100% of 1st \$100, 80% of next \$100, 50% of next \$1,640/year	
AMBULANCE SERVICES (ground service only)	\$150
MATERNITY BENEFITS (conception must occur while coverage is in force)	Same as any Sickness
OUTPATIENT PRESCRIPTION DRUGS (30 day supply/prescription, patient pays for drug then submits claim for payment)	\$20 copay/Prescription; up to \$250
WELLNESS BENEFIT (routine check-up, pap smear, immunizations; deductible is waived)	\$150 per Policy Year

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

PART C: ACCIDENTAL DEATH AND DISMEMBERMENT	
Occurring within 180 days from the date of accident, pays in addition one of the following (the largest applicable amount):	
Accidental Death	\$10,000
Single Dismemberment/Loss of Eye	\$5,000
Double Dismemberment/Loss of Both Eyes	\$10,000

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 to view or print an Enrollment Form.
International students can obtain premium information from the Washburn University International Programs Office.

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.

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.