

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. Intentional self-inflicted injuries; Loss incurred while committing or attempting to commit a felony; or Loss due to voluntary participation in a riot or civil disturbance.
8. Routine newborn baby care, well baby nursery and related Physician's charges.
9. 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.
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, until continuously covered by the University's Student Accident and Sickness plan for 12 consecutive months.

DEFINITIONS

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; 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 In-

jury 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. **This limitation may cause the Insured to incur additional out-of-pocket expenses.**

CLAIM PROCEDURE

Secure a claim form from the School Health Service or the Servicing Agent, Rice Insurance Agency, Inc. (800-658-3677), or from the SAS, Inc. website, www.sas-mn.com, 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.

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 at: **(800) 328-2739**. The Student Assurance Service, Inc. website is: www.sas-mn.com

TO ENROLL

The University requires that all students be enrolled in the plan unless the University's Waiver Form is returned to the Student Services Office at registration.

Keep this brochure as your summary of coverage - no individual policy will be issued - a master policy #40-64-0141-015-613-9 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.

Policy Form 9F138-CL

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For Students Attending

Dakota Wesleyan University

1200 West University Ave.
Mitchell, SD 57301

2009 - 2010

Administered by



STUDENT
ASSURANCE
SERVICES
INCORPORATED

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

John M. Rice, CSA, LUTCF
RICE INSURANCE AGENCY, INC.
2011 W. 26th St., Suite 202
Sioux Falls, SD 57105
Phone (605) 334-6800
Toll Free (800) 658-3677

Form No. 3479-CL-09-SD

U-141SD

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:

John M. Rice CSA, LUTCF, Rice Insurance Agency, Inc.
2011 W. 26th St., Suite 202, Sioux Falls, SD 57105
Toll Free (800) 658-3677 or (605) 334-6800

ELIGIBILITY

All students carrying six or more credit hours 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.

All full-time Students will be billed for the Student Accident and Sickness Insurance Plan, unless they provide evidence of comparable coverage. The Waiver Form must be returned to the Student Services Office at registration.

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 08-23-2009 (or 08-01-2009 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 Student Services Office or Servicing Agent. Accident and Sickness coverage expires on 08-22-2010, or when payment is due and unpaid. Optional Intercollegiate Sports coverage expires on the earlier of: 07-31-2010, or when payment for your Accident and Sickness coverage expires.

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 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.

INTERCOLLEGIATE SPORTS COVERAGE

The University purchases a separate additional accidental injury policy for students during participation in intercollegiate athletics. The policy is in excess of all other insurance and it contains a \$1,000 deductible and Maximum Benefit of \$25,000. Optional additional coverage with a lower deductible is available for student purchase - see Part D of the Medical Benefits Schedule.

MEDICAL BENEFITS SCHEDULE - UP TO MAXIMUM OF \$50,000 EACH INJURY OR SICKNESS

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 benefit limits listed below. This policy will allow benefits only for expenses not covered by Other Medical Coverage. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

<p>PART A: BASIC INJURY BENEFITS \$5,000 Maximum/Each Injury, after a \$100 deductible and subject to the following limits:</p> <p>DENTAL TREATMENT (repair and/or replacement of sound teeth, does not include biting or chewing injuries) \$200 MOTOR VEHICLE INJURY Same as any Injury, up to \$2,500 ALL OTHER COVERED SERVICES (covered services are those listed under PART B) 80% of U&C</p>
<p>PART B: BASIC SICKNESS BENEFITS \$5,000 Maximum/Each Sickness, after a \$100 deductible and subject to the following limits:</p> <p>HOSPITAL ROOM AND BOARD \$350/day HOSPITAL INTENSIVE CARE \$350/day HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, radiology, pathology) \$1,500 HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient) \$1,500 SURGICAL TREATMENT (in or out of hospital-services performed by a licensed physician, includes assistant surgeon) \$1,500 ANESTHETIST 20% of Surgical Treatment PHYSICIAN'S NON-SURGICAL VISITS (Inpatient, not paid day of surgery) \$65/visit, 1 visit/day PHYSICIAN'S NON-SURGICAL VISITS (Outpatient, not paid day of surgery) \$65/visit, 1 visit/day, starts 2nd visit, unless student has SHS referral, up to 30 visits OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES AND HOSPITAL EMERGENCY ROOM Aggregate limit \$750 CHEMOTHERAPY Paid under Major Medical RADIATION THERAPY Paid under Major Medical AMBULANCE SERVICES (ground service only) \$500 ORTHOPEDIC APPLIANCES Paid Under Major Medical MENTAL AND NERVOUS DISORDERS/ SUBSTANCE ABUSE TREATMENT Same as any Sickness OUTPATIENT PRESCRIPTION DRUGS 80% of U&C, up to \$400 MATERNITY BENEFITS (conception must occur while coverage is in force) Same as any Sickness For specific costs and further details of the coverage, including exclusions, reductions or limitations, contact the Servicing Agent or write the Plan Administrator.</p>
<p>PART C: MAJOR MEDICAL BENEFITS \$50,000 Maximum Benefit for Each Injury or Sickness</p> <p>After the Company has paid the Maximum Benefit Limit of \$5,000 under the Basic Benefits (PART A or PART B), and the insured has paid a \$500 Major Medical deductible, the Company will then pay 80% of the Usual and Customary Charges as listed under the Basic Benefits up to the Maximum Benefit 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 under this provision for: Mental and Nervous Disorders and Substance Abuse; Dental Treatment; Motor Vehicle Injuries; or Intercollegiate Sports Injuries.</p>
<p>PART D: OPTIONAL INTERCOLLEGIATE SPORTS (Additional Premium Required) Same as any Injury, after a \$100 deductible, up to Maximum of \$1,000/Policy Year</p>
<p>PART E: ACCIDENTAL DEATH AND DISMEMBERMENT</p> <p>Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount):</p> <p>Accidental Death \$1,000 Single Dismemberment/Loss of Eye \$1,000 Double Dismemberment/Loss of Both Eyes \$5,000</p>
<p>PREMIUMS</p> <p>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>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.</p> <p>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.</p> <p>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>