

CONTINUATION PRIVILEGE

If a student no longer meets the plan eligibility requirements, he or she may continue coverage. For qualifications and cost, please contact the Plan Administrator.

TRAVEL ASSISTANCE PROGRAM

Each Insured Student and his/her enrolled Dependents are eligible for travel assistance services when traveling 100 miles or more away from both their home and campus addresses. Services provided include:

- Emergency Evacuation
- Medically Supervised Repatriation
- Return of Mortal Remains
- Medical Consultation and Evaluation
- Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Medication Dispatching
- Emergency Message Transmission
- Family/Friend Transportation

Medical Evacuation and Repatriation have been combined into the Travel Assistance Program. The Plan Administrator will provide you with a separate identification (I.D.) card and brochure that further explains the benefits of this program. **Note: The Travel Assistance program is not insurance. It is not connected with or provided by Columbian Life Insurance Company.**

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 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. Prescription Drugs, except as specifically provided in the Benefits Schedule.
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; 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. Treatment of Mental and Nervous Disorders and Substance Abuse, except as specifically provided in the Benefits Schedule.
13. 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.
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 by the School's Student Accident & Sickness Insurance plan for 12 consecutive months.

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 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.

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 80th percentile of the most current survey published by Ingenix for such services or supplies.

CLAIM PROCEDURE

Secure a claim form from the Servicing Agent or from the Student Assurance Services, Inc. website, www.sas-mn.com, fill in the necessary information, attach all itemized doctor and hospital bills and send to Student Assurance Services.

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

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. Preferred Health Care, Inc. has contracted with 135 hospitals in Kansas including Via Christi facilities. A directory listing these participating hospitals may be obtained from the Servicing Agent or by visiting Preferred Health Care website at www.phsystems.com.

Benefits will be payable as shown in the Medical Benefits Schedule for hospital services provided by a Preferred Health Care network hospital. Benefits will be reduced for services provided by a non-Preferred Health Care network hospital.

Emergency medical treatment received from a hospital 50 miles or more from the network area will be paid at the network level.

ADDITIONAL DISCOUNTED SERVICES

SAS, Inc. has contracted with the Wichita Clinic to provide services for Wichita State University Students at a discount from the fees normally charged by this facility. NOTE: Wichita Clinic is not affiliated with Columbian Life Insurance Company.

TO APPLY FOR COVERAGE

Complete the Enrollment Form and return it with your check made 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 Student Assurance Services, Inc. at:

Toll Free 1-800-328-2739; or www.sas-mn.com

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. A Master Policy 15-64-0100-012-620-4 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.

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 9F138B-CL

CERTIFICATE OF COVERAGE

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy For Students Attending WICHITA STATE UNIVERSITY

2004-2005

Administered by



**STUDENT
ASSURANCE
SERVICES**
INCORPORATED

www.sas-mn.com
College Division

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, KS 67208-0126
(800) 245-0486

9F141B-CL

P-100KS

Dear Student/Scholar:
 The Student Government Association 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:
 Student Assurance Services, Inc.
 P.O. Box 8126 • Wichita, KS 67208-0126
 (800) 245-0486 or (316) 686-3373

ELIGIBILITY

All undergraduate students taking 6 or more credit hours, all graduate students pursuing a graduate degree and international students are eligible to enroll in this plan. International students will be automatically enrolled in the plan at registration and the premium will be added to their tuition account, unless evidence of comparable coverage is provided. Participation for all other students is voluntary. Students must be physically and actively attending classes on campus to enroll in this plan. On-line students or distance learning students taking only home study, correspondence, or television courses are not eligible to enroll in the plan. Eligible students who are enrolled in this plan may enroll their eligible dependents in the plan. **Dependents must enroll in the plan when the insured first enrolls in the plan or within 30 days of entering the U.S.** Eligible dependents are any of the following persons: the insured spouse; and unmarried dependent children under twenty-three years of age who are not self-supporting and reside with the insured.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective on the later of: the Policy Effective Date (08-01-2004); 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. All coverage expires on 07-31-2005, or when payment is due and unpaid.

ENROLLMENT PERIOD

- Students and dependents may enroll in the plan:
- a) between 08-01-2004 and 10-01-2004; or
 - b) within 45 days of becoming a new student entering the University after the enrollment period stated in a) above; 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 10-01-2004, AND YOU QUALIFY FOR LATE ENROLLMENT UNDER b) OR c) ABOVE, PLEASE CONTACT THE SERVICING AGENT FOR PARTIAL YEAR RATES. ENROLLMENT IN THIS INSURANCE PROGRAM IS LIMITED TO THE DATES AND CONDITIONS STIPULATED ABOVE.

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 within 30 days of enrollment in this Policy.
- c) If you were a student covered by a similar policy offered by the University 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 plan.

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 received from PPO hospital, or the U&C charges incurred as scheduled below for covered services provided by non-PPO hospital. Coverage must be in force at the time services are performed. If the covered medical expense is incurred due to emergency treatment, benefits will be paid at the PPO benefit level. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY AND SICKNESS BENEFITS \$10,000 MAXIMUM BENEFIT EACH INJURY OR SICKNESS
COVERED SERVICES INJURY or SICKNESS BENEFIT LIMITS

I. INPATIENT	
a. HOSPITAL ROOM AND BOARD (including general nursing care)	80% PPO/ 70% non-PPO
b. HOSPITAL INTENSIVE CARE (including 24 hour nursing care)	80% PPO/ 70% non-PPO
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; therapeutic services; chemotherapy; radiation therapy; supplies)	80% PPO/ 70% non-PPO
d. SURGICAL TREATMENT	80% of U&C
e. ANESTHETIST AND/OR ASSISTANT SURGEON	25% of Surgical Treatment
f. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	80% of U&C
g. PHYSIOTHERAPY (1 visit/ day, when prescribed by attending Physician)	80% of U&C
h. MATERNITY BENEFITS	Same as any Sickness
i. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE	80% of U&C, up to maximum 30 days/Policy Year
j. MOTOR VEHICLE INJURY	Same as any Injury
II. OUTPATIENT	
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS	80% PPO/ 70% non-PPO
b. SURGICAL TREATMENT	80% of U&C
c. ANESTHETIST AND/OR ASSISTANT SURGEON	25% of Surgical Treatment
d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	80% of U&C; up to 10 visits maximum
e. PHYSIOTHERAPY (1 visit/day, when prescribed by attending Physician)	80% of U&C; up to 10 visits maximum
f. HOSPITAL EMERGENCY ROOM (Surgical Center or Clinic)	80% PPO/ 70% non-PPO, after a \$100 copay; up to \$1,000 max.
g. DIAGNOSTIC, X-RAY AND LAB SERVICES (includes mammography & pap smears)	80% PPO/ 60% non-PPO, up to \$1,000 maximum
h. MATERNITY BENEFITS	Same as any Sickness
i. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE	100% 1st \$100; 80% next \$100; 50% of the next \$1,640/year
j. PRESCRIPTION DRUGS (30 day supply/prescription)	\$10 copay/prescription; waived at Student Health Services; up to \$250 maximum
k. MOTOR VEHICLE INJURY	Same as any Injury
III. OTHER	
a. AMBULANCE SERVICES	Up to \$1,000 maximum
b. CONSULTANT PHYSICIAN (when requested by the attending physician)	Up to \$200 maximum
c. DENTAL TREATMENT (Injury to sound, natural teeth, Includes X-rays)	Up to \$1,000 maximum
d. BRACES OR APPLIANCES (when prescribed by a Physician)	Up to \$200 maximum
e. RADIATION AND CHEMOTHERAPY	Paid under II. g.

PART B: MAJOR MEDICAL BENEFITS \$100,000 MAXIMUM LIFETIME BENEFIT EACH INJURY OR SICKNESS

The Major Medical benefit begins payment after the Company has paid \$10,000 under the Basic Injury or Sickness Benefits (Part A), the Company will then pay 80% of the Usual and Customary Charges or the PPO hospital allowable charges incurred for covered services listed under Basic Benefits. Non-PPO hospital services will be paid at 70% of the Usual and Customary Charges incurred for covered services listed under Basic Benefits. Benefits will be paid up to a Maximum Lifetime Benefit for each Injury or Sickness of \$100,000. This maximum includes benefits paid under Part A and Part B. No Benefits are payable for Mental Nervous Disorders; Substance Abuse; Motor Vehicle Injuries; Physiotherapy; Hospital Room and Board benefits in excess of the semi-private rate; or Dental Treatment.

PART C: PREMIUMS

	<u>Annual</u>	<u>Quarterly</u>	<u>Spring-Summer</u>	<u>Summer</u>
		08-01-2004 to 10-31-2004		
		11-01-2004 to 01-31-2005		
		02-01-2005 to 04-30-2005		
	08-01-2004 to 07-31-2005	05-01-2005 to 07-31-2005	01-01-2005 to 07-31-2005	06-01-2005 to 07-31-2005
STUDENTS AGE 31 & UNDER				
Student Only	\$ 582	\$ 146	\$ 338	\$ 98
Student and Spouse	\$ 2,360	\$ 594	\$ 1,376	\$ 397
Student, Spouse and Child(ren)	\$ 3,540	\$ 889	\$ 2,062	\$ 594
Student and Child(ren)	\$ 1,762	\$ 445	\$ 1,031	\$ 297
STUDENTS AGE 32 & OVER				
Student Only	\$ 757	\$ 190	\$ 439	\$ 127
Student and Spouse	\$ 3,040	\$ 764	\$ 1,772	\$ 511
Student, Spouse and Child(ren)	\$ 4,560	\$ 1,144	\$ 2,654	\$ 765
Student and Child(ren)	\$ 2,280	\$ 574	\$ 1,332	\$ 384