Policy Form 9F138B-CL

CERTIFICATE OF COVERAGE

ACCIDENT AND SICKNESS INSURANCE PLAN

A Non-Renewable Term Policy For Students Attending

TABOR COLLEGE

Hillsboro Campus

2012-2013

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 3126 Lawrence, KS 66046-0126 Phone (800) 520-9909

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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 3126; Lawrence, KS 66046-0126 Phone (800) 520-9909

ELIGIBILITY

All undergraduate students taking 12 or more credit hours are eligible to enroll in this insurance plan. Students must be physically and actively attending classes on campus to enroll. Students age 65 or over, online or distance learning students abely taking off-campus 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 Master Policy effective date 06-30-2012; 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 College or Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-09-2013; or when premium for the accident and sickness insurance coverage is due and unpaid.

TO ENROLL FOR COVERAGE

Students are automatically enrolled in the basic injury, basic sickness, and major medical benefits of the insurance plan at registration. The premium is added to the student's account.

Optional supplemental medical coverage may be purchased on a voluntary basis:

1) To enroll and pay by credit card, complete the online enrollment form located on the Student Assurance Services Inc. website www.sas-mn.com. The online form is located under "Find My School".

2) To enroll and pay by check or money order, download and print an enrollment form from the website www.sas-mn.com. Complete the form and send it with your payment to:

Student Assurance Services Inc. P.O. Box 196, Stillwater, MN 55082.

TO WAIVE COVERAGE

Students who have health insurance through another individual or family plan may waive coverage for this insurance plan. To waive coverage, the student must complete the waiver form by the waiver deadline date of 08-10-2012. Return the waiver form to Student Life Office. For new students registering for spring semester, the waiver dead-line date is **02-01-2013**. Students who initially waive cov-erage may not enroll in the insurance plan at a later date, unless they qualify for late enrollment.

ENROLLMENT PERIOD/LATE ENROLLMENT

Eligible students and dependents can enroll in the plan anytime prior to the coverage period effective date through the enrollment period deadline date below: Extended coverage deadline date 06-30-2012; Fall deadline date 08-10-2012;

Spring/Summer deadline date 02-01-2013.

Coverage becomes effective on the date the coverage period begins or the date after the premium payment is received, whichever is later. Enrollment forms and premium payments received after the enrollment period deadline date are not accepted, unless you qualify for late enrollment. To qualify for late enrollment, the student or dependent 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 the birth/adoption of child. Contact Student Assurance Services, Inc. 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, the insured will not be denied benefits under the Policy for an injury or sickness which was the basis of a covered claim under the prior policy. The student must be enrolled in the 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.

ADDITIONAL PROGRAMS

The following programs are available to students that participate in this insurance plan. More detailed program information will be sent with the medical ID card

Travel Assistance – The 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 their 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 telephone access to registered nurses. The program is administered through Mayo Foundation. Students can call with questional control of the contr tions about an illness, injury, or medical concern, 24 hours

Note: These additional programs are not underwritten by Columbian Life Insurance Company, but provided by independent vendors and are included if the student participates in the insurance plan.

PREFERRED PROVIDER ORGANIZATION

The Plan Administrator has contracted with First Health Network, a preferred provider organization (PPO) to provide all insured by this plan with quality care at signifi-cantly reduced fees. In the Medical Benefits Schedule of this brochure, benefits will be paid at the PPO percentage for the negotiated fee when a preferred provider is used, and at the non-PPO percentage shown for the usual and customary (U&C) charges incurred when a non-preferred provider is used. Please confirm your provider is a member of the First Heatlh Network prior to receiving services. Students traveling or temporarily residing outside the PPO service area will receive benefits at the PPO percentage for medical emergencies. A listing of participating providers is available by contacting First Health Network at:

Toll Free 1-888-685-7774; or visiting the website, www.firsthealth.com.

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 for 80% of the PPO negotiated fee for covered services received from a preferred provider, and 70% of the usual and customary charges (U&C) incurred for covered services received from a non-preferred provider, or as scheduled below, up to a maximum benefit of \$15,000 for each covered injury or sickness. Eligible injury expenses are payable after a \$50 deductible, per person for each injury. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY BENEFITS\$10,000 Maximum/Each Injury, after a \$	
INTERCOLLEGIATE SPORTS INJURIES DENTAL TREATMENT (Repair and/or replacement of sound and natural teeth; Does not include biting or chewing injuries) MOTOR VEHICLE INJURY OUTPATIENT PRESCRIPTION DRUGS (30-day supply per prescription) PRIVATE DUTY NURSE ORTHOPEDIC APPLIANCES ALL OTHER COVERED SERVICES (Covered services are those listed in PART B) PO negotiated fee; PPO negotiated fee;	y, up to \$1,000 oth, up to \$500 e as any Injury 80% U&C
ANESTHETIST	o \$350 per day; o \$315 per day non-PPO U&C non-PPO U&C, up to \$3,000; c, up to \$2,700 eatment Benefit ee, up to \$150; &C, up to \$135 1 visit per day y, up to 5 visits non-PPO U&C \$50 deductible for next \$1,640; mum of \$1,840
PART C: MAJOR MEDICAL BENEFIT	s Benefit (PART tomary charges efits paid under

PART D: OPTIONAL SUPPLEMENTAL MEDICAL BENEFIT (additional premium required)

\$250,000 Lifetime Maximum For Each Injury or Sickness
The Optional Supplemental Medical Benefit begins to pay after the Company has paid \$15,000 under the Major Medical Benefit (PART C). The Company will then pay 80% of the PPO negotiated fee, or 70% of the non-PPO usual and customary charges incurred, up to a lifetime maximum benefit of \$250,000 for each covered injury or sickness. This maximum includes benefits paid under PART A or PART B, PART C, and PART D. No Benefits are payable for: motor vehicle injuries; dental treatment; intercollegiate sports injuries; mental and nervous disorders; substance abuse; or outpatient prescription drugs.

PREMIUMS	***	Extended Cove 06-30-2012 to 08-09-2012		Spring/Summer 0 01-01-2013 to 08-09-2013
	**Student Only	\$ 65	\$ 274	\$ 411
	Spouse	\$ 226	\$ 830	\$1,240
	Each Child	\$ 163	\$ 600	\$ 895

*Optional Supplemental Medical Coverage \$515.00 per person
*Students must be enrolled in the basic injury and sickness benefits of the insurance plan in order to purchase optional supplemental medical, and coverage must be purchased when first enrolled in the plan. Optional coverage will terminate when your accident and sickness insurance plan terminates. Optional coverage can be purchased for the student only, or for the student and dependents. Optional coverage is not available for dependents only.

**Student premium includes an administrative fee charged by the College. All premium includes an agent service fee.

***Voluntary coverage for student and dependents.

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.

MANDATED BENEFITS

The plan pays benefits for the items below in accordance with any applicable Kansas law. Benefits may be subject to policy deductibles, co-insurance, limitations, and exclusions. Description of these mandated benefits can be found in the Master Policy on file at the College or call the claims office. These benefits include: off-label prescription drug coverage for cancer; and anesthesia and hospital benefits for dental expenses.

CREDIT FOR PRIOR COVERAGE

This plan provides portability of coverage as it relates to pre-existing health conditions:

a) At the time of enrollment if you have **not** been covered by prior creditable coverage, pre-existing conditions are not covered until you have continuous coverage for twelve (12) consecutive months under the 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 with no break in coverage of 63 days or more immediately prior to your effective date of coverage under the Policy. To obtain credit for previous coverage, you must provide evidence of prior creditable coverage within 30 days of enrollment in the insurance plan.

EXCLUSIONS

The policy does not provide Benefits for expense resulting from:

- Äir 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.
- 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 teatment; or abortion. It does not include cosmetic surgery made necessary by injury.
- 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.
- 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.
- 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.
- Routine newborn baby care, well baby nursery, and related physician's charges.

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- 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.
- Mental and nervous disorders and substance abuse, except as specifically provided in the Benefits Schedule.
- 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.
- War or act of war, whether declared or not; and injury or sickness resulting from full-time, activeduty military service.
- 14. Pre-existing conditions, not subject to credit for prior coverage, until continuously insured by this plan alone or by it and the College's prior student health insurance plan for at least 12 consecutive months.

DEFINITIONS

Deductible means an amount subtracted from eligible expenses 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 puruent 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 6 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, 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 (except 90th percentile for surgical treatment) of the most current survey published by FAIR Health for such services or supplies.

CLAIM PROCEDURE

Usually the healthcare provider will file all necessary bills on the insured's behalf. However some providers may require payment at the time the service is provided or may send the bill directly to the insured. In these instances, the insured should file a claim and send all itemized medical or hospital bills to the address below. A company claim form is not required, unless the itemized billing statements do not provide sufficient information to process the claim. The insured can print a company claim form or complete an online form from the website. to obtain reimbursement for a prescription drug, the insured will need to pay for the prescription drug at the pharmacy and submit a copy of the drug label with a claim form to the address below.

Proof of loss must be submitted to the address below within 90 days from the date of injury or sickness.

To check the status of your filed claim, ask questions regarding receipt of premium, or to verify coverage contact the claims office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday.

Send claims or inquiries to:

STUDENT ASSURANCE SERVICES, INC. P.O. Box 196 • Stillwater, MN 55082 (800) 328-2739 www.sas-mn.com

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 #15-64-0091-200-651-2 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 College, by contacting Student Assurance Services, Inc. at (800) 328-2739, or by visiting our website 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 Plan Administrator.