

PART F: 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. Injury sustained while participating in the practice or play of interscholastic sports, Intercollegiate Sports, or Club Sports, including the participation in any practice or 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 new-born baby care, well baby nursery and related Physician's charges, except as specifically provided in the Benefits Schedule.
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 covered by the University's Student Accident and Sickness Insurance plan for a period of 12 months.

PART G: 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. **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 Health Center, the SAS, Inc. website, or Servicing Agent, fill in the necessary information, attach all itemized doctor and hospital bills 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. The telephone number is: (800) 328-2739. The Student Assurance Services, Inc. website is: www.sas-mn.com

TO APPLY FOR COVERAGE

Complete the Enrollment form and make your check payable to Graceland University. At registration, return the completed forms and payment to:

Graceland University Health Services
1 University Place
Lamoni, IA 50140

Do not send your Enrollment form elsewhere.

PORTABILITY OF COVERAGE

Insured persons who are covered by the 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.

Keep this brochure as your summary of coverage - no individual policy will be issued - a master policy #14-64-0015-200-679-6 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 University, 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
Designed For Students Attending



GRACELAND UNIVERSITY

Lamoni, IA

2006 - 2007

Administered by



STUDENT
ASSURANCE
SERVICES
INCORPORATED

www.sas-mn.com
P.O. Box 196
Stillwater, Mn 55082

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

Form No. 3679-CL-06-IA

R-15IA

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 registered domestic students and all international students engaged in education or educational activities or research related activities through the University are eligible to enroll in the plan. International students are automatically enrolled at registration and the premium for coverage is added to the student account billing.

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. 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.

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 08-01-2006; 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 University Health Services. All coverage expires on 07-31-2007, or when payment is due and unpaid.

DEPENDENT ENROLLMENT

Dependents must enroll in the plan concurrently with the student, and for the same benefits and coverage periods selected by the student. Eligible students may add new dependents after the initial enrollment date: within 30 days of involuntary loss of coverage under another plan, marriage, or birth or adoption of child. Premium must be received within the 30 day Enrollment Period.

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.

MEDICAL BENEFITS SCHEDULE - UP TO MAXIMUM BENEFIT \$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) for covered services incurred up to the scheduled benefit limits listed below. 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, subject to following limits:
HOSPITAL ROOM AND BOARD (includes hospital intensive care and private duty nurse)	Semi-private Room Rate
ORTHOPEDIC BRACES AND APPLIANCES (when prescribed)	U&C
OUTPATIENT PRESCRIPTION DRUGS	\$100
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
INJECTIONS (administered in physician office)	U&C
CONSULTANT PHYSICIAN (when requested by attending physician)	U&C
ALL OTHER COVERED SERVICES (covered services are those listed under Part B)	U&C

PART B: BASIC SICKNESS BENEFITS	\$10,000 Maximum/Each Sickness, subject to following limits:
HOSPITAL ROOM AND BOARD	\$500/day
HOSPITAL INTENSIVE CARE (in lieu of Room & Board)	\$500/day
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, pathology, radiology, pre-admission testing)	\$300/day
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient)	\$500
SURGICAL TREATMENT	U&C, up to \$4,000
ANESTHETIST AND/OR ASSISTANT SURGEON	20% of Surgical Treatment
PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid day of surgery)	\$25/visit, 1 visit/day
PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid day of surgery)	\$50/visit, 1 visit/day, up to 5 visits
OUTPATIENT PHYSICAL THERAPY (within 30 days after hospital confinement or surgery, or Physician's release for rehabilitation)	Paid under Outpatient Physician Nonsurgical Visits, 1 visit/day
OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES	\$500
HOSPITAL EMERGENCY ROOM (Outpatient)	\$300
MENTAL AND NERVOUS DISORDER AND SUBSTANCE ABUSE	Same as any Sickness
CHEMOTHERAPY/ RADIATION THERAPY	Paid under Major Medical
MISCELLANEOUS TESTS & PROCEDURES (not covered elsewhere)	Paid under Outpatient X-Ray and Lab Services
AMBULANCE SERVICES (ground service only)	\$800
OUTPATIENT PRESCRIPTION DRUGS	\$200
MATERNITY BENEFITS (conception must occur while coverage is in force)	Same as any Sickness
WELL CHILD CARE (inpatient care only)	Same as any Sickness, up to 4 days

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

PART C: MAJOR MEDICAL BENEFITS

\$50,000 Maximum Benefit for Each Injury or Sickness

After the Company has paid \$10,000 under the Basic Injury or Sickness Benefits (Part A or B) and the insured has paid a \$250 Major Medical deductible, the Company will then pay 80% of the Usual and Customary Charges incurred for covered services listed under the Basic Benefits up to the Maximum Benefit of \$50,000 for Each Injury or Sickness. This Maximum includes both benefits paid under Part A or Part B and Part C. No Benefits are payable under this provision for Dental Treatment; Motor Vehicle Injuries; Mental Nervous Disorders and Substance Abuse; Outpatient Physical Therapy; or Room and Board in excess of Basic Benefit limit.

PART D: MANDATED BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Iowa 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 College or call the claims office. These Mandated Benefits include: Diabetes Supplies and Self-Management Benefits; Mammography Treatment; Minimum Maternity Benefits; Anesthesia and Hospital Benefits For Dental Care; and Prescription Contraceptives.

PART E: 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.

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.**

Travel Assistance Program – 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.