

MEDICAL BENEFITS SCHEDULE

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 Mutual Life Insurance Company. The coverage is designed to provide benefits for medical expenses arising from an accident or illness including those which occur off campus and during interim vacations.

Any questions about the policy should be directed to:

Raymond Pollard • Vaaler Insurance, Inc.
2701 South Columbia Rd., P.O. Box 12848
Grand Forks, ND 58208-2848
Phone: (701) 775-3131

ELIGIBILITY

All registered undergraduate students taking 7 or more credit hours, all registered masters degree candidates taking 3 or more credit hours, all registered Ph.D candidates taking credit hours, registered 5th year Pharmacy Program students taking credit hours, registered teaching assistants and research assistants taking credit hours and Co-Op students taking 3 or more credit hours are eligible to enroll in this insurance 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 (23) years of age who are not self-supporting and reside with the Insured Student, or twenty-six (26) if a full-time student at an accredited institution of higher learning.

EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the later of: the Policy Effective Date (08-25-2005); 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 Plan Administrator. All coverage expires on 08-24-2006 or when payment is due and unpaid.

ENROLLMENT

- Students and eligible dependents may enroll in the plan:
- a) between 8/25/05 and 10/9/05, or 1/5/06 and 2/14/06, or 5/11/06 and 6/25/06; or
 - b) within 30 days from the first day of the term of coverage for a new student entering the University after the enrollment period stated above in a); or
 - c) within 30 days of involuntary loss of coverage under another plan, birth or adoption of a child, or marriage.

If you do not enroll by the dates specified and you do not qualify for late enrollment under b) or c) above, your request for enrollment will not be accepted.

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 Mutual Life. Enrollment in the other institution's policy and initial premium payment must occur: (a) within 31 days after the student becomes eligible for coverage; and (b) no more than 45 days after the Policy Expiration Date.

PART A: BASIC INJURY AND SICKNESS BENEFITS

When your covered Injury or Sickness requires treatment by a Physician, this Policy will pay benefits while your coverage is in force for 80% of the Usual and Customary (U&C) Charges up to \$5,000, then 100% of U&C up to \$20,000 as scheduled below, up to a Maximum Benefit of \$25,000. **Eligible expenses are subject to a \$100 deductible per person for each Injury or Sickness.** Covered Services provided by the Student Health Service (SHS) will be paid at 100% of U&C. The deductible is waived if services are provided by SHS. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

COVERED SERVICES INJURY or SICKNESS BENEFIT LIMITS

- I. INPATIENT**
- a. HOSPITAL ROOM AND BOARD (R&B) U&C
 - b. INTENSIVE CARE U&C
 - c. HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, physical therapy, radiology, pathology) U&C
 - d. SURGICAL TREATMENT U&C
 - e. ANESTHETIST 25% of Surgical Treatment
 - f. PRIVATE DUTY NURSE (when medically necessary) U&C
 - g. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) U&C
 - h. PRE-ADMISSION TESTS (within 5 days before admission) Paid under I.c.
 - i. MATERNITY BENEFITS (conception must occur while coverage is in force) Same as any Sickness
 - j. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE Same as any Sickness
- II. OUTPATIENT**
- a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS U&C
 - b. SURGICAL TREATMENT U&C
 - c. ANESTHETIST 25% of Surgical Treatment
 - d. OUTPATIENT MISCELLANEOUS SERVICES \$1,000 Aggregate Limit for the following:
 - (1) Physician's Non-Surgical Visits, (1 visit/day- not paid day of Surgery) U&C
 - (2) Physical Therapist (within 30 days of: surgery or hospital confinement; or physician's release for rehabilitation) U&C
 - (3) Hospital Emergency Room or Hospital Outpatient Department (when medically necessary) U&C
 - (4) Diagnostic, X-ray, and Lab Services (SHS referred x-rays paid at 100% U&C) U&C
 - (5) Chemotherapy and Radiation Therapy U&C
 - e. MATERNITY BENEFITS (conception must occur while coverage is in force) Same as any Sickness
 - f. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE (1 visit/day) 100% 1st 5 visits; 80% each subsequent visit; up to 30 hours for Mental & Nervous, 20 days for Substance Abuse
- III. OTHER**
- a. AMBULANCE SERVICES (ground service only) \$200
 - b. CONSULTANT PHYSICIAN (when requested by the attending physician) \$100
 - c. DENTAL TREATMENT (Injury Only, Includes X-rays, does not include biting or chewing injuries) \$250/tooth
 - d. PRESCRIPTION DRUGS \$200
 - e. MOTOR VEHICLE INJURY Same as any Injury

PART B: MANDATED BENEFITS

The plan will pay benefits for the items below in accordance with any applicable North Dakota law. Benefits may be subject to deductibles, coinsurance, limitations, and exclusions of the Policy. Description of these Mandated Benefits can be found in the Master Policy on file at the University or call the Claim Office. Mandated benefits include: Dental Anesthesia and Hospitalization Benefits; Mammography Benefits; Medical Food Benefits; Mental Disorders and Substance Abuse Treatment; Pre-hospital Emergency Services Benefits; Prostate-Specific Antigen Benefits; Reimbursement for Nurse Practitioner Services; and Temporomandibular Joint Disorder Treatment.

PART C: ACCIDENTAL DEATH AND DISMEMBERMENT

- Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount):
- Accidental Death \$2,000
 - Single Dismemberment/Loss of Eye \$1,000
 - Double Dismemberment/Loss of Both Eyes \$7,500
 - Thumb and Index Finger on either hand \$500

PART D: PREMIUMS

	ANNUAL 08-25-2005 to 08-24-2006	FALL 08-25-2005 to 01-04-2006	SPRING 01-05-2006 to 05-10-2006	SPRING/SUMMER 01-05-2006 to 08-24-2006	SUMMER 05-11-2006 to 08-24-2006
Student	\$ 695.00	\$ 259.00	\$ 244.00	\$ 447.00	\$ 203.00
Student & Spouse	\$3,125.00	\$1,153.00	\$1,084.00	\$1,988.00	\$ 904.00
Student & Child	\$2,435.00	\$ 899.00	\$ 846.00	\$1,551.00	\$ 706.00
Student, Spouse & Child	\$4,865.00	\$1,791.00	\$1,684.00	\$3,089.00	\$1,406.00
Each Additional Child	\$1,740.00	\$ 644.00	\$ 606.00	\$1,110.00	\$ 505.00

TRAVEL ASSISTANCE PROGRAM (Meets USIA International Student Requirements)

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

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

You will receive 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 Mutual Life Insurance Company.**

PART E: 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. This exclusion does not apply to an aviation class which is part of the University's curriculum.
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. 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 until continuously covered by the University's Student Accident and Sickness Insurance Plan for a period of 12 consecutive months.

PART F: 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; 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 75th percentile of the most current survey published by Ingenix for such services or supplies.

CLAIM PROCEDURE

Secure a claim form from the Student Health Center, from the Servicing Agent, or from the SAS, Inc. website, 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

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 return it with your check made payable to:

STUDENT ASSURANCE SERVICES, INC.

P.O. Box 196 • Stillwater, MN 55082

Only the above office is authorized to accept and process your completed Enrollment Form. Do not send it elsewhere. No refunds are made except as provided for in the Master Policy.

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

Keep this brochure as your summary of coverage - no individual policy will be issued - a master policy #33-67-0196-030-603-5 is issued to the University. The Master Policy contains the contract provisions and shall prevail in the event of a conflict between this brochure and the Master Policy. **PRIVACY POLICY:** You may obtain a detailed copy of Columbian Mutual Life's privacy policy from your University, by contacting us at (800) 328-2739, or 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 Company.

Policy Form 9F138

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For Students Attending

NDSU

North Dakota State University

2005 – 2006

Administered by



STUDENT
ASSURANCE
SERVICES
INCORPORATED

www.sas-mn.com

Underwritten by



**COLUMBIAN MUTUAL
LIFE INSURANCE COMPANY**

HOME OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

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Form No. 3585-05-ND

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