

Policy Form 9F138-CL

Accident & Sickness Plan
A Non-Renewable Term Policy
Designed for



2012 • 2013

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:



ASSOCIATED
INSURANCE PLANS
INTERNATIONAL, INC.

28085 Ashley Circle, Suite 201
Libertyville, IL 60048-9658
Phone: (800) 452-5772
Fax: (847) 281-8813

Email: office@aipstudentinsurance.com

Website: www.MartinMethodistInsurance.com

SCAN for a direct link to your
student insurance website.



This notice is required by the Healthcare Reform Law. It explains differences in the restrictions for annual dollar limits for group, individual, and student plans. It also gives notice to students under age 26 to check the parent's employer or individual insurance policy for enrollment eligibility.

Your student health insurance coverage, administered by Student Assurance Services, Inc. may not meet the group health or individual insurance minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that students have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: \$100,000 on covered essential health benefits and other benefits including but not limited to: ambulatory care; emergency services; hospital services; maternity and newborn care; prescription drugs; laboratory, x-ray, and diagnostic services; preventive; chronic disease management; rehabilitative and habilitative care. If you have any questions or concerns about this notice, contact Student Assurance Services Inc. at 1-800-328-2739. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the insurance carrier or plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

For assistance and questions about insurance benefits, ID Cards or problems:

Associated Insurance Plans International, Inc.
Post Office Box 189
Libertyville, Illinois 60048
Phone: (800) 452-5772
Email: office@aipstudentinsurance.com
website: www.MartinMethodistInsurance.com

For assistance and questions about claim status, and claim processing:

Student Assurance Services, Inc.
Post Office Box 196
Stillwater, MN 55082
www.sas-mn.com
Phone: (800) 328-2739

Policy Number: 41-64-0089-016-603-2

INTRODUCTION

This is a general summary of student accident and sickness Insurance coverage. Keep this brochure for your records as no individual policy will be issued. This summary is not a contract; however, the Master Policy is available for review online at: www.MartinMethodistInsurance.com.

Note: The Master Policy contains the contract provisions and shall prevail in the event of any conflict between the brochure and the Master Policy.

Martin Methodist College is making available to students a blanket accident and sickness insurance plan (hereinafter called "plan" or "Plan") underwritten by Columbian Life Insurance Company. It provides continuous protection, 24 hours a day, anywhere in the world during the period of coverage for which you have paid the proper premium.

- The maximum benefit is \$100,000 for accident and sickness.
- Basic benefits are subject to a \$100 deductible per person for each covered injury or sickness.
- Repatriation and medical evacuation benefits providing 24-hour assistance services.
- 24-hour nurse line program providing phone based health information.
- Use the hospital or physician of your choice.

ELIGIBILITY

The College requires health insurance coverage for all international students and scholars under the age of 70.

International students or scholars will automatically be enrolled in the insurance plan and the premium will be charged to their tuition account for fall and spring semesters.

Students must be physically and actively attending classes to enroll in the insurance plan. Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from the College during the first 31 days of their effective date of coverage shall not be covered under the insurance plan. Contact Associated Insurance Plans International, Inc. at (800) 452-5772 or email office@aipstudentinsurance.com.

COVERAGE FOR DEPENDENTS

Students who enroll in the insurance plan may also enroll their eligible dependents for fall semester by the enrollment deadline date September 19, 2012; for spring semester by the enrollment deadline date February 01, 2013 or for summer semester by the enrollment deadline date of June 3, 2013. Dependents must enroll when the student first enrolls in the plan and must enroll for the same plan coverage as the student.

PERIODS OF COVERAGE

<u>Term</u>	<u>Date Coverage Begins</u>	<u>Date Coverage Ends</u>
Fall	08-19-2012	12-31-2012
Spring	01-01-2013	05-05-2013
Summer	05-06-2013	08-18-2013

2012-2013 PREMIUM RATES

	<u>Fall Semester</u>	<u>Spring Semester</u>	<u>*Summer</u>
Student Only	\$ 331.00	\$ 331.00	\$ 331.00
Spouse	\$1,411.00	\$1,411.00	\$1,411.00
Each Child	\$ 871.00	\$ 871.00	\$ 871.00

Premium includes an agent service fee.

*Students are automatically enrolled in fall and spring semesters. Enrollment for summer is voluntary. Students who wish to purchase summer or dependent coverage, refer to the enrollment instructions below.

EFFECTIVE AND EXPIRATION DATES OF COVERAGE

Student and dependent coverage under the Policy becomes effective on the later of the following dates:

- The Master Policy effective date August 19, 2012 at 12:01 a.m.; or
- 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 Servicing Agent.

Student and dependent coverage under the Policy will expire on the earliest of the following dates:

- The Master Policy expiration date August 18, 2013 at

PREMIUM REFUND POLICY

All premium refund requests must be made in writing and include any proof and date of occurrence. Refund requests should be sent to:

Associated Insurance Plans International, Inc.
P.O.Box 189, Libertyville, IL 60048
email: office@aipstudentinsurance.com

A prorated refund will be issued only for the following situations:

- Students who withdraw from College within 31 days following the effective date of coverage, unless medical benefits have been paid during the first 31 days; or
- Students who have entered into full-time active duty military service for any country; or
- Students who are non-immigrant foreign nationals who have left the North American Continent.

TO ENROLL FOR SUMMER OR DEPENDENT COVERAGE

1. Students can download and print an enrollment form on the website www.MartinMethodistInsurance.com.
2. Print all information legibly and indicate the coverage and options you desire.
3. Enclose your check payable to Associated Insurance Plans International, Inc., or complete all credit card information.
4. Send the form and payment to: Associated Insurance Plans International, Inc, P.O. Box 189, Libertyville, IL 60048.

Call (800) 452-5772 or email office@aipstudentinsurance.com for payment terms and information.

CONTINUOUS COVERAGE

There will be no lapse in coverage for students who were:

- covered to the policy termination date of the College's prior student health insurance plan; and
- enroll and pay the premium for coverage under the Policy within 31 days of the expiration date of the prior student health insurance plan.

Students will not be denied benefits under the Policy for a pre-existing condition or an injury or sickness covered under the student's prior student health plan, unless:

- The Policy specifically excludes the injury or sickness expenses, or
- The Policy limits the benefits payable for the injury or sickness expenses, or
- The injury or sickness is subject to any maximum, and the maximum is exhausted.

ADDITIONAL PROGRAMS

(These programs are not underwritten by Columbian Life Insurance Company)

GLOBAL EMERGENCY SERVICES PROGRAM (TRAVEL ASSISTANCE)

Students who enroll and maintain medical coverage in the insurance plan are eligible for the global emergency services program administered by Scholastic Emergency Services (SES), an Assist America partner. This program provides 24-hour assistance services whenever the student is traveling more than 100 miles away from home, school, or abroad. International students studying in the United States are eligible for services both on and away from campus or while traveling in a country that is not their country of origin.

All assistance services must be arranged and provided by SES; no claims will be accepted for assistance services arranged or provided by anyone other than SES.

Note: This program does not replace medical insurance. All claims for medical expenses should be submitted to the Plan Administrator for consideration. The SES program meets or exceeds the requirements of USIA for international students and scholars. The following services are provided:

1. Medical Consultation, Evaluation & Referral - Calls to the Operations Center are evaluated by medical personnel and referred to the appropriate provider.
2. Foreign Hospital Admission Guarantee - SES will guarantee hospital admission outside the United States by validating a student's health coverage or by advancing funds to the hospital. (Any emergency hospital admittance deposit must be repaid within 45 days.)
3. Emergency Medical Evacuation - If adequate medical facilities are not available locally, SES will use whatever mode of transportation, equipment and personnel necessary to evacuate the student or family member to the nearest facility capable of providing a high standard of care.
4. Medical Monitoring - SES medical personnel will maintain regular communication with the attending physician and/or hospital and relay information to student's family.
5. Medical Repatriation - If a student still requires medical assistance upon being discharged from a hospital, SES will repatriate him/her to a rehabilitation facility or home, and if necessary will provide a medical or non-medical escort.
6. Prescription Assistance - If a member needs a replacement prescription while traveling, SES will help in filling that prescription.
7. Compassionate Visit - When traveling alone and hospitalized for more than 7 days, economy, round trip, common carrier transportation to the place of hospitalization will be provided for a designated family member or friend.
8. Care of Minor Children - SES will arrange for the care of children left unattended as the result of a medical emergency and pay for any transportation costs involved in such arrangements.

9. Return of Mortal Remains - SES will assist with the logistics of returning a member's remains home in the event of his or her death. This service includes arranging the preparation of the remains for transport, procuring required legal documentation, providing the necessary shipping container as well as paying for transport.
10. Legal Referrals - Referrals for interpreters or legal personnel
11. Emergency Trauma Counseling - SES will provide initial telephone-based counseling and referrals to qualified counselors as needed or requested.
12. Lost Luggage or Document Assistance - SES will help members locate lost luggage, documents or personal belongings.
13. Pre-trip Information - SES offers members web-based country profiles that include visa requirements, vaccinations recommendations as well as security advisories for any travel destination.

For assistance call SES Operations Center toll free
inside the U.S. (877) 488-9833 or
outside the U.S. (609) 452-8570 or
email medservices@assistamerica.com.

ASK MAYO CLINIC

Students who enroll and maintain medical coverage in the insurance plan, have access to a 24-hour nurse line administered by *Ask Mayo Clinic*. This program provides:

- Phone-based, reliable health information in response to health concerns and questions; and
- Assistance in decisions on the appropriate level of care for an injury or sickness. Appropriate care may include self-care at home, a call to a physician, or a visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. *Ask Mayo Clinic* does not answer health plan benefits questions. Health benefit questions should be referred to Student Assurance Services, Inc. The *Ask Mayo Clinic* 24-hour nurse line toll free number will be on the ID card.

EXPLANATION OF BENEFITS

PRE-CERTIFICATIONS AND REFERRALS

The insurance plan does not require pre-certification or referrals for any covered service prior to the date the service is performed. Covered services will be evaluated for benefits when the claim is submitted to Student Assurance Services Inc. for payment.

MATERNITY EXPENSES

Benefits are payable for an insured's covered charges for maternity care, including hospital, surgical and medical care. Covered charges are paid the same as covered charges for any other sickness. What is paid is shown in the Schedule of Benefits.

Covered maternity medical expenses include: physician visits, diagnostic services, obstetrical /surgical procedures, Hospital room and board, and hospital miscellaneous. Includes medically necessary routine screening examinations and testing as established as the standard of care by the American College of Obstetricians and Gynecologists. Routine screening and testing includes, pregnancy test, alpha-fetoprotein, antibody screening, blood group and Rh-type, one pap smear, gestational diabetes screening, hemoglobin or hematocrit, hepatitis B screening, HIV screening, one ultrasound, rubella antibody measurement, syphilis screening, urinalysis, one amniocentesis for women over age 35, and genetic testing when there is family history of genetic disorders in a parent or a sibling. Routine nursery care during the insured's confinement is payable if the well newborn child and the student are enrolled in the plan. Routine well newborn care is paid the same as covered expenses for any other sickness. Benefits are paid for:

1. a minimum of 48 hours of inpatient care following a vaginal delivery; and
2. a minimum of 96 hours of inpatient care following a caesarean section.

A decision to shorten the minimum inpatient coverage shall be made by the attending physician in consultation with the insured. A sick newborn child or adopted child will automatically be covered for an injury or sickness, provided the student is covered under the Policy. Refer to the definition of "Dependent" for sick newborn eligibility.

SCHEDULE OF BENEFITS

Basic Aggregate Maximum Benefit – policy year.....	\$100,000
Basic Deductible – per person, each covered injury or sickness	\$100
Benefits are payable at the following covered percentage of the Usual & Customary Charge - each covered injury or sickness:	
- For the first \$3,000 in paid benefits.....	90%
- For the next \$72,000 in paid benefits	80%
- For the next \$25,000 in paid benefits	100%

COVERED SERVICES AND BENEFIT LIMITSUp to \$3,000Up to \$72,000 ... Up to \$25,000

PART A: BASIC INPATIENT COVERED SERVICES AND BENEFIT LIMITS

(a) Hospital Room and Board: Semi-private room rate; Including general nursing care	90%	80%	100%
(b) Hospital Intensive Care: Includes 24-hour nursing care	90%	80%	100%
(c) Hospital Miscellaneous Inpatient: (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressing, radiology, pathology; chemotherapy and radiation therapy)	90%	80%	100%
(d) Surgical Treatment:.....	90%	80%	100%
(e) Anesthesia and Assistant Surgeon:	90%	80%	100%
(f) Private Duty Nurse: when medically necessary.....	90%	80%	100%
(g) Physician Non-Surgical Visits: 1 visit per day; not paid same day as surgery.....	90%	80%	100%
(h) Physiotherapy: 1 visit per day; up to maximum 30 visits	90%	80%	100%
(i) Durable Medical Equipment and Orthopedic Appliances: \$50 copay per prescription	90%	80%	100%
(j) Consultant Physician: paid under (g).....	90%	80%	100%
(k) Maternity Benefit:.....	Same as any	Same as any	Same as any
	Sickness	Sickness	Sickness
(l) Preadmission Testing: within 3 working days of admission	90%	80%	100%

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COVERED SERVICES AND BENEFIT LIMITS Up to \$3,000 Up to \$72,000 ... Up to \$25,000

PART B: BASIC OUTPATIENT COVERED SERVICES AND BENEFIT LIMITS

(a) Hospital Outpatient Surgical Miscellaneous Day Surgery:	90%	80%	100%
(b) Surgical Treatment:	90%	80%	100%
(c) Anesthesia and Assistant Surgeon:	90%	80%	100%
(d) Physician's Non-Surgical Visits: 1 visit per day; not paid same day as surgery; up to 30 visits	90%	80%	100%
(e) Physiotherapy: 1 visit per day; up to 30 visits	90%	80%	100%
(f) Diagnostic X-rays, Radiology, and Laboratory Services:	90%	80%	100%
(g) MRI & CT Scans: \$100 copay per procedure	90%	80%	100%
(h) Hospital Emergency Room: \$100 copay per visit	90%	80%	100%
(i) Maternity	Same as any Sickness	Same as any Sickness	Same as any Sickness
(j) Chemotherapy and Radiation Therapy:	90%	80%	100%
(k) Shots and Injections: when administered in physician's office	90%	80%	100%
(l) Prescription Drugs: 30-day supply per prescription; \$25 copay per generic drug; \$50 copay per brand drug	90%	80%	100%
(m) Durable Medical Equipment and Orthopedic Appliances: \$50 copay per prescription	90%	80%	100%
(n) Consultant Physician: paid under (d)	90%	80%	100%

COVERED SERVICES AND BENEFIT LIMITSUp to \$3,000Up to \$72,000 ... Up to \$25,000

PART C: OTHER COVERED SERVICES AND BENEFIT LIMITS

(a) Ambulance: Professional ground service	90%	80%	100%
(b) Dental Treatment: Injuries to sound and natural teeth; Includes x-rays; up to \$250	90%	80%	100%
(c) Mental and Nervous Disorders:	as described	as described	as described
Inpatient: Same as any Sickness, up to policy maximum 10 days			
Outpatient: Same as any Sickness, up to policy year maximum 10 visits			
(d) Substance Abuse:	as described	as described	as described
Inpatient: Same as any Sickness, up to policy maximum 7 days			
Outpatient: Same as any Sickness, up to policy maximum 10 visits			
(e) Motor Vehicle Injury: up to maximum \$5,000	90%	80%	100%
(f) Routine Inpatient Newborn Care: benefit payable up to 48 hours following vaginal delivery or 96 hours following cesarean delivery	Same as any Sickness	Same as any Sickness	Same as any Sickness
(g) Preventive Care: includes routine visit, pap smear, lab services, immunizations, deductible does not pay	100%	100%	100%

PART D: 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	\$ 5,000
Single Dismemberment	\$ 2,500
Double Dismemberment.....	\$ 5,000
Thumb and Index Finger of One Hand	\$ 1,250

ADDITIONAL PROGRAMS

OPTIONAL DENTAL, VISION AND PHARMACY *DISCOUNT CARD* See details page 18

A separate dental, vision and prescription drug discount plan is available on an optional basis and is subject to payment of an additional premium. Please call (800) 452-5772 to request plan details or visit our website at www.MartinMethodistInsurance.com and click on “Dental, Vision, & Pharmacy-*Discount Card*”.

OPTIONAL DENTAL AND VISION *INSURANCE PLAN* Refer to website

A separate dental insurance plan with optional vision coverage. Several benefit options to choose from, subject to additional premium. Please call (800) 452-5772 to request plan details or visit our website at www.MartinMethodistInsurance.com and click on Dental *Insurance Plan*

GLOBAL EMERGENCY SERVICES (Travel Assistance) See details page 5-6

ASK MAYO CLINIC (Nurse Line) See details page 6

Note: These additional programs are not underwritten by Columbian Life Insurance Company.

PREVENTIVE SERVICES

The following preventive services are covered under the Policy without regard to any deductible, copay, or covered percentage:

- 1) evidence based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
- 2) immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to covered person;
- 3) with respect to covered infants, children and adolescents, evidence-informed preventive care and screening provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA);
- 4) with respect to women, preventive care and screening provided for in comprehensive guidelines supported by HRSA (not otherwise addressed by the recommendations of the Task Force), which will be commonly known as HRSA's Women's Preventive Services: Required Health Plan Coverage Guidelines.

Cost sharing may apply to services provided during the same visit as the preventive services. For example if a covered preventive service is provided during an office visit and the preventive service is not the primary purpose for the visit, the cost sharing would apply to the office visit.

Cost sharing may also apply for treatment that is not a covered preventive service, even if treatment results from a covered preventive service, or for any item or service that has ceased to be a covered preventive service.

Reasonable medical management will be used to determine frequency, method, treatment, or setting for a preventive service. Also, any preventive service that is **not** on the list of recommended preventive services above is not covered or cost sharing may be applied.

ORTHOPEDIC APPLIANCES

If, by reason of injury or sickness, an insured requires the use of orthopedic appliances benefits are payable if: (i) prescribed by a physician; and (ii) a written prescription accompanies the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: (iii) is primarily and customarily used to serve a medical purpose; (iv) can withstand repeated use; and (v) generally is not useful to a person in the absence of injury or sickness. No benefits will be paid for rental charges in excess of purchase price.

PAYMENT DEFINITIONS

Covered services are subject to co-insurance, covered percentage, copay and deductible as described below.

Covered percentage is the percentage of eligible expenses the Policy pays, after the deductible or copay is satisfied. Refer to the Schedule of Benefits for the amount.

Co-insurance is the insured's share of the costs, calculated as a percentage, after the Policy pays the covered percentage.

Copay is the fixed amount the insured must pay to the physician or hospital for each procedure, office visit, or confinement, each time a covered service is received.

Deductible is the amount subtracted from eligible expenses before benefits are considered. Each insured or family must satisfy the deductible.

BENEFITS MANDATED BY THE STATE OF TENNESSEE

The Policy will pay benefits for state mandated benefits in accordance with any applicable Tennessee law. Benefits may be subject to policy deductibles, co-insurance, limitations, or exclusions. Description of these state mandated benefits can be found in the Master Policy on internet site: www.MartinMethodistInsurance.com.

Students may also refer any questions to the claim administrator, Student Assurance Services, Inc. at (800) 328-2739.

PRE-EXISTING CONDITION

The Policy does not cover any injury or sickness which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the student or dependent's effective date of coverage. The pre-existing condition exclusion does not apply to insured's under age 19.

A pre-existing condition is subject to a 12-month pre-existing condition waiting period. During this waiting period, the student or dependent must be continuously covered under the insurance plan for 12 consecutive months. The pre-existing condition waiting period must expire before benefits for a pre-existing condition will be considered for payment under the insurance plan.

If any break in continuous coverage occurs, the pre-existing condition exclusion will apply.

Provisions that Reduce or Eliminate the Pre-existing Condition Waiting Period:

- If a student or dependent had 12 months of continuous coverage under a prior student health plan, the injury or sickness which began during the prior year coverage will not be considered a pre-existing condition.
- The pre-existing condition waiting period will be reduced by the period of time a student or dependent was covered by prior creditable coverage, if such coverage was continuous (no break in coverage for 63 or more days to a date immediately prior to the effective date of coverage under the Policy). Proof of prior creditable coverage must be provided by submitting a certificate of prior coverage from the prior plan or other satisfactory evidence of coverage.

Prior creditable coverage means the prior student health insurance policy of the policyholder or other coverage provided in the United States under any of the following: a group health plan; health insurance coverage under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract; Medicare; Medicaid; military health care; a medical care program of the Indian Health Service or of a tribal organization; a state health benefits risk pool; the Federal Employee Health Benefits Program; a public health plan; or a health benefit plan of the Peace Corps.

Prior creditable coverage does not include prior coverage before a break in coverage. A break in coverage occurs when an individual does not have health coverage for 63 or more continuous days.

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 provided in the Schedule Of Benefits.
3. Treatment where no injury or sickness is involved (physical examinations or preventive medicines, except as provided in the Schedule of Benefits); or elective surgery and elective treatment. 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 Schedule Of Benefits.
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. 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, not subject to credit for prior coverage, until continuously covered by the College's student accident and sickness insurance plan for a period of 12 consecutive months.

COORDINATION OF BENEFIT

This coordination of benefits (COB) provision applies to the Policy when the insured has health care coverage under more than one plan. The order of benefit determination rules govern the order in which each plan will pay a claim for benefits. The plan that pays first is called the primary plan. The primary plan must pay benefits in accordance with its policy terms without regard to the possibility that another plan may cover some expenses. The plan that pays after the primary plan is the secondary plan. The secondary plan may reduce the benefits it pays so that payments from all plans do not exceed 100% of the total allowable expense.

DEFINITIONS

Accident means an unexpected and sudden event that is independent of any other cause.

Dependent means the insured student's spouse; or domestic partner; or unmarried child (including stepchildren if dependent on the insured student) under the age of twenty-six (26) years, or a child over the age of 26 who is incapable of self sustaining employment because of mental or physical handicap, and is chiefly dependent upon the insured student for maintenance and support. Proof of a dependent's incapacity or dependence shall be furnished to us within 31 days of a child's attainment of the limiting age. We may request subsequent proof of incapacity or dependency no more than once every year. The insured student must provide proof that a child continues to be handicapped.

Newborn children of the insured student or covered single dependent, will be covered from birth until 31 days old. For coverage to continue after 31 days, we must be notified and receive such additional premium, if any is required.

Children for whom the insured student has a legal obligation for the purposes of adoption, will be covered effective from the date the legal obligation begins. Coverage will continue until the legal obligation for the purposes of adoption ends, or the policy expiration date, whichever occurs first.

Domestic Partner means a person who meets at least three of the following five conditions: (a) the person resides with the insured student; (b) the person and insured student hold common or joint ownership of the residence or of the lease for the residence; (c) the person and insured student have joint ownership of a motor vehicle; (d) the person and insured student have a joint checking account; and/or (e) the person must be designated as a beneficiary under the insured student's life insurance coverage and/or identified as a primary beneficiary in the insured student's will. To obtain coverage as a domestic partner, the insured student and domestic partner must submit a written "Affidavit of Domestic Partnership"

to the Plan Administrator. In the affidavit, the insured student and domestic partner must attest that they are each other's sole domestic partner, that they have agreed to be responsible for their common welfare. They must also indicate which three of the five qualifying conditions have been met.

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.

Eligible Expense means the usual and customary charges you incur for covered services as a result of injury or sickness.

Hospital means a legally constituted institution duly licensed and operating within the scope of such license. This does not include a facility primarily designed for use as an extended care facility, convalescent nursing home or skilled nursing facility.

Hospital Confined/Hospital Confinement means confined in a hospital for at least 18 hours by reason of an injury or sickness for which benefits are payable.

Injury or Injuries 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.

Loss means medical expense or indemnity covered by the Policy as a result of any one injury or sickness.

Medical Emergency means a life threatening medical condition resulting from an injury or sickness of the insured, which arises suddenly and requires immediate medical care to prevent permanent disability or loss of life to the insured.

Medically Necessary means those covered services provided or prescribed by a hospital or physician which are: (a) consistent with the symptoms and diagnosis or treatment of an injury or sickness, (b) in accord with standards of generally accepted medical practice, (c) not primarily for the convenience of you or your physician, and (d) the most appropriate supply or level of service which can safely be provided to you.

Physician means a duly licensed practitioner of the healing arts, other than you or your relative by blood or marriage, who is acting within the scope of such license.

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 FAIR Health, Inc. for such services or supplies.

PRIVACY NOTICE

We are committed to maintaining the privacy of your personal health information and complying with all state and federal privacy laws. You may obtain a copy of the privacy notice from the College, or by contacting Student Assurance Services, Inc. at (800) 328-2739 or by visiting our website www.sas-mn.com.

RESCISSION

The Plan Administrator may rescind your coverage if the insured or insured's dependent commits fraud or makes an intentional misrepresentation of material fact. A notice will be provided at least thirty (30) calendar days before the coverage is rescinded. The insured may appeal any rescission.

CLAIM PROCEDURE

Send all medical, pharmacy or hospital itemized bills including diagnosis to the address below within 90 days of the date of the injury or sickness or as soon as reasonably possible. Information to identify the student or dependent must be provided and includes: student name, patient name, address, student ID number or social security number, and name of the institution under which the student is insured.

A company claim form is not required, unless the itemized billing statements do not provide sufficient information to process the claim. A company claim form can be obtained from www.MartinMethodistInsurance.com, or the Student Assurance Services website www.sas-mn.com. A student may also complete the online claim form from the website.

Bills submitted later than one year after the 90 days will not be considered for payment except in the case of no legal capacity.

Send claims or inquiries to:
Student Assurance Services Inc.
P.O. Box 196
Stillwater, MN 55082
(800) 328-2739
www.sas-mn.com

The claim office is available for calls between 8:00 a.m. to 4:30 p.m. Central Time, Monday – Friday. You may check the status of a claim you have already filed at: www.MartinMethodistInsurance.com and click on “Check Claims Online.” You will need your member ID number located on your ID card to access the online claim status.

SERVICED BY:
Associated Insurance Plans International, Inc.
Phone: 800-452-5772
www.aipstudentinsurance.com

Direct All Claims and Correspondence to:
Student Assurance Services, Inc.
P.O.Box 196 • Stillwater, MN 55082-0196

- Written proof of loss must be furnished within 90 days after the date of such loss.
- The Master Policy prevails in the case of conflict.
- Precertification is not required.

COMPLAINTS AND CLAIM APPEALS

Students and dependents have a right to file a grievance in writing for any provision of services or claim practices of Columbian Life Insurance Company which offers a health benefit plan or its claim administration by Student Assurance Services, Inc.

If there is a problem or concern, the student or dependent can first call the customer service toll free number on the ID card. A customer service representative will assist in resolving the problem or concern as quickly as possible. If the student or dependent continues to disagree with the decision or explanation given, a written request may be submitted for a review through the internal grievance process.

Internal grievance process may be initiated by contacting Student Assurance Services, Inc. The insured has right to:

- Submit written comments, documents, records, and other material relating to the review;
- Receive upon request, reasonable access to and copies of all documents relevant to your request for benefits relating to an Adverse Determination.

The grievance will be reviewed and a determination will be mailed. The grievance procedures may be obtained by contacting Student Assurance Services, Inc. or from the Master Policy on file with the College.

Grievance may be sent to:
Student Assurance Services Inc.
P.O. Box 196 • Stillwater, MN 55082
(800) 328-2739

IMPORTANT! INSURANCE CARD (ID CARD)

You may detach and retain the temporary ID card in the brochure. An ID card will be mailed to the student's address on file approximately 2 weeks after enrollment information is received by the Plan Administrator. Students do not need an ID card to be eligible to receive benefits under the Policy. For lost ID cards, request an ID card from the website www.MartinMethodistInsurance.com.

Martin Methodist College 2012-2013 STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Policy No. 41-64-0089-016-603-2

Insured _____

Underwritten by:



COLUMBIAN LIFE
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE:
STUDENT ASSURANCE SERVICES, INC.
P. O. BOX 196 STILLWATER, MN 55082-0196

Current eligibility is subject to verification by the Servicing Agent.

OPTIONAL – ADDITIONAL PREMIUM REQUIRED DENTAL/VISION/PHARMACY DISCOUNT PLAN

No Claim Forms
No Waiting Periods
No Pre-existing Conditions
No Deductible or Maximums
No Age Restriction
Discount is immediate at time of service
Over 100,000 participating providers nationwide

The Co-Health Group Collegiate plan has been specifically designed to meet the needs of today's College and University students, whether they are incoming freshmen, graduate, evening students, international or domestic students attending the College.

The Co-Health Benefit Plan provides discounts in certain health care areas not normally reimbursed by insurance. In the "Collegiate Plan" we are offering the Vision, Dental and Pharmacy Discount Program as a single package of benefits, or you may purchase discounts for pharmacy or vision separately. Here's how the plan works.

This is not an Insurance Plan. The Co-Health Group Collegiate Plan is a Discount Care Plan offering discounts and savings for Vision, Dental and Prescription Pharmacy expenses.

Each of the benefit programs (Vision, Dental and Prescription Pharmacy) has a network of Providers (for example, the participating dentists in the Dental Plan). As a member of the Plan you can go to any of the providers listed and purchase their products or services on a negotiated discount basis. You receive your discount/savings on the spot. There are no exclusions for "pre-existing" conditions. There are no claim forms to fill out and no paperwork to be filed. Simply show your Co-Health membership card at the time of your scheduled appointment or at a participating pharmacy.

The discounts you will receive are significant and these savings can be very important to you. The services that make up the Collegiate Plan (Vision, Dental and Pharmacy) are also the three most common areas where you will have unexpected expenses. With our Benefits, you can significantly reduce your out of pocket expenses, and as an added bonus, you can use our plan benefits anywhere in the United States, except the State of Washington. You simply show your Co-Health ID Card and get your discount on the spot.

Annual Premiums – enroll anytime throughout the year at www.MartinMethodistInsurance.com. You do not need to purchase health insurance to enroll in the optional dental/vision/pharmacy discount plan. For rate information call (800) 452-5772 or email to office@aipstudentinsurance.com.

Note: This program is not underwritten by Columbian Life Insurance Company.

MARTIN METHODIST COLLEGE
2012-2013 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

If you wish to purchase accident and sickness insurance for summer or for your dependent(s), complete this enrollment form and **mail it to:**
Associated Insurance Plans International, Inc. P.O. Box 189, Libertyville, IL 60048

Student ID: _____

Student's Name _____ Soc. Sec. #

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Address _____
(Street) (City) (State) (Zip)

Birthdate _____ Telephone _____ email: _____
(MM/DD/YY)

PREMIUM SCHEDULE (INDICATE PREMIUM SELECTED)

	Fall Semester <u>08-19-2012 to 12-31-2012</u>	Spring Semester <u>01-01-2013 to 05-05-2013</u>	*Summer <u>05-06-2013 to 08-18-2013</u>
Student	\$ 331	\$ 331	<input type="checkbox"/> \$ 331
Spouse	<input type="checkbox"/> \$ 1,411	<input type="checkbox"/> \$ 1,411	<input type="checkbox"/> \$ 1,411
Each Child	<input type="checkbox"/> \$ 871	<input type="checkbox"/> \$ 871	<input type="checkbox"/> \$ 871

Premium includes an agent service fee.

*Students are automatically enrolled in fall and spring semester. Students may purchase summer coverage on a voluntary basis by completing this enrollment form.

This plan has an enrollment period, refer to the brochure that accompanies this enrollment form.

Student and dependent coverage under the Policy becomes effective on the later of the following dates:

The Master Policy effective date August 19, 2012 at 12:01 a.m.; or 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 Servicing Agent.

Student and dependent coverage under the Policy will expire on the earliest of the following dates: the Master Policy expiration date August 18, 2013 at 11:59 p.m.; or when premium for your accident and sickness insurance coverage is due and unpaid.

It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. No refunds, except as provided in the Master Policy.

DEPENDENT INFORMATION (COMPLETE IF PURCHASING DEPENDENT COVERAGE)

Spouse's Name _____ Soc. Sec. # _____ Birthdate _____
MM/DD/YY

Child's Name _____ Soc. Sec. # _____ Birthdate _____
MM/DD/YY

Child's Name _____ Soc. Sec. # _____ Birthdate _____
MM/DD/YY

Enclosed is my check or money order, payable to Associated Insurance Plans International, Inc., in the amount of \$ _____.
Send to: Associated Insurance Plans International, Inc. P.O. Box 189, Libertyville, IL 60048

Please charge my credit card a one-time premium payment of \$ _____. Complete credit card information below.

Check credit card type: VISA® MasterCard® or Discover®

Credit Card Number

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Security Code (on back of card, 3 digits)

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Card Expiration Date

(Month)

(Year)

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**Credit card billing will state:
"Student Health Insurance"**

Cardholder Name/Cardholder Signature _____ Date ___/___/___

(Phone No.)

(MM/DD/YY)

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Cardholder Address _____

(Street)

(City)

(State)

(Zip)

I understand the Policy excludes benefits for a pre-existing condition, not subject to credit for prior coverage, until I am continuously covered under the Policy for 12 months.

Student Signature _____ Date ___/___/___