

### CREDIT FOR PRIOR COVERAGE

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

- a) If, at the time of enrollment, you have **not** been covered by Prior Creditable Coverage, this policy will not cover pre-existing conditions until you have continuous coverage for twelve (12) months under this policy.
- b) If you were covered by Prior Creditable Coverage, the pre-existing conditions waiting period will be reduced by the period of time you were covered by prior creditable coverage. Coverage must be continuous and there must be no break in coverage of 63 days or more immediately prior to your effective date of coverage under this Policy. To obtain credit for previous coverage, you must provide evidence of Prior Creditable Coverage within 30 days of enrollment in this policy.

### 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 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.

### 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.**

**Scholastic Emergency Services** – 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.

### 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) except as specifically provided in the Benefits Schedule; 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 or intercollegiate sports, including the participation in any conditioning program for such sport, contest or competition, except as specifically provided in the Benefits Schedule.
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 newborn 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, not subject to Credit for Prior Coverage until continuously covered by University's Student Accident & Sickness Insurance plan for a period of 12 consecutive months.

### DEFINITIONS

**Copay** means a fee that is the Insured's responsibility each time a covered service is received.

**Deductible** means an amount subtracted from Eligible Expenses, per Policy year, 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 purulent sinusitis. Elective Treatment includes but is not limited to: allergy testing; treatment for acne; biofeedback-type services; infertility; hypnotherapy; learning disabilities; and weight reduction.

**Injury** means accidental bodily injury or injuries directly caused by specific accidental contact with another body or object while Your coverage is in force. It is unrelated to any pathological, functional, or structural disorder or Injury resulting directly and independently of all other causes, in Loss covered by the Policy. All related injuries and recurrent symptoms of the same or similar condition will be considered one Injury.

**Pre-Existing Condition** means any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to Your Effective Date of coverage.

**Prior Creditable Coverage** means coverage provided in the United States under any individual or group: health benefits plan; insurance policy or certificate; service contract or HMO contract; or any government health benefit plan.

**Sickness** means your bodily sickness, mental sickness, or Maternity which is not a Pre-existing Condition and which causes Loss while your coverage is in force. Sickness includes pregnancy, Complications of Pregnancy and trauma related disorders due to injuries which otherwise do not meet the definition of an Injury. All related sicknesses and recurrent symptoms of the same or similar condition will be considered one Sickness.

**Usual and Customary Charges (U&C)** means charges for medical services or supplies for which You are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Customary Charges are determined by referencing the 80th percentile of the most current survey published by Ingenix for such services or supplies.

### CLAIM PROCEDURE

Secure a claim form from the SAS, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills and send to Student Assurance Services, Inc. Proof of loss must be submitted to the address below within 90 days from the date of Injury or Sickness.

### STUDENT ASSURANCE SERVICES, INC.

P.O. Box 196 • Stillwater, MN 55082-0196

To check the status of your filed claim, please call the Claims Office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday. The telephone number is Toll Free: **1-800-328-2739**. The Student Assurance Services, Inc. website is: [www.sas-mn.com](http://www.sas-mn.com)

### TO APPLY FOR COVERAGE

International students are automatically enrolled at registration and the premium for coverage is added to the Drake student account. To enroll dependents complete the Enrollment Form and return it with your payment to Student Assurance Services, Inc.

Domestic students who wish to enroll can complete the Enrollment Form and return it with your credit card information or check made payable to:

### STUDENT ASSURANCE SERVICES, INC.

P.O. Box 196 • Stillwater, MN 55082-0196

Or

Domestic students can enroll online at the Student Assurance Services, Inc. website [www.sas-mn.com](http://www.sas-mn.com). The online form is available under School Look-up.

Questions regarding the receipt of premium or verification of coverage under this insurance plan may be answered by contacting Student Assurance Services, Inc. at: Toll Free **1-800-328-2739**; or [www.sas-mn.com](http://www.sas-mn.com).

### PREFERRED PROVIDER ORGANIZATION

**SAS, Inc. has contracted with First Health Network**, a Preferred Provider Organization to provide all insured by this plan with quality care at significantly reduced fees. In the Medical Benefits Schedule of this brochure, PPO benefits will be paid at the percentage shown of the PPO Allowable Charges when a First Health Network Provider is used, and at the percentage shown of the Usual and Customary (U&C) Charges incurred when a non-First Health Network provider is used. Please confirm your provider is a member of the PPO 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 their website, [www.firsthealth.com](http://www.firsthealth.com).**

Keep this brochure as your summary of coverage - no individual policy will be issued. Master Policy 14-64-0017-601-680-9 is issued to Domestic Students and 14-64-0017-601-683-9 is issued to International Students of the University. The Master Policy contain 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 Life's privacy policy from your University, by contacting SAS, Inc. at (800) 328-2739, or visiting [www.sas-mn.com](http://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  
For Students Attending



**DRAKE UNIVERSITY**

Des Moines, IA

# 2009-2010

Administered by



[www.sas-mn.com](http://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  
**Dale Gordon**  
666 Walnut St. N8200-091  
Des Moines, IA 50309  
(515) 245-3183

Form No. 3682-CL-09-IA

U-17IA

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 Injury or Sickness including those which occur off campus and during interim vacations.

Any questions about the policy should be directed to:

**Dale Gordon**

666 Walnut St. N8200-091; Des Moines, IA 50309

(515) 245-3183

**ELIGIBILITY**

All domestic students taking 6 or more credit hours and all international students including exchange students and visiting scholars 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 Servicing Agent 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 years of age who are not self-supporting and reside with the Insured Student. Coverage for a sickness or injury of a newborn child will become effective at birth if the company is notified and the proper premium is paid within 31 days of birth.

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**

Coverage becomes effective on the later of: the Policy Effective Date (08-01-2009); 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 the earlier of: 07-31-2010, or when payment for your accident and sickness coverage is due and unpaid.

**ENROLLMENT**

**International students with F1 or J Visa status are required to enroll and are automatically enrolled at registration. The premium for coverage is added to the Drake student account.**

Domestic students are eligible to enroll in this insurance plan on a voluntary basis. Eligible students and dependents may enroll in the plan by the following deadline dates:

**Annual deadline date: 09-15-2009;**

**Spring/Summer deadline: Date 02-10-2010**

**Summer Deadline Date: 6-9-2010**

Enrollment forms and premium payments received after the deadline date will not be accepted, unless you qualify for late enrollment. If premium payment is received after the Effective Date of coverage for the term for which you are enrolling, your coverage becomes effective 12:01 a.m. following the date the proper premium is received by the Plan Administrator. To qualify for late enrollment, you 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 a child. Contact the Plan Administrator or Servicing Agent for enrollment information, short term insurance options, and partial year rates.

**CONTINUATION PRIVILEGE**

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

**MEDICAL BENEFITS SCHEDULE - UP TO MAXIMUM \$100,000 EACH INJURY AND SICKNESS**

**PART A: BASIC INJURY AND SICKNESS BENEFITS**

When your covered Injury and Sickness requires treatment by a Physician, the policy will provide benefits while your coverage is in force for **80% of the PPO Allowable** for charges incurred for covered services received from a PPO Provider, and **60% of the Usual and Customary Charges (U&C)** incurred for covered services received from a non-PPO Provider, until the Insured has paid **\$3,000 in out-of-pocket expenses**. After the out-of-pocket maximum is met, eligible expenses will be payable at **100% of the PPO Allowable Charge** or **100% non-PPO U&C** as scheduled below, up to a **Maximum Benefit of \$100,000 for Each Injury and Sickness**. Out of pocket expenses do not include copays, deductibles, or ineligible expenses. Eligible expenses are subject to a per **Policy year deductible of \$300 per person** for PPO provider services or **\$500 per person** for non-PPO provider services. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

**COVERED SERVICES ..... Subject to the following Limits:**

- I. INPATIENT**
- a. HOSPITAL ROOM AND BOARD (semi-private room rate) ..... PPO Allowable; non-PPO U&C
- b. HOSPITAL INTENSIVE CARE (includes 24 nursing care) ..... PPO Allowable; non-PPO U&C
- c. HOSPITAL MISCELLANEOUS INPATIENT (services and supplies including but not limited to: the cost of the operating room; laboratory tests; x-ray examinations; anesthesia; drugs - excluding take home drugs or medications; supplies; physiotherapy; pathology and radiology) ..... PPO Allowable; non-PPO U&C
- d. SURGICAL TREATMENT ..... PPO Allowable; non-PPO U&C
- e. ASSISTANT SURGEON AND/OR ANESTHETIST ..... PPO Allowable; non-PPO U&C
- f. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery) ..... PPO Allowable; non-PPO U&C
- g. PRIVATE DUTY NURSE ..... PPO Allowable; non-PPO U&C
- h. MATERNITY BENEFITS ..... Same as any Sickness
- i. MENTAL AND NERVOUS DISORDERS ..... PPO Allowable; non-PPO U&C
- j. SUBSTANCE ABUSE ..... PPO Allowable; non-PPO U&C
- II. OUTPATIENT**
- a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS ..... PPO Allowable; non-PPO U&C; not to exceed 2 times benefit II.b.
- b. SURGICAL TREATMENT ..... PPO Allowable; non-PPO U&C
- c. ASSISTANT SURGEON AND/OR ANESTHETIST ..... PPO Allowable; non-PPO U&C
- d. PHYSICIAN'S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery, includes injections; deductible does not apply) ..... \$20 copay/visit; PPO Allowable; non-PPO U&C
- e. PHYSIOTHERAPY (1 visit/day) ..... **Post Surgical:** PPO Allowable; non-PPO U&C  
**Non-surgical:** PPO Allowable; non-PPO U&C, up to \$500/Policy Year
- f. HOSPITAL EMERGENCY ROOM ..... PPO Allowable; non-PPO U&C
- g. DIAGNOSTIC X-RAY AND LAB SERVICES ..... PPO Allowable; non-PPO U&C
- h. MENTAL AND NERVOUS DISORDERS AND/OR SUBSTANCE ABUSE ..... PPO Allowable; non-PPO U&C
- i. MATERNITY BENEFITS ..... Same as any Sickness
- j. PRESCRIPTION DRUGS (30 day supply/ prescription; includes contraceptives; refer to Prescription Drug Program) ..... In or out of Network: \$10 copay/generic; \$20 copay/brand; up to \$1,000/Policy Year  
PPO Allowable; non-PPO U&C
- III. OTHER**
- a. AMBULANCE SERVICES (Ground Service) ..... \$500/Trip
- b. DENTAL TREATMENT (Injury to sound, natural teeth, Includes X-rays, does not include biting or chewing injuries) ..... \$200/Tooth
- c. MOTOR VEHICLE INJURY ..... Same as any Injury
- d. ORTHOPEDIC APPLICANCES AND/OR DURABLE MEDICAL EQUIPMENT ..... PPO Allowable; non-PPO U&C
- e. HOSPICE CARE ..... PPO Allowable; non-PPO U&C; Same as any Sickness: Inpatient up to 30 days/Policy year; Out-patient up to \$3,000/Policy Year
- f. HOME HEALTH CARE ..... 80% of U&C, up to 40 visits/Policy Year
- g. ADULT PREVENTIVE CARE (one routine exam, including misc. routine tests and lab services) ..... \$100/Policy Year
- h. INPATIENT ROUTINE NEWBORN CARE ..... Same as any Sickness, up to 48 hours following vaginal delivery or up to 96 hours following cesarean section delivery

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

**PART B: OPTIONAL INTERCOLLEGIATE SPORTS (Additional premium required) ..... Same as any Injury, up to \$2,500**

Intercollegiate Sports coverage is required by the University if you are an athlete and purchasing the Accident and Sickness coverage.

**PART C: 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](http://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.

**PRESCRIPTION DRUG PROGRAM**

Prescription drug benefits will be paid according to the terms of the insurance plan brochure and Master policy. As an enhancement, Student Assurance Services, Inc. has contracted with Express Scripts Inc. to provide prescription drug services to students. **Note: The Prescription Drug Program is not underwritten by Columbian Life Insurance Company.** Express Scripts offers the best value for prescription drugs when you use a pharmacy participating in the Express Scripts Network; however, you can choose to use a pharmacy of your own choice and pay out-of-Network prices. Medication not covered includes, but is not limited to: Accutane, Retin-A, Rogaine, Renova and Viagra. More detailed program information will be sent to you with your Prescription ID card. To obtain information on specific drugs or a listing of participating pharmacies contact Express Scripts at toll free 800-332-5455 or visit the website at [www.express-scripts.com](http://www.express-scripts.com).

**ADDITIONAL BENEFITS**

The plan will pay benefits for the items below in accordance with any applicable Iowa law. Benefits may be subject to deductibles, coinsurance, limitations, and exclusions of the Policy. Description of these Additional Benefits can be found in the Master Policy on file at the University or call the Claim Office. They include benefits for Diabetes Supplies and Self-Management Benefits; Mammography Benefits; Minimum Maternity Benefits; Anesthesia and Hospital Benefits for Dental Care; and Prescription Contraceptives.