

2009–2010

**STUDENT
INJURY AND
SICKNESS
INSURANCE
PLAN**

**Designed Especially
for the Students of
St.Olaf College**



Northfield, MN 55057

Effective Date:
August 15, 2009
to
August 15, 2010

Policy No.CUH201675

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TO ALL STUDENTS OF ST. OLAF COLLEGE

St. Olaf College requires that all students enrolled at the College have health insurance coverage. An unexpected or expected illness or injury can result in heavy financial burdens for a student and his/her family. This burden added to the high cost of education may force a student to withdraw from school. Knowing this, please consider this Student Accident and Sickness Insurance Plan, offered through Collegiate Insurance Resources with St. Olaf College's cooperation, which is designed to meet students' needs and to enhance retention of students following an illness or injury. This brochure is a brief description of the Plan. The exact provisions governing the insurance are contained in the Master Policy issued to St. Olaf College and may be viewed at the school during regular business hours. This Plan is underwritten by Combined Insurance Company of America, managed by Collegiate Insurance Resources. Claims are processed by Administrative Concepts, Inc.

STUDENT ELIGIBILITY AND ENROLLMENT

All students attending St. Olaf College are required to participate in the Student Accident and Sickness Insurance Plan unless proof of comparable coverage is furnished. Students may enroll in the Student Accident and Sickness Insurance Plan or provide proof of comparable coverage and waive the Student Accident and Sickness Insurance Plan by completing the Student Health Insurance Form online at <http://www.stolaf.edu/offices/stuacct/healthinsurance.html> **Students choosing to waive coverage for the 2009-2010 school year must complete the Student Health Insurance Form prior to July 1, 2009. Failure to do so will result your student account being billed a non-refundable insurance premium of \$744 for the Student Health Plan through Collegiate Insurance Resources.**

The annual premium is \$744.00. Those students not insured elsewhere or do not have proof of comparable coverage will be enrolled in the insurance. Previously Insured Students and their Dependents must be re-enrolled within 15 days from the start of the period of coverage in order to avoid a break in coverage. An Insured Person who has a break in continuous coverage will not be covered for any Pre-existing Conditions that originated before or during such break. Students must actively attend classes for 31 consecutive class days following the date of enrollment in this insurance program. Recent graduates of St. Olaf College are not eligible for this insurance coverage and should contact Collegiate Insurance Resources directly to inquire about other insurance options that may be available to them.

Home study and auditing scholars do not qualify as a student for the purposes of purchasing insurance coverage.

POLICY TERM

The insurance under St. Olaf College's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 15, 2009. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The Annual Policy terminates at 12:01 a.m. on August 15, 2010 or at the end of the period through which the premiums are paid.

PREMIUM REFUND POLICY

Insured Students entering the Armed Forces of any country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request. Requests should be made to the Plan Manager, Collegiate Insurance Resources, 800-322-9901. Premium received by the Company is fully earned upon receipt. **No other requests for a refund of premium will be considered.**

DEFINITIONS

Covered Charge or Expense as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Plan is in force as to the Insured Person.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a duly licensed osteopath, optometrist, chiropractor, or registered nurse; or (c) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or (d) a certified nurse midwife while acting within the scope of that certification.

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

Insured Person means an Insured Student and his or her covered Dependent(s) while insured under this Plan.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a Loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Medically Necessary means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided.

A service, drug or supply shall be considered "needed" if it:

- (a) is ordered by a licensed Doctor; and
- (b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered.

A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

Per Condition Aggregate Maximum means for each insured person, the total amount of benefits payable for each Injury or Sickness under the Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Policy.

Reasonable and Customary Expenses means the normal charge, in absence of insurance, of the provider for a service or article, but not more than the prevailing charge in the area for the service of article. A "like service" is the same nature & duration, requires the same skill and is performed by a provider of similar training and experience. A "like article" is one that is identically or substantially equivalent. "Area" means municipality or, in the case of a large city, a subdivision of the city, in which the service or article is actually provided or a greater area as is necessary to obtain a representative cross-section of charge, for like services or articles.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us, and Our means Combined Insurance Company of America.

PRE-EXISTING CONDITIONS LIMITATION

A Pre-existing Condition is a Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a Doctor during the twelve (12) consecutive months prior to the Effective Date of the Insured Person's coverage under this Plan.

The Pre-existing Condition Waiting Period is twelve (12) months. Coverage will not be provided for a Preexisting Condition until the waiting period has elapsed. The Pre-existing Condition Waiting Period applies to all persons covered under this Plan and begins on the Insured Person's Effective Date.

If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured Student's effective date; and (b) We will pay only for Loss or Expense incurred after such twelve (12) consecutive month period.

CONTINUOUS INSURANCE

Injury or Sickness shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Policy. Also, the total amount of benefits payable for Injury or Sickness under this policy and Prior Plan cannot exceed the Per Condition Aggregate Maximum. Nothing contained herein shall be held to vary, alter, waive or extend any of the provision exclusions, and other terms of this policy, except as provided above.

DESCRIPTION OF BENEFITS

The insured is responsible for a \$100.00 deductible per policy year. Except for In-Network Outpatient office visits which are paid at 100% subject to \$20 co-pay (no deductible). Non-network Outpatient office visits are subject to deductible and coinsurance.

STUDENT HEALTH SERVICES

Services rendered at the Student Health Service will be paid at 100% to \$250 per year for students only. Deductible waived at the Student Health Service.

BASIC ACCIDENT MEDICAL EXPENSE BENEFIT

If as a result of an Injury, an Insured Person incurs covered medical Expenses, We will pay 80% of the Preferred Allowance for Network Providers or 60% of the Reasonable and Customary Expense for Non Network Providers incurred up to a maximum of \$50,000 per Injury. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) ambulance; (m) accidental dental injury; (n) durable medical equipment, and (o) other expenses incurred for the treatment of an Injury.

Injury due to a two-wheeled motor vehicle accident will be paid on the same basis as any other injury and is limited to \$10,000 per Injury.

Injuries resulting from participation in an intercollegiate or club sport will be paid as any other Injury up to a maximum of \$1,000.00 per Injury.

BASIC SICKNESS MEDICAL EXPENSE BENEFIT

If as the result of a Sickness, an Insured Person incurs covered medical expenses, We will pay the Covered Percentage of the Covered Charges incurred, as allocated below for a Sickness.

Hospital Room and Board Expense Benefit: If an Insured Person requires confinement in a hospital, We will pay 80% of the Preferred Allowance for Network Providers or 60% of the Reasonable and Customary Expense for Non-Network Providers incurred up the semi-private room rate. Coverage includes a bed in special care or intensive care unit.

Miscellaneous Hospital Expense Benefit (Inpatient or Outpatient): If an Insured Person incurs Expenses during a hospital confinement or day surgery on an outpatient basis (will also include surgery performed in a Doctor's office, trauma unit, surgical center or clinic), We will pay 80% of the Preferred Allowance for Network Providers or 60% of the Reasonable and Customary Expense for Non-Network Providers incurred. Such Expenses included: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; (l) physical and occupational therapy; and (m) other necessary and prescribed hospital expenses. Pre-Admission Test Expense Benefits will be covered under this benefit.

Surgical Expense Benefit (Inpatient or Outpatient): We will pay 80% of the Preferred Allowance for Network Providers or 60% of the Reasonable and Customary Expense for Non-Network Providers incurred per Sickness for surgery performed by a licensed Doctor (In or Out of the Hospital). Benefits will be paid in accordance with the MDR Schedule for Reasonable and Customary Expense.

Multiple Surgical Procedures Expense Benefit: When Injury or Sickness requires multiple Surgical Procedures through the same incision, We will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Charge for these procedures.

Doctor's Fees and Medical Expense Benefit (Inpatient or Outpatient): If an Insured Person, who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have performed the surgery on the Insured Person, We will pay 80% of the Preferred Allowance for Network Providers or 60% of the Reasonable and Customary Expense incurred, limited to one visit per day, up to maximum 60 days per Sickness.

Licensed Nurse Expense Benefit: If an Insured Person requires the services of a licensed nurse or licensed practical nurse during a hospital confinement, We will pay 80% of the Preferred Allowance for Network Providers or 60% of the Reasonable and Customary Expense incurred, up to a maximum of 60 days per Sickness.

Outpatient Miscellaneous Expense Benefit (Inpatient or Outpatient): If an Insured Person requires the use of: (1) diagnostic x-ray, laboratory tests and test procedures when prescribed by an attending Doctor; or (2) radiation therapy or chemotherapy treatment when prescribed by an attending Doctor; (3) physical therapy; (4) occupational therapy, We will pay 80% of the Preferred Allowance for Network Providers and 60% of the Reasonable and Customary Expense for Non Network Providers incurred per Sickness.

Prescription Drug Expense Benefit:



After a co-payment of \$10.00 for generic or \$20.00 for a brand name drug per prescription, the cost of prescription drugs is payable in full, up to a maximum of \$500.00 per condition. Prescriptions must be filled at a Medco Participating Pharmacy. Insured Persons will be given an insurance ID card to show to the Pharmacy as proof of coverage.

Coverage includes insulin and supplies, but not equipment.

Before you receive your insurance ID card, and if you need to have a prescription filled, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID Card will include instructions on how to file for reimbursement for prescriptions filled before you received your card. Reimbursement will be at the Medco contracted discount rate and will be less than the rate charged by the pharmacy. Not all medications are covered. Before you receive your insurance ID Card you may contact Administrative Concepts, Inc. for a list of participating pharmacies and covered medications or exclusions.

After you receive your insurance ID card, no claim forms need to be completed. After you receive the card you may call the toll-free customer service number listed on your card for assistance with pharmacy locations (800-400-0136). The number is effective for enrolled members only. You will need the Group Number and 15-digit Member Number printed on your insurance ID card.

Home Delivery Pharmacy Service is available for medication taken to treat ongoing health conditions. Instructions on how to order will be included with your insurance ID card.

Ambulance Expense Benefit: If an Insured Person requires the use of a community or hospital ambulance for a Medical Emergency, We will pay 80% of the Reasonable and Customary Expenses for Non Network Providers incurred.

STATE MANDATED BENEFITS

Outpatient Mental and Nervous Conditions Expense Benefit: We will pay the Covered Percentage of the Covered Charges incurred for Mental and Nervous Conditions. We cover such charges the same way We treat Covered Charges for any other Sickness.

For outpatient services for the treatment of Mental or Nervous Conditions, includes treatment or outpatient services rendered either on an individual or a single-family basis. If outpatient services or treatment is rendered on a group basis, each two-group session will equal one hour of treatment. The Mental and Nervous services must be: (a) in a licensed Hospital, a community mental health center, or a mental health clinic approved or licensed by the state of Minnesota; and/or (b) by any licensed mental health professional; and/or (c) for the family, if family therapy is advised by the approved provider of service of a Dependent child.

Inpatient Alcohol and Drug Abuse Expense Benefit: When the Insured Person is confined as an inpatient in: (a) a hospital; or (b) a residential treatment program licensed by the state of Minnesota for diagnosis or recommendation by a Doctor of medicine, We will pay the Covered Percentage of the Covered Charges incurred for Inpatient Alcohol and Drug Abuse. We cover such charges the same way We treat Covered Charges for any other Sickness.

Outpatient Alcohol and Drug Abuse Expense Benefit: When the Insured Person is not so Hospital Confined as an inpatient, We will pay the Covered Percentage of the Covered Charges incurred for Outpatient Alcohol and Drug Abuse. We cover such charges the same way We treat Covered Charges for any other Sickness..

Cancer Screening and Cytologic Screening (Pap Smear) Expense Benefit: We cover charges for Expenses incurred for routine Cancer Screening procedures including Cytologic Screenings (Pap Smear) when recommended by a Doctor in accordance with the standard practice of medicine. We cover such charges the same way We treat Covered Charges for any other Sickness.

Maternity Expense Benefit: We cover charges as a result of normal pregnancy or as a result of non-elective termination of pregnancy, or as a result of elective termination of pregnancy as shown in the following schedule. Coverage will be provided for at least four days of confinement in a Hospital or Birthing Center. We will pay the Covered Percentage of the Covered Charges incurred for any Post delivery Care to an Insured Person and the newborn for a minimum of four days of confinement in a Hospital or Birthing Center and for Perinatal Care. For a mother and newborn child who remain in the Hospital for the minimum length of time stated above, We will pay for one home health care visit if prescribed by the attending Doctor. For a mother and newborn child who have a shorter Hospital stay, We will pay for one home visit scheduled within 24 hours after Hospital discharge; and an additional home visit if prescribed by an attending Doctor.

Newborn Infant Care: Newborn infant care is covered when the infant is confined in the Hospital and has received continuous Hospital care from the moment of birth. This does not include (s): (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures, except circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth. Covered services may be provided by a certified nurse midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility. We cover such charges the same way We treat Covered Charges for any other Sickness.

Mammographic Examination Expense Benefit: We cover charges for Mammographic exams. The charges must be incurred while the Insured Person is insured for these benefits. Benefits will be paid for mammographic exam charges incurred for the following: (a) one baseline mammogram for a woman thirty-five through thirty-nine years of age; (b) one mammogram every twenty-four months for a woman forty through forty-nine years of age, inclusive, or more frequently upon recommendation of a Doctor; (c) one mammogram every twelve months for a woman fifty years of age or older. We cover such charges the same way We treat Covered Charges for any other Sickness.

Reconstructive Breast Surgery Expense Benefit: We cover charges following a covered mastectomy for the following services:(a) reconstruction of the breast on which the mastectomy has been performed; (b) surgery and reconstruction of the nondiseased breast to restore and achieve symmetry; (c) prosthetic devices and treatment of physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes); and (d) hospitalization, for a length of stay as determined by the attending Doctor and surgeon in consultation with the Insured Person, and consistent with sound clinical principles and processes. We cover such charges the same way We treat Covered Charges for any other Sickness.

Reconstructive Surgery Expense Benefit: We will pay the Covered Percentage of the Covered Charges incurred for reconstructive surgery when such service is incidental to or follows surgery resulting from Injury or Sickness or other diseases of the involved part. We will also pay benefits for the Covered Percentage of the Covered Charges incurred for service performed on an insured Dependent child because of congenital disease or anomaly which has resulted in a functional defect as determined by the attending Doctor. Cosmetic Surgery is performed to alter or reshape normal structures of the body in order to improve the patient's appearance and is therefore not a Covered Charge. We cover such charges the same way We treat Covered Charges for any other Sickness.

Laryngectomy Expense Benefit: We cover benefits for charges for Prosthetic Devices to restore a method of speaking for the Insured Person incident to a Laryngectomy. We cover such charges the same way We treat Covered Charges for any other Sickness.

Osteoporosis Expense Benefit: We cover charges for services related to diagnosis, treatment, and appropriate management of Osteoporosis. Such services may include, but need not be limited to all Food and Drug Administration approved technologies, including bone mass measurement technologies as deemed medically appropriate. We cover such charges the same way We treat Covered Charges for any other Sickness.

Children's Health Supervision Services And Prenatal Care Services Expense Benefit: We cover charges for Child Health Supervision Services and Prenatal Care Services. Charges include coverage for at least one visit payable to one provider at each visit.

We cover such charges the same way We treat Covered Charges for any other Sickness. Child Health Supervision Services means pediatric preventive services, appropriate immunizations, developmental assessments, and laboratory services appropriate to the age of a child from birth to age six (6), and appropriate immunizations from ages six (6) to eighteen (18), as defined by Standards of Child Health are issued by the American Academy of Pediatrics. Reimbursement must be made for at least five child health supervision visits from birth to twelve (12) months, three child health supervision visits from twelve (12) months to twenty-four (24) months, once a year from twenty-four (24) months to seventy-two (72) months. Prenatal Care Services means the comprehensive package of medical and psychosocial support provided throughout the pregnancy, including risk assessment, serial surveillance, prenatal education, and use of specialized skills and technology, when needed, as defined by Standards for Obstetric-Gynecologic Services issued by the American College of Obstetricians and Gynecologists.

Phenylketonuria Treatment Expense Benefit: We cover charges for special dietary treatment for Phenylketonuria when recommended by a Doctor. We cover such charges the same way We treat Covered Charges for any other Sickness.

Scalp Hair Protheses Expense Benefit: We cover charges for expenses incurred for scalp hair protheses worn for scalp hair loss as a result of alopecia. We will not pay more than a maximum of \$350.00 in anyone policy year.

Ventilator-Dependent Expense Benefit: We cover charges for services provided by a private duty nurse or personal care assistant to a ventilator-dependent Insured Person for up to 120 hours during the time the ventilator-dependent Insured Person is in a Hospital. The personal care assistant or private duty nurse shall perform only the services of communicator or interpreter for the ventilator-dependent Insured Person during a transition period to assure adequate training of the Hospital staff to communicate with the Insured Person and to understand the unique comfort, safety and personal care needs of the Insured Person. We cover such charges the same way We treat Covered Charges for any other Sickness.

Temporomandibular Joint/Craniomandibular Disorder Expense Benefit: We cover charges for surgical and non-surgical treatment of a temporomandibular joint disorder and/or craniomandibular disorder. We cover such charges the same way We treat Covered Charges for any other Sickness.

Prostate Cancer Screening Expense Benefit: We will pay the Covered Percentage of the Covered Charges incurred for Prostate Cancer Screening for:

- (a) men age 40 and over who are symptomatic or in a high-risk category; or
- (b) all men age 50 and over.

As used herein, the Prostate Cancer Screening must consist at a minimum of a Prostate Specific Antigen blood test and a digital rectal examination. We cover such charges the same way We treat Covered Charges for any other Sickness.

Off-Label Drug Use Expense Benefit: We will pay the Covered Percentage of the Covered Charges incurred for a cancer drug even if that drug has not been approved by the Federal Food and Drug Administration for a particular indication provided such drug is recognized in one of the Standard Reference Compendia or in one article in the Medical Literature.

Medical Literature means articles from major peer reviewed medical journals that have recognized the drug or combination of drugs safety and effectiveness for treatment of the indication for which it has been prescribed. Each article shall meet the uniform requirements for manuscripts submitted to biomedical journals established by the international committee of medical journal editors or be published in a journal specified by the United States Secretary of Health and Human Services, as amended, as acceptable peer review Medical Literature. Each article must use generally acceptable scientific standards and must not use case reports to satisfy this criterion.

Standard Reference Compendia means:

- (a) the United States Pharmacopeia Drug Information; or
- (b) the American Hospital Formulary Service Drug Information.

Pre-Admission Tests Expense Benefit: Notwithstanding any provision in the Policy to the contrary, We will pay benefits for Covered Charges made by a Hospital for use of its outpatient facilities for tests ordered by a Doctor. The tests must be performed as a planned preliminary to the Insured Person's admission as an inpatient for surgery in that same Hospital. However: (a) the test must be necessary for, and consistent with, the diagnosis and treatment of the condition for which surgery is to be performed; (b) reservations for a Hospital bed and for an operating room must be made prior to the date the tests are done; (c) the surgery actually takes place within seven days of pre-surgical tests; and (d) the Insured Person is physically present at the Hospital for the tests.

No benefit shall be payable under this provision in excess of either: (1) the benefits that would have been provided under this Policy had the Insured Person received those tests while confined in the Hospital as a resident bed-patient; or (2) the Miscellaneous Hospital Expense Maximum shown in the Plan of Insurance for the Miscellaneous Hospital Expense Benefit.

If, by reason of similar benefit provisions elsewhere contained, the Policy provides for reimbursement for the same charges, no benefits shall be payable under these provisions, except to the extent by which the amount of benefit produced under those provisions for a given charge exceeds the amount of benefits produced for that same charge under this provision.

This provision shall apply with respect to the Insured Person only to the extent that the Insured Person is insured under this Policy for Hospital Expense Benefits.

INTERNATIONAL ASSISTANCE PROGRAM

The International Assistance Program (IAP) is included in the Student Insurance Plan that provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and Insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriation of remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact On Call International for any of these services:

Toll Free from U.S. and Canada: 1-800-850-4556
Dial Direct or Call Collect Worldwide: 1-603-898-9159 or
Contact our website: www.oncallinternational.com

EMERGENCY MEDICAL EVACUATION AND REPATRIATION OF REMAINS EXPENSE BENEFIT

Emergency Medical Evacuation Expense Benefit: In the event of a serious Injury or Sickness, the Plan will pay benefits up to \$10,000 to evacuate an Insured Person if: (a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or b) after being treated at a local hospital, the Insured Person's medical condition warrants transportation to the Insured Person's home country to obtain further medical treatment to recover. An Emergency Medical Evacuation must be approved in advance by the Company. This benefit is only available for Insured Persons outside their home country.

Repatriation of Remains Expense Benefit: The Company will pay the reasonable covered expenses to return the Insured Person's body to his or her home country if he or she dies; not to exceed a maximum of \$7,500. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of Remains must be approved in advance by the Company. This benefit is only available for Insured Persons outside their home country.

**ACCIDENTAL DEATH AND DISMEMBERMENT
EXPENSE BENEFIT**

When, because of an Injury, the Insured Person suffers any of the following Losses within 365 days from the date of the Accident, We will pay as follows:

Table For Loss Of:

Life.....	\$1,000
Two hands.....	\$1,000
Two feet.....	\$1,000
Sight of two eyes.....	\$1,000
One hand and one foot.....	\$1,000
One hand and sight of one eye.....	\$1,000
One foot and sight of one eye.....	\$1,000
One hand or one foot or one eye.....	\$500

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the Loss if it in any way results from or is caused or contributed: (1) by physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by the Plan; (2) by an infection, unless it is caused solely and independently by a covered Accident; (3) for Expenses for which a contributing cause was the Insured Person's commission of, or attempt to commit a felony, or for which an Insured Person's engagement in an illegal occupation was the contributing cause; or (4) Bodily injuries received while the Insured Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood level in excess of the state legal intoxication limit. In addition to the above, this provision is subject to the Exclusions as provided.

EXCLUSIONS

The Plan does not cover nor provide benefits for:

1. Services provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
2. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
3. Private duty nursing or skilled nursing services, except as specifically provided;
4. Home health care services, except as specifically provided;
5. Care and/or treatment in skilled nursing facility, except as specifically provided;
6. Pre-existing Conditions as defined in this Plan;
7. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
8. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports;
9. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
10. Cosmetic surgery, except as the result of covered Injury occurring while this Plan is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
11. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
12. Correction of congenital defects except as specifically provided;
13. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;

14. Expense incurred as the result of dental treatment. This exclusion does not apply to treatment resulting from Injury to natural teeth;
15. Expense incurred after the date insurance terminates for an Insured Person except as maybe specifically provided in the Extension of Benefits Provision, when applicable;
16. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with experimental or investigational treatment;
17. Injury or Sickness resulting from war; or any act thereof;
18. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
19. Injury due to participation in a riot;
20. For services or supplies rendered by a close relative of the Insured Person. By close relative We mean an Insured Person's spouse, children, parents, brothers and sisters;
21. For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;
22. Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns; calluses; bunions; routine care of toenails, except for the removal of the nail root and necessary services in treatment of metabolic or peripheral-vascular disease; treatment of the instability and imbalance of the feet; and any tarsalgia, metatarsalgia. Expenses incurred for the care and treatment of Injury, infection, or disease are not excluded;
23. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
24. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal
25. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss;
26. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
27. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses process;

(except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;

28. Routine periodical physical examinations and routine chest x-rays, except as specifically provided;
29. Expenses incurred for allergy testing and allergy treatment;
30. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
31. An amount of a charge in excess of the Reasonable and Customary Expense;
32. Elective treatment or elective surgery, except as specifically provided;
33. Oral contraceptives and other forms of contraception used for contraceptive purposes only;
34. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
35. Treatment of mental or nervous disorders except as specifically provided;
36. Treatment of alcohol and substance abuse except as specifically provided;
37. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
38. Suicide, attempted suicide, or intentionally self-inflicted injury;
39. Bodily injuries received while the Insured Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.
40. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); acne; birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
41. Voluntary or elective abortion; except as specifically provided;
42. Expense incurred for: topical acne treatments, moles, non-malignant warts or lesions, fertility medication; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; drugs to promote or stimulate hair

growth; experimental drugs; drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit;

43. Expenses incurred for replacement braces and appliances, except for repair or replacement that is required by a changed condition due to Sickness or Injury;
44. Expenses incurred for services or supplies for the diagnosis and treatment of sleep disorders, including but not limited to apnea monitoring and sleep studies;
45. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury;
46. Services, supplies and facility that are provided mainly for a rest cure, maintenance or custodial care;
47. Hospital inpatient admissions primarily for diagnostic studies when bed care is not Medically Necessary;

PREFERRED PROVIDER NETWORK

The St. Olaf College Student Accident and Sickness Insurance Plan provides access to hospitals and health care providers locally through the Preferred Provider Organization of Preferred One. The advantage to using a Network Provider is that these providers have agreed to accept a predetermined fee or Preferred Allowance as payment for their services. Consequently, when Insured Persons use Network Providers. Out-of-Pocket expenses will be less because any applicable copayment will be based on a Preferred Allowance. The Insured Person should be aware that Network Provider Hospitals may be staffed with Non-Network Providers. Receiving services or care from a Non-Network Providers does not guarantee that all charges will be paid at the Network Provider level of benefits. It is important that the Insured Person verify that his or her Doctors are Network Providers each time he or she calls for an appointment or at the time of service. The most efficient and accurate way to identify Preferred One Network Providers is by visiting their web site at www.preferredone.com.

APPEALS

If a claim is wholly or partially denied, a written notice or a message on the Explanation of Benefits (EOB) will be sent to the Insured Person containing the reason for the denial. The notice or message will include a reference to the provision in the Plan and a description of any additional information, which might be necessary for reconsideration of the claim.

CONVERSION

If an Insured Person's coverage under this Plan ends because the person no longer meets the eligibility requirements, the Insured Person may apply to US for an individual insurance policy that We are issuing for group conversion purposes. No evidence of insurability will be required. A written application must be made. The first quarterly, or at the applicant's option, semi-annual premium must be paid within thirty-one (31) days following the end of the Insured Person's coverage under this Plan. However, We retain the right to deny a conversion policy if it is determined that issuance would result in over-insurance. Over-insurance occurs when the Insured Person is covered by another qualified Plan. Requests are to be made to Collegiate Insurance Resources at the address on the back of this brochure.

COORDINATION OF BENEFITS PROVISION

Minnesota Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with St. Olaf College.

REIMBURSEMENT & SUBROGATION

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Person should:

1. If at St. Olaf College, report immediately to the Health Service so that proper treatment can be prescribed or referred, and obtain a Claim Form; or
2. If away from St. Olaf College, or if the Health Service is closed, consult a Doctor and follow his/her advice.
3. Notify Administrative Concepts Inc. (ACI) within 30 days after the date of the Injury or commencement of the Sickness or as soon thereafter as is reasonably possible.
4. Complete the claim form in full and sign it.

5. The completed and signed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to ACI at the address below.
6. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to ACI at the address below. No additional claim forms are needed as long as the Insured Person's/ Student's name and identification number are included on the bill.
7. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI at the address on the back of this brochure. Office hours are 9:00 a.m. to 4:00p.m. (EST) Monday through Friday.

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION.

Any provisions of this Policy, which on its effective date, is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of the state statutes.

DEPENDENT ELIGIBILITY

Insured Students may also purchase Dependent coverage. Dependent means: (a) the Insured Student's spouse residing with the Insured Student; or (b) the Insured Student's unmarried Children or Grandchildren who reside with the Insured Student and are under the age of nineteen years; and (c) a child born to or adopted by an Insured Person while this Plan is in force. Newborns will be covered by this Plan from the moment of birth, adopted children will be covered from the date of placement for adoption. Coverage for such newborn children will consist of coverage for Sickness or Injury, including benefits for inpatient or outpatient charges arising from medical and dental treatment up to age 18, including orthodontic and oral surgery treatment, for the necessary care or treatment of congenital defects, birth abnormalities including orthodontic and oral surgery treatment involved in the management of a cleft lip and cleft palate, or premature birth. Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student has dependent coverage when the child is born, We cover the newborn child for dependent benefits from and after the moment of birth,

or any minor child placed with an Insured Student for adoption for dependent benefits from and after the moment the child is placed in the physical custody of the Insured Student for adoption. Such coverage will continue for 31 days after the date of birth. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child, for dependent benefits, for the first 31 days from the moment of birth. To continue the child's dependent benefits past the first 31 days, the Insured Student must notify the Plan Administrator in writing within 31 days of the child's birth. Proper notice will be furnished to the Insured Student by the Company as to the amount of any additional premium for such newborn child's coverage.

24-HOUR NURSE ADVICE LINE

Wouldn't you feel better knowing you could get health care answers from a Registered Nurse 24 hours a day? Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. ON CALL provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556.

AN IMPORTANT MESSAGE ABOUT HIPAA AND YOUR PRIVACY

Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of Combined Insurance Company of America's Privacy Notice, write 5050 Broadway, Chicago, IL 60640 Attn: HIPAA Privacy Office, call 1-800-225-4500, or online at <http://www.combinedinsurance.com/customer-center/hippa-insurance.html> select HIPAA.

IMPORTANT NUMBERS

— THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES —

▶ **GENERAL INSURANCE QUESTIONS**



Phone.....800-322-9901

Website.....www.cirstudenthealth.com/stolaf

CLAIMS ADMINISTRATION:

Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
Phone: 888-293-9229
Fax: 610-293-9299
www.visit-aci.com

THE PLAN IS UNDERWRITTEN BY



Combined Insurance Company of America
Policy No. CUH201675