

# Columbian Life Insurance Company

## Schedule of Benefits

### (2009-2010 Student Year)

When your covered injury or sickness causes loss while your coverage's in force under this plan, benefits will be payable for the usual and customary (U&C) charges scheduled below.

#### **PART A– Basic Injury Benefits - \$3,000 Maximum Each Injury, as follows:**

For Injury or Injuries incurred while the insured's coverage is in force, benefits will be payable for 100% of the Usual and Customary (U&C) charges incurred for: physicians' and surgeon's fees; hospital confinement; X-rays; laboratory tests; nurses fees; prescription medications; and other Usual and Customary charges incurred. Treatment for motor vehicle injuries is provided under this benefit.

#### **PART B– Basic Sickness Benefits - \$3,000 Maximum Each Sickness, 100% of the Usual and Customary (U&C) Charges incurred, subject to the following limits:**

1. Hospital Room and Board (semiprivate room)	U&C, up to \$250 per day, up to 4 days/Policy Year
2. Hospital Miscellaneous Inpatient (for x-ray examination, Laboratory tests anesthesia, operating room, medications, dressings, private duty nurse)	U&C, up to \$1,000
3. Hospital Outpatient Surgical Miscellaneous (in lieu of Inpatient)	U&C, up to \$1,000
4. Surgical Treatment (in or out of hospital-services performed by a licensed physician as determined by reference to the 80th percentile of the most current survey published by Ingenix)	U&C, up to \$1,000
5. Anesthesia	Up to \$200
6. Assistant Surgeon	30% of Surgical Treatment
7. Physician's Non-Surgical Visits (Inpatient, not paid day of surgery)	\$50/visit, 1 visit/day, up to 5 visits/Policy Year
8. Physician's Non-Surgical Visits (Outpatient, not paid day of surgery)	\$100/visit, 1 visit/day, up to 5 visits/Policy Year
9. Outpatient Diagnostic, X-ray & Lab Services	U&C, up to \$100
10. Hospital Emergency Room	U&C, up to \$100
11. Ambulance (ground service only)	Up to \$100/Trip
12. Mental and Nervous Disorders and Substance Abuse	Same as any Sickness
13. Outpatient Prescription Drugs (30 day supply/prescription)	U&C, up to \$150/Policy Year
14. Maternity Benefits (conception must occur while coverage is in force)	Same as any Sickness
15. Consultant Physician	U&C, up to \$50
16. Medical Evacuation and Repatriation	See Additional Programs

#### **PART C– Supplemental Medical Benefits - \$25,000 Maximum Each Injury or Sickness**

After \$3,000 has been paid under Part A or under Part B, the Company will then pay: 80% of the Usual and Customary (U&C) Charges incurred during the benefit period, up to a Maximum Benefit of \$25,000 Each Injury or Sickness. The total of benefits payable by Part A or Part B and Part C, will not exceed the \$25,000 Maximum Benefit for each Injury or Each Sickness.

No benefits are payable under the Supplemental Medical Benefit for Hospital Room & Board in excess of the semiprivate room rate; Mental and Nervous Disorders and Substance Abuse benefits in excess of the mandated benefit limit; or Intercollegiate Sports Injuries.

#### **PART D– Intercollegiate Sports Injury Benefit - \$25,000 Maximum Each Injury - ATHLETES ONLY**

After \$3,000 has been paid under PART A, the Company will then pay 100% of the Usual and Customary (U&C) Charges incurred during the benefit period, up to a Maximum Benefit for Each Injury of \$25,000. This maximum includes both benefits paid under PART A and D. Benefits shall end at the close of the period of coverage under this policy. No Benefits are payable under this Benefit for: Motor Vehicle Injuries or Dental Treatment.

### EXCLUSIONS

**The policy would 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.
3. Treatment where no Injury or Sickness is involved (physical examinations or preventive medicines); or Elective Surgery and Elective Treatment; or abortion. It does not include cosmetic surgery made necessary by Injury. Non-medical self-care or self-help training; health or fitness club memberships; personal comfort or convenience items; treatment for Hirsutism, hair growth or baldness.

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; Orthopedic Appliances; Durable medical equipment. Treatment for foot care including care of flat feet, corns, calluses, bunions, weak feet, chronic foot strain, and supportive foot devices.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. Prescription Drugs; Contraceptive drugs and devices; Growth Hormone therapy; Patient Controlled Analgesia; Allergy Treatment; except as specifically provided in the SCHEDULE OF BENEFITS.
8. Injury sustained while participating in the practice or play of interscholastic sports or Intercollegiate Sports, including the participation in any practice or conditioning program for such sport, contest or competition, except as specifically provided in the SCHEDULE OF BENEFITS.
9. Intentional self-inflicted Injuries; including drug overdose; Loss incurred while committing or attempting to commit a felony; Loss incurred from violating or attempting to violate any existing city, state, or federal law; Loss due to voluntary participation in a riot or civil disturbance; Injuries caused by or contributed to or resulting from the use of hallucinogenics, illegal drugs, or any drugs and medicines that are not taken in the dosage or for the purpose prescribed by the Insured's Physician.
10. Routine new-born baby care, well baby nursery and related Physician's charges, except as specifically provided by Mandated Benefits.
11. Services provided normally without charge by the Health Service of the Policyholder; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
12. Treatment of Mental and Nervous Disorders and Substance Abuse; treatment related to nicotine addiction or smoking cessation; except as specifically provided in the SCHEDULE OF BENEFITS.
13. Use of any services or supplies which are experimental and/or not in accord with generally accepted standards of medical practice; organ transplants, including donor's expenses.
14. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
15. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered by the Policyholder's Student Accident and Sickness Insurance plan for a period of 12 months.
16. Sleep disorders, supplies and treatment or testing related to sleep disorders.
17. Weight management services and supplies related to weight reduction programs, weight management program, and related nutritional supplies; treatment of obesity; surgery for the removal of excess skin or fat, and for weight reduction or treatment of obesity.