

## 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, for such care or treatment due to injury to sound natural teeth. This does not include dental care and treatment necessary due to congenital disease or anomaly.
  3. Cosmetic surgery, except reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly, of a covered dependent child which has resulted in a functional defect.
  4. Motor vehicle accidents, to the extent covered by another valid and collectible insurance policy, prepaid services contract, or similar plan, except as specifically provided in 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.
  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. Treatment of Mental and Nervous Disorders and Chemical Dependency, Alcoholism and Substance Abuse, except as specifically provided in the Benefits Schedule or per mandated benefits.
  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 prior creatable coverage and until continuously covered by the University's Student Accident and Sickness Insurance plan for a period of 12 consecutive months.
  13. Rest cures, custodial care and transportation.

## DEFINITIONS

**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, ovariectomy, vasectomy, breast reduction except when medically necessary to achieve symmetry following a mastectomy, sexual reassignment surgery, any services or supplies rendered for the purpose or with the intent of inducing conception, weight reduction or treatment of obesity, and sinusuous 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; cosmetic procedures; infertility; hypnotherapy; learning disabilities; acupuncture; treatment related to sleep disorders; growth hormone therapy; treatment for hair growth or baldness; and weight management services and supplies.

This does not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.

**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 a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the six (6) month period ending on the enrollment date. Pre-existing condition does not include:

- (a) Genetic information in the absence of a diagnosis of the condition related to such information, or
- (b) Congenital anomaly of a covered dependent child.

**Pre-existing Condition Waiting Period** means the twelve (12) month time period you must have continuous coverage in force under the Policy before a pre-existing condition is considered a loss. Except, the pre-existing condition waiting period for a pregnancy existing on the enrollment date is ten (10) months.

**Refunds** - A prorated premium refund, less an administrative fee, will be made for the following situations if the Plan Administrator receives written notice and proof, including the date of occurrence that: a) the student has entered into full-time active-duty military service of any country; b) the student is a non-immigrant foreign national and has left the North American continent; or c) the student withdraws from the University within 31 days of the 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. See Master Policy for a complete listing.

**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.

## PORTABILITY OF STUDENT COVERAGE

If you are covered by the Policy and transfer to a new school that maintains a student health insurance policy with us, you may (a) continue to pay the premium for the remainder of the policy year under the Policy, or (b) enroll in the new school's policy with us and pay the premium for the remainder of the policy year within 31 days after you become eligible for coverage. If you choose to enroll in the new school's policy with us your premium may be adjusted. Contact the Plan Administrator for further information.

## CLAIM PROCEDURE

Secure a claim form from the Student Assurance Services, Inc. website, [www.sas-tnn.com](http://www.sas-tnn.com). Fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels, and send to:

**STUDENT ASSURANCE SERVICES, INC.**  
P.O. Box 196 • Stillwater, MN 55092-0196

Proof of loss must be submitted to the address above within 90 days, or as soon as reasonably possible, from the date of injury or sickness. To check on the status of your filed claim or for questions regarding receipt of premium or verification of coverage, please call the Claims Office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday. The telephone number is: (800) 328-2739. The Student Assurance Services, Inc. website is [www.sas-tnn.com](http://www.sas-tnn.com).

## TO APPLY FOR COVERAGE

You can either complete the enrollment form and return it with your credit card information or a check made payable to:

**STUDENT ASSURANCE SERVICES, INC.**  
P.O. Box 196 • Stillwater, MN 55082-0196

Or

You can enroll online at the Student Assurance Services, Inc. website [www.sas-tnn.com](http://www.sas-tnn.com).

The online form is available under "Find My School." You can also download and print a paper copy of the enrollment form from the website.

## HEALTH CARE REFORM

Columbian Mutual Life Insurance Company continues to monitor the impact of this legislation on student insurance plans, and shall comply with the law's requirements and timelines.

This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for the Policy is 70 percent. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with the Policy.

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.

## CERTIFICATE OF COVERAGE

Policy Form 9F147

## ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy  
For Students Attending

# NIAGARA UNIVERSITY

## 2011 - 2012

Underwritten by



**COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**  
HOME OFFICE: VESTAL PARKWAY EAST  
P.O. Box 1381 • BINGHAMTON, NY 13902-1381

**SERVICING AGENT**  
David Harris  
Niagara National Inc.  
5001 Genesee Street  
Buffalo, NY 14225  
(800) 444-5530

Keep this certificate as a summary of your coverage - no individual policy will be issued - a master policy #31-67-0109-029-603-1 is issued to the University. The Master Policy contains the contract provisions and shall prevail in the event of a conflict between this certificate and the Master Policy. PRIVACY POLICY: You may obtain a detailed copy of Columbian Mutual's privacy policy by contacting the Plan Administrator at (800) 328-2739, or by visiting our website [www.sas-tnn.com](http://www.sas-tnn.com).

9F148

W-109NY

**Dear Student:**  
 The administration is making available to the students and their dependents a plan of blanket accident and sickness insurance (hereinafter called "Plan" or "Plan") underwritten by Columbian Mutual Life Insurance Company. Any questions about the policy should be directed to: Niagara National Inc. 5001 Genesee Street, Buffalo, NY 14225 (800) 444-5530

**ELIGIBILITY**

All students registered and attending classes are eligible to enroll in the plan. Students must be physically and actively attending classes on campus to enroll in this plan. Students age 65 or over, online 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 the University within 31 days of their effective date of coverage. The Plan Administrator should be notified at that time by the student. Students who enroll in the plan may secure family coverage. Dependents must enroll when the student first enrolls 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. Eligible dependent includes a child for whom the insured is required to provide coverage by court or administrative order. Contact the Plan Administrator for further information.

**EFFECTIVE AND EXPIRATION DATES**

Your coverage becomes effective on the later of the Master Policy effective date 08-23-2011; 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 the Master Policy expiration date of 08-22-2012, or when premium for the insurance coverage is due and unpaid. Dependent coverage will not be effective prior to that of the student. Dependent coverage concurrently with that of the student.

**CONTINUOUS COVERAGE**

Coverage will be considered continuous, if you were covered to the policy expiration date of your prior student health insurance policy of the policyholder, and you enroll for coverage under the Policy and pay the required premium within 63 days of the expiration date of the prior student health insurance policy. You will not be deemed benefits under the Policy for a pre-existing condition or an injury or sickness covered under your prior student health insurance policy, unless under the Policy the injury or sickness expenses incurred are not considered a covered service, or benefits are limited by other provisions in the Policy, including prior creditable coverage. If the prior policy was with us, benefits will not be paid under the Policy if any applicable lifetime maximum has been exhausted.

**CREDITABLE COVERAGE**

In determining whether a pre-existing condition waiting period applies, the Policy shall credit the time you were covered under prior creditable coverage. The prior creditable coverage must be continuous to a date not more than sixty-three (63) days prior to the enrollment date under the Policy. Periods of coverage under several prior health plans may be added together, provided there is no break in coverage 63 continuous days or more. If you were covered by more than one health plan, only one day of prior creditable coverage is credited for each day your dual coverage existed. You must show proof of prior creditable coverage by submitting a certificate of prior creditable coverage or other satisfactory evidence of coverage. The pre-existing condition waiting period shall not exclude coverage in the case of: (a) an individual who, as of the last day of the thirty-day period beginning with the date of birth, is covered under prior creditable coverage; or (b) a child who is adopted or placed for adoption before attaining eighteen years of age and who, as of the last day of the thirty-day period beginning on the date of the adoption or placement for adoption, is covered under prior creditable coverage; or (c) The individual or dependent of the individual is eligible for a federal tax credit under the federal trade adjustment assistance reform act of 2002 and who has three months or more of prior creditable coverage.

Paragraphs (a) and (b) no longer apply to an individual after the end of the first sixty three (63) day period during all of which the individual was not covered under any prior creditable coverage.

**MEDICAL BENEFITS SCHEDULE**

When your covered injury or Sickness requires treatment by a physician, the Policy will provide benefits while your coverage is in force for the usual and customary (U&C) covered charges incurred, as scheduled below. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

**PART A: BASIC INJURY BENEFITS** ..... \$3,000 Maximum/Each Injury, subject to following limits:  
 DENTAL TREATMENT (Repair and/or replacement of sound and natural teeth) ..... Same as any Injury  
 MOTOR VEHICLE INJURY (Benefits covered only for expenses not covered by Other Medical Coverage) ..... Same as any Injury  
 ALL OTHER COVERED SERVICES (Covered services include those listed under PART B) ..... U&C

**PART B: BASIC SICKNESS BENEFITS** ..... \$3,000 Maximum/Each Sickness, subject to following limits:  
 HOSPITAL ROOM AND BOARD (includes general nursing care) ..... U&C, up to \$1,500  
 HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, Semi-private Room Rate, up to \$240 per day  
 medications, operating room, dressings, pathology, private duty nurse, radiology) ..... U&C, up to \$1,000  
 HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of inpatient) ..... U&C, up to \$3,000  
 SURGICAL TREATMENT (in or out of hospital; 90th percentile of FAIR Health, Inc. Survey) ..... U&C, up to \$750  
 ANESTHESIA ..... U&C, up to \$600  
 ASSISTANT SURGEON ..... U&C, up to \$125  
 CONSULTANT PHYSICIAN VISITS (inpatient, not paid same day as surgery) ..... \$50 per visit, 1 visit per day, up to 31 visits  
 PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid same day as surgery) ..... \$50 per visit, 1 visit per day, up to 20 visits  
 PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid same day as surgery) ..... \$10 copay per visit, up to 20 visits  
 PRIVATE DUTY NURSE (While hospitalized) ..... \$75 per day, up to 31 days  
 SECOND SURGICAL OPINION ..... U&C, up to \$25  
 OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES ..... U&C, up to \$700  
 HOSPITAL EMERGENCY ROOM ..... U&C, up to \$500  
 MENTAL AND NERVOUS DISORDERS: Inpatient - Same as any Sickness, up to 30 days per Policy Year  
 Outpatient - \$50 per visit, 1 visit per day, up to 20 visits  
 SUBSTANCE ABUSE ..... Inpatient - Same as any Sickness, up to 30 days per Policy Year  
 Outpatient - Same as any Sickness, up to 30 visits per Policy Year  
 U&C, up to \$250

AMBULANCE SERVICES (Ground service only) ..... Outpatient - Same as any Sickness, up to 30 visits per Policy Year  
 MATERNITY BENEFITS (Conception must occur while covered by Policy) ..... U&C, up to \$300; \$10 copay per prescription  
 PRESCRIPTION DRUGS (30-day supply per prescription) ..... 75% of U&C, up to 40 visits per Policy Year  
 HOME HEALTH CARE ..... U&C, up to \$250  
 REMOVAL OF IMPACTED WISDOM TEETH AND ABSCESSSES ..... Up to \$75/tooth

**PART C: MAJOR MEDICAL BENEFITS** ..... \$25,000 Maximum Benefit for Each Injury or Sickness  
 After the Company has paid the maximum benefit limit of \$3,000 under the basic injury or sickness benefits (PART A or B), the Company will then pay 80% of the usual and customary charges incurred, up to a maximum benefit of \$25,000 for each injury or sickness. This maximum includes benefits paid under PARTS A or B, and PART C. No Benefits are payable under this provision for: Hospital Room and Board in excess of the semiprivate room rate, Mental and Nervous Disorders and Substance Abuse in excess of the Mandated Benefit levels; Dental Treatment; or Motor Vehicle Injuries.

**PART D: ACCIDENTAL DEATH AND DISMEMBERMENT**  
 Occurring within 90 days from date of accident, pays in addition one of the following (the largest applicable amount):  
 Accidental Death ..... \$3,000  
 Single Dismemberment/Loss of Eye ..... \$1,500  
 Double Dismemberment/Loss of Both Eyes ..... \$3,000

**PART E: PREMIUM**

	ANNUAL 08-23-2011 to 08-22-2012	FALL 01-18-2012 to 08-22-2012	SPRING/SUMMER TERM 01-19-2012 to 08-22-2012	SUMMER TERM 05-18-2012 to 08-22-2012
Student Only	\$ 625	\$ 241	\$ 384	\$ 169
Spouse	\$1,875	\$ 731	\$1,144	\$ 507
Each Child	\$1,250	\$ 487	\$ 763	\$ 338

**MANDATED BENEFITS**

Benefits mandated by the State of New York are made a part of the Policy. They include treatment for Outpatient Chemical Dependency, Alcoholism and Substance Abuse; Breast Reconstruction Surgery, Chiropractic Care, Diabetes; Off Label Drug; Breast Cancer Treatment; Screening for Cervical and Prostate Cancer; Mammography; Minimum Pregnancy Stays; Second Opinion; Prehospital Ambulance; Emergency Services; Experimental or Investigational Treatments; Bone Mineral Density Tests; Drugs or Devices for Osteoporosis; Contraceptive Methods; Dental Treatment; TMJ Treatment; Cosmetic Surgery; Home Care; Enteral Formula; End of Life Care Coverage; Preadmission Tests; and Mental and Nervous Disorders. Benefits may be subject to deductibles, coinsurance, limitations, and exclusions of the Policy. A description of these mandated benefits can be found in the Master Policy on file at the University or call the Claims Office.

**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 Mutual Life Insurance Company.  
 Travel Assistance - Global Emergency Services program is provided by Scholastic Emergency Services. The program provides 24-hour assistance whenever the student travels more than 100 miles away from the permanent residence, campus location or in another country. International students are eligible for services both on and away from campus.  
 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.

