

PORTABILITY OF COVERAGE

If you are covered by this 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 this 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.

CONTINUATION PRIVILEGE

If a student no longer meets the insurance plan eligibility requirements, he or she may continue coverage for 12 months provided the University renews the master policy with Columbian Life. For qualifications and cost, please contact the Plan Administrator.

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); or Elective Surgery and Elective Treatment; 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 in excess of \$30,000.
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; 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, except as specifically listed in Benefits Schedule. Contraceptive drugs and devices; Growth Hormone therapy; Patient Controlled Analgesia; Allergy Treatment.
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.
9. Intentional self-inflicted injuries; 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 newborn baby care, well baby nursery and related Physician's charges.
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 for Mental and Nervous Disorders and Substance Abuse except as specifically provided in Benefits Schedule; Treatment related to nicotine addiction or smoking cessation.
13. Use of any services or supplies which are not in accord with generally accepted standards of medical practice; Organ transplants, including donor's expenses; Services, supplies and/or treatment for acupuncture.
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, until continuously covered by the University's Student Accident and Sickness Insurance plan for a period of 12 consecutive 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 programs, and related nutritional supplies; treatment of obesity; surgery for the removal of excess skin or fat, and for weight reduction or treatment of obesity.

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, for each Injury or Sickness, 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 or not covered under the policy. Elective Surgery and treatment includes but is not limited to: tubal ligation; circumcision; vasectomy; breast reduction; sexual reassignment surgery; any services or supplies rendered for the purpose or with the intent of inducing conception; cosmetic procedures; submucous resection and/or other surgical correction for deviated nasal septum; allergy testing; treatment for acne; biofeedback-type services; infertility; hypnotherapy; learning disabilities; and weight management services.

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.

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

In the event of an accident or sickness, the student should:

1. For services provided by PPO provider, send all claims to HealthEOS. Refer to your ID card for address information. For services provided by non-PPO provider, report all claims within 30 days of onset and send claim form along with itemized hospital and medical bills to the Southard Insurance Agency, 3345 State Highway 93, P.O. Box 593, Eau Claire, Wisconsin 54702.
2. The completed claim form and all itemized hospital and medical bills must be submitted for payment within 90 days after the first date of treatment.

If your coverage ends under this insurance 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 9F149-CL

ACCIDENT AND SICKNESS INSURANCE PLAN

A Non-Renewable Term Policy
For Students Attending

University of Wisconsin Eau Claire

Eau Claire, Wisconsin 54701

2009-2010

Servicing Agent
Southard Insurance Agency
3345 State Highway 93 - P.O. Box 593
Eau Claire, Wisconsin 54702
Phone (715) 832-7927

Underwritten by



COLUMBIAN LIFE
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

Keep this brochure as your summary of coverage — no individual policy will be issued — a master policy #48-64-0060-014-603-9 is issued to the University. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy. **PRIVACY POLICY:** You may obtain a detailed copy of Columbian Life's privacy policy from your school, by contacting Student Assurance Services, Inc., the Plan Administrator, at (800) 328-2739, or visiting www.sas-mn.com.

Form No. 3516-CL-09-WI

U-60WI

Dear Student:

The Student Senate 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.

ELIGIBILITY

All students attending UW-Eau Claire taking 5 or more credits are eligible to enroll in the 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 or as provided under Enrollment Period, and must enroll for the same coverage as the student. Eligible dependents means the Insured student's legal spouse and unmarried children (as defined in the Master Policy) under age 23 years old who are residing with the student and not self-supporting. 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

Your coverage becomes effective on the later of: the Policy Effective Date (08-26-2009); 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 or Servicing Agent. All coverage expires at 11:59 p.m. on 08-25-2010, or when payment is due and unpaid.

ENROLLMENT

(1) To enroll online and pay by credit card, go to the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under School Look-up.

OR

(2) To enroll and pay by check or money order, complete the enrollment form and return it with your payment to:

**Student Insurance Program
P.O. Box 593
Eau Claire, WI 54702.**

PREFERRED PROVIDER NETWORK

Student Assurance Services, Inc. has contracted with HealthEOS Plus by MultiPlan, a Preferred Provider Network, to provide a discount for services received from physicians and hospitals participating in the HealthEOS Plus Network. To take advantage of this discount in your area, please use a HealthEOS Plus Network provider. In the Medical Benefits Schedule of this brochure, benefits will be paid at the percentage shown for the PPO Allowable when HealthEOS Plus provider is used and the percentage shown for the U&C charges when a non-HealthEOS Plus Network provider is used. Please confirm your provider is a member of the HealthEOS Plus by MultiPlan Network prior to receiving services. Benefits will be considered at the PPO coinsurance level when a HealthEOS Plus Network provider is not available in the PPO service area or for medical emergencies. A directory listing of participating providers may be obtained from HealthEOS Plus website at: www.healtheos.com.

MEDICAL BENEFITS SCHEDULE

PART A: BASIC INJURY OR SICKNESS BENEFITS

When your covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits while your coverage is in force for the Usual and Customary Charges (U&C) incurred for covered services subject to Benefit Limits listed below.

COVERED SERVICES	INJURY or SICKNESS BENEFIT LIMITS
(a) Hospital Room and Board	Semi-private Rate, up to 30 days
(b) Hospital Intensive Care Unit	Semi private Rate, up to 30 days
(c) Hospital Miscellaneous (Inpatient)	\$1,000
(d) Hospital Outpatient Surgical Miscellaneous	\$1,000
(e) Surgical Treatment	\$1,500
(f) Assistant Surgeon	20% of Surgical Treatment
(g) Anesthesia	25% of Surgical Treatment
(h) Consultant Physician (at request of the attending physician)	\$30
(i) Physician's Non-Surgical Visits (Inpatient, not paid day of surgery, 1 visit/day)	\$75/1st visit, \$25/each subsequent, up to \$250
(j) Physician's Non-Surgical Visits (Outpatient, not paid day of surgery, 1 visit/day, includes physical therapy, injections)	Injury: \$50 Sickness: \$20/visit, starts 2nd visit, when referred by Student Health Service, up to \$200
(k) Outpatient Diagnostic X-ray and Lab Services	\$200
(l) Chemotherapy and/or Radiation Therapy	Paid Under Major Medical
(m) Hospital Emergency Room (Outpatient)	\$50 copay/visit, up to \$200
(n) Ambulance Services	\$400
(o) Maternity Benefit (conception must occur while coverage is in force)	Same as any Sickness
(p) Mental and Nervous Disorders/Substance Abuse	Paid Under Mandated Benefits
(q) Orthopedic Appliances	\$100
(r) Home Care	Paid under Mandated Benefits
(s) Dental Treatment (Injury only, including x-rays, does not include biting or chewing injuries)	\$500
(t) Removal of Impacted Wisdom Teeth	\$200/tooth
(u) Prescription Drugs (Outpatient)	Paid under Major Medical

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

PART B: MAJOR MEDICAL BENEFITS \$500,000 Maximum Lifetime Benefit Each Injury or Sickness:

After the Company has paid the Benefit Limits for a Covered Service under Part A, Basic Injury or Sickness Benefits, and the insured has paid a \$500 Major Medical deductible, the Company will then pay 80% of the PPO Allowable for PPO provider services, or 60% of U&C incurred for non-PPO provider services, for Covered Services listed under Part A up to \$50,000. Then covered charges in excess of \$50,000 will be paid at 100% of PPO Allowable or 80% of U&C for non-PPO, up to a Maximum Lifetime Benefit of \$500,000 for each Injury or Sickness. This maximum includes benefits paid under PART A and PART B. No Benefits are payable for Mental or Nervous Disorders and Substance Abuse in excess of Mandated Benefits; Dental Treatment; or Wisdom Teeth Removal.

PART C: MANDATED BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Wisconsin 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 School or call the Claim Office.

Treatment of Alcoholism, Drug Addiction or Mental or Nervous Disorders is limited to benefits for:

INPATIENT CARE - the lesser of 100% of covered charges for the first 30 days of hospital confinement; or 90% of the first \$7,000 of covered charges.

OUTPATIENT CARE - a maximum of 90% of the first \$2,000 of covered charges.

TRANSITIONAL TREATMENT - a maximum of 90% of the first \$3,000 of covered charges.

The mandated benefits overall annual maximum for each insured for inpatient, outpatient and transitional treatment is \$7,000.

Other mandated benefits include: Kidney Disease Treatment; Diabetes Treatment; Home Health Care; Skilled Nursing Home Confinement; Dependent Children Maternity Coverage; Mammogram Coverage; Lead Poisoning Screening; HIV Drugs; TMJ; Breast Reconstruction; and Hospital and Anesthesia for Dental Care.

PART D: PREMIUMS

For premium rates and coverage periods refer to the Enrollment Form you received in the mail or you may visit the Student Assurance Services, Inc. website at www.sas-mn.com to view or print an Enrollment Form or enroll online.

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 this Policy and pay the required Premium within 31 days of the expiration date of the prior Student Health insurance policy. You will not be denied benefits under this Policy for a Pre-existing Condition or an Injury or Sickness covered under your prior Student Health insurance policy, unless under this Policy the Injury or Sickness expenses incurred are not considered a Covered Service, or benefits are limited by other provisions in this Policy. If the prior Policy was with us, benefits will not be paid under this Policy if any applicable Lifetime Maximum has been exhausted.

ADDITIONAL PROGRAMS

If you participate in the student insurance plan, the following program is available to you. More detailed program information will be sent to you with your ID card.

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.

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