

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; or Abortion; Except it does not include cosmetic surgery made necessary by Injury, or cosmetic surgery made necessary to correct a congenital defect or anomaly of newborn, adopted or foster children; 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. 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.
5. Services and supplies for treatment of an Occupational Injury or Sickness which are paid under the NC Workers' Compensation Act only to the extent such services and supplies are the liability of the employee, employer, or workers compensation insurance carrier according to a final adjudication under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under Workers' Compensation Act.
6. Contraceptive Drugs and Devices; Growth Hormone Therapy; Patient Controlled Anesthesia; Allergy Treatment.
7. Injury sustained while participating in the practice or play of interscholastic or intercollegiate sports, club sports, including the participation in any conditioning program for such sport, contest or competition, except as specifically provided in the Schedule of Benefits.
8. 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. Exception: does not include any Loss sustained or contracted in consequence of Insured being intoxicated or under the influence of any narcotic.
9. Routine newborn baby care, well baby nursery and related Physician's charges. Exception: if the policy provides Maternity Benefits for the newborn's mother, benefits will be payable for inpatient hospital care for a minimum of 48 hours following vaginal delivery and 96 hours following delivery by caesarean section.
10. Services provided normally without charge by the Health Service of the Policyholder; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
11. Treatment related to Nicotine Addiction and Smoking Cessation.
12. 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; services, supplies and/or treatment for Acupuncture.

13. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
14. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered by the Student Accident and Sickness Insurance Plan for 12 consecutive months.
15. Sleep disorders, supplies and treatment or testing related to sleep disorders.
16. 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, for weight reduction or treatment of obesity.

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 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. EXCEPTION: This does not include reconstructive surgery when such service 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 an Accident. 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 for which medical advice, diagnosis, care or treatment was received or recommended within the 6 months immediately prior to your Effective Date of coverage.

Prior Creditable Coverage means coverage provided in the United States under any individual, group or individual health insurance policy or health benefit arrangement, 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 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 90th percentile (except Surgical Treatment is the 80th percentile) of the most current survey published by FAIR Health, Inc. for such services or supplies.

CLAIM PROCEDURE

Secure a claim form from the Servicing Agent internet site www.LouisburgCollegeInsurance.com or from the claim administrator website www.sas-mn.com. Fill in the necessary information, attach all itemized doctor and hospital bills and send to:

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

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness.

To check the status of your filed claim, please call the Claims Office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday. The telephone number is: (800) 328-2739. The website is: www.sas-mn.com.

HOW TO ENROLL

All eligible students are automatically enrolled in the plan at registration and the premium will be added to their tuition billing.

GRIEVANCE AND EXTERNAL REVIEWS

The Policy does not require referrals or pre-certification for treatment or services not performed yet. You have the right to file a Grievance for a health plan's Non-certification decision or any provision of services or claim practices. Description of the Grievance process can be found in the master policy at internet site www.LouisburgCollegeInsurance.com or contact claim administrator office.

NC law provides the review of Non-certification decisions by an external, independent review organization (IRO). Except for cases when you request an expedited appeal, external review is available to you only after you have completed the health plan's internal Grievance process. You or an authorized representative must make a request to the NC Department of Insurance (NCDOL) for an external review within 60 days of the date of this notice of final determination. The NCDOL administers this service at no charge to you and will arrange for the review of your case by an IRO once the NCDOL establishes that your request is complete and eligible for review. Please review the External Review provision in the master policy for a complete description of the external review policies and procedures including information about when an expedited external review is available. Assistance or questions concerning your right to file a Grievance or external review, or to request a copy of the Grievance process may be directed to SAS, Inc. at 800-328-2739. The NCDOL is also available to help you understand external review policies and procedures and your right to request an external review under NC law. To request an external review or if you have additional questions about your right to an external review, contact the NCDOL at: NC Insurance Department, Healthcare Review Program, 12-1 Mail Service Center, Raleigh, NC 27699-1201 or call toll free in state 877-885-0231, out of state 919-807-6860, fax 910-807-6865. External review information and request form is available on the website www.ncdoi.com.

Policy Form 9F149D-CL

Certificate of Coverage

BLANKET ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For Students Attending

LOUISBURG COLLEGE

2011 – 2012

Administered by



Underwritten by



COLUMBIAN LIFE
INSURANCE COMPANY

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

SERVICING AGENT:



ASSOCIATED
INSURANCE PLANS
INTERNATIONAL, INC.

28085 Ashley Circle, Suite 201
Libertyville, IL 60048-9658
Phone: (800) 452-5772
Fax: (847) 281-8813

9F150D-CL

W-24NC

Dear Student:

The administration is making available to the students, a plan of blanket accident and sickness insurance (hereinafter called "plan" or "Plan") underwritten by Columbian Life Insurance Company. The coverage is designed to provide benefits for medical expenses arising from an accident or sickness including those which occur off campus and during interim vacations.

For assistance and questions about Insurance Benefits, ID cards, or problems, contact:

Associated Insurance Plans International, Inc.
Post Office Box 189
Libertyville, Illinois 60048
Phone: (800) 452-5772
Email: office@aipstudentinsurance.com
website: www.LouisburgCollegeInsurance.com

ELIGIBILITY

All students under age 65, registered, and enrolled in credit courses are eligible to enroll in the insurance plan. Eligible students are automatically enrolled in the plan at registration and the premium is added to the tuition billing. Students must be physically and actively attending classes on campus. Coverage will become invalid for students who leave College within 31 days of their effective date of coverage. The Servicing Agent should be notified at that time by the student. Home study, correspondence, or television courses do not fulfill the eligibility requirement that the student actively attends classes on campus. Dependent Coverage is not provided under this plan.

EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the later of: the Master Policy effective date 08-01-2011; 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 College. All coverage expires on the earlier of: the Master Policy expiration date 07-31-2012, or when premium for the insurance coverage is due and unpaid.

LATE ENROLLMENT

Enrollment and premium payments received after the fall semester effective date will only be accepted for new students or students who qualify for late enrollment. To qualify for late enrollment premium payment and enrollment must be received no later than 30 days after the involuntary loss of coverage under another health plan. Call (800) 452-5772 for payment terms and information or send email to office@aipstudentinsurance.com.

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 paid the required premium within 31 days of the expiration date of the prior student health insurance policy. You will not be denied 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. If the prior policy was with us, benefits will not be paid under the Policy if any applicable lifetime maximum has been exhausted.

CREDIT FOR PRIOR COVERAGE

This plan provides portability of coverage as it relates to pre-existing conditions.

- a) If, at the time of enrollment, you have not been covered by prior creditable coverage, the Policy will not cover pre-existing conditions until you have been continuously covered for 6 months under the Policy.
- b) If you were covered by prior creditable coverage, the pre-existing conditions waiting period will be reduced by the period of time you were covered by prior creditable coverage. Coverage must be continuous and there must be no break in coverage 63 days or more immediately prior to your effective date of coverage under the Policy. To obtain credit for previous coverage, you must provide evidence of prior creditable coverage within 30 days of enrollment in the Policy, or as soon as reasonably possible.

ADDITIONAL BENEFITS

The policy will pay benefits for the items below in accordance with any applicable North Carolina 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 the internet site www.LouisburgCollegeInsurance.com. Students may refer questions to the claim administrator office. Benefits include Surgical and non-Surgical Treatment for Bones or Joints of the Jaw, Face or Head; Reconstructive Breast Surgery following Mastectomy; Post-Mastectomy Inpatient Treatment; Prostate-Specific Antigen (PSA) Tests; Off-Label Prescription Drugs for Cancer Treatment; Mammograms and Cervical Cancer Screenings; Maternity, Minimum Maternity Stays and Post-Delivery Care; Anesthesia and Hospital or Ambulatory Surgical Facility Benefits for Dental Care; and Diabetes Treatment.

The Policy is not intended to be issued where other medical coverage exists. If other medical coverage does exist at the time of the claim, then the amounts of benefits payable by such other medical coverage will become the deductible amount of the Policy if such benefits are equal to or exceed the Deductible amount in the Schedule of Benefits.

Keep this certificate as your summary of coverage - no individual policy will be issued - a master policy #32-64-0024-016-602-1 is issued to the College. 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 Life's privacy policy by contacting the Plan Administrator at (800) 328-2739, or by visiting our website www.sas-mn.com.

If your coverage ends under this plan and you obtain other coverage, student insurance qualifies as prior creditable coverage. A certification of coverage will be furnished upon written request to the Company.

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a physician, the Policy will provide benefits for eligible expenses up to the scheduled benefit limits listed below. Benefits are payable at 100% of the usual and customary charges incurred for claims received within 26 weeks after: the date the accident causing the injury occurred, or the date the first treatment occurred for a sickness. The Policy will allow benefits only for expenses not covered by other medical coverage. Benefits will not be payable for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY BENEFITS \$10,000 Maximum Each Injury, after a \$100 deductible; subject to the following limits:

- HOSPITAL ROOM AND BOARD (includes general nursing care) Semi-private Room Rate
- HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, operating room, anesthesia, drugs - excluding take home drugs or medication, therapeutic services, supplies, physical therapy, pathology, radiology, and nursing care) U&C; up to maximum \$2500
- ANESTHESIA 20% Surgical Treatment Benefit
- DENTAL TREATMENT (x-rays and repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries) \$500
- PHYSICIAN NON-SURGICAL VISITS-OUTPATIENT U&C; 1 visit per day
- MOTOR VEHICLE INJURY Same as any Injury
- ALL OTHER COVERED SERVICES (covered services are those listed under PART B) U&C

PART B: BASIC SICKNESS BENEFITS \$500 Maximum Each Sickness, after a \$100 deductible; subject to the following limits:

- HOSPITAL ROOM AND BOARD U&C
- HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, drugs - excluding take home drugs or medications, therapeutic services, supplies, physical therapy, radiology, pathology, and nursing care) U&C
- HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient) U&C
- SURGICAL TREATMENT (in or out of hospital-services performed by a licensed physician does not include assistant surgeon) U&C
- ANESTHESIA U&C
- PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid same day as surgery) U&C
- PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid same day as surgery; includes injections) U&C
- OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES U&C
- OUTPATIENT PHYSIOTHERAPY U&C
- AMBULANCE SERVICES (ground service only) U&C
- MATERNITY BENEFITS Same as any Sickness
- OUTPATIENT PRESCRIPTION DRUGS (30-day supply per drug; patient must pay and submit claim for payment) U&C
- OUTPATIENT HOSPITAL EMERGENCY ROOM U&C
- MENTAL AND NERVOUS DISORDERS AND/OR SUBSTANCE ABUSE Same as any Sickness

PART C: INTERCOLLEGIATE SPORTS INJURY BENEFIT

Benefits are payable the same as any Injury, up to maximum benefit of \$2,000 for each covered intercollegiate sports injury. Benefits are paid for claims received within 52 weeks after the date the accident causing the sports injury occurred.

PART D: PREMIUMS

	Annual	Fall	Spring	Summer
Student Only	08-01-2011 to 07-31-2012	08-01-2011 to 12-31-2011	01-01-2012 to 05-31-2012	06-01-2012 to 07-31-2012

Students must contact the College Business Office for premium and billing questions.

PART E: ACCIDENTAL DEATH AND DISMEMBERMENT

Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount):

- Accidental Death \$2,000
- Single Dismemberment/Loss of Eye \$1,000
- Double Dismemberment/Loss of Both Eyes \$2,000

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. Services include:

- Emergency Evacuation
- Medically Supervised Repatriation
- Return of Mortal Remains
- Medical Consultation and Evaluation
- Critical Care Monitoring
- Emergency Message Transmission
- Hospital Admission Guarantee
- Prescription Medication Dispatching
- Family/Friend Transportation

You will receive a separate identification (I.D.) card and brochure that further explains the benefits of this program.

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