

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. It does not include cosmetic surgery made necessary by Injury.
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 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. 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.
8. Routine newborn baby care, well baby nursery and related Physician's charges.
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. 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.
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 Credit for Prior Coverage, until continuously covered by the School's Student Accident and Sickness Insurance Plan for 12 consecutive months.

DEFINITIONS

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. Elective Surgery 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; and submucous 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; biofeed-back-type services; infertility; hypnotherapy; learning disabilities, and weight reduction.

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.

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.

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

Secure a claim form from the Business Office, from the Servicing Agent, or from the SAS, Inc. website, 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 Student Assurance Services, Inc. website is: **www.sas-mn.com**

TO APPLY FOR COVERAGE

Complete the Enrollment Form and return it to the Business Office with your check made payable to: Trinity Bible College.

Return your completed Enrollment Form to the above named office. Do not send it elsewhere. No refunds are made except as provided for in the Master Policy.

PORTABILITY OF COVERAGE

Insured persons who are covered by this policy until: (a) they are enrolled in another institution; or (b) the Policy Expiration Date, will not experience a break in coverage if the other institution maintains a master policy with Columbian Mutual Life. Enrollment in the other institution's policy and initial premium payment must occur: (a) within 31 days after becoming eligible for coverage; and (b) no more than 45 days after the Policy Expiration Date.

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

Keep this brochure as your summary of coverage — no individual policy will be issued — a master policy #33-67-0063-015-601-7 is issued to the College. 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 Mutual Life's privacy policy from your College, by contacting us at (800) 328-2739, or 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.

Policy Form 9F138

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For Students Attending

TRINITY
Bible College
www.trinitybiblecollege.edu

Ellendale, North Dakota

2007-2008

Administered by



www.sas-mn.com

Underwritten by



**COLUMBIAN MUTUAL
LIFE INSURANCE COMPANY**

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

Servicing Agent

**John M. Rice, CSA, LUTCF
RICE INSURANCE AGENCY, INC.**

**300 N. Dakota Ave., Suite 216
Sioux Falls, SD 57104**

Phone (605) 334-6800 Toll Free (800) 658-3677

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. 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. Participating in this plan is voluntary; however, we encourage you to review your personal situation to determine if you need coverage.

Trinity Bible College purchases a separate additional accidental injury policy for students during participation in intercollegiate athletics. The policy is in excess of all other insurance and it contains a \$2,000 deductible. It may provide limited protection in addition to the Trinity Bible College Student Insurance Plan and/or the student's family insurance.

Any questions about the policy should be directed to: John Rice, CSA, LUTCF, Rice Insurance Agency, Inc. 300 N. Dakota Ave., Suite 216 • Sioux Falls, SD 57104 Phone (800) 658-3677

ELIGIBILITY

All students carrying 6 or more credit hours and attending classes on campus are eligible to enroll in this 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, 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 (23) years of age who are not self-supporting and reside with the Insured Student, or twenty-six (26) if a full-time student at an accredited institution of higher learning. 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 (08-23-2007); 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 Business Office. All coverage expires on 08-22-2008, or when payment is due and unpaid.

DEPENDENTS' ENROLLMENT PERIOD

Dependents must enroll in the plan when the Insured Student first enrolls in the plan, except as follows: Dependents enrolling after the Student first enrolled in the plan may enroll no later than 31 days from the qualifying event of: marriage, adoption or birth, or involuntary loss of coverage which was in effect when the dependent first became eligible for coverage under this plan.

CREDIT FOR PRIOR COVERAGE

This plan provides portability of coverage as it relates to "pre-existing" health conditions:

- a) If, at the time of enrollment, you have not been covered by Prior Creditable Coverage, this policy will not cover pre-existing conditions until you have continuous coverage for twelve (12) months under this policy.
- b) If you were covered by Prior Creditable Coverage, the pre-existing condition 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 of 63 days or more immediately prior to your effective date of coverage under this Policy. To obtain credit for previous coverage, you must provide evidence of Prior Creditable Coverage within 30 days of enrollment in this Policy.
- c) If you were a student covered by a similar policy offered by the College in the school term immediately prior to the effective date of this policy, you will not experience a break in coverage provided you apply for coverage and pay the required premium within 31 days of the expiration date of the prior student insurance plan.

MEDICAL BENEFITS SCHEDULE - UP TO MAXIMUM \$50,000 FOR EACH INJURY OR SICKNESS

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 the benefit limits listed in the Benefits Schedule. This policy will allow benefits only for expenses not covered by Other Medical Coverage. If the total covered expenses are less than \$100 this provision will be waived. 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, after a \$50 deductible and subject to the following limits:

HOSPITAL ROOM AND BOARD	\$300/day
DENTAL TREATMENT (repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries)	\$500
MOTOR VEHICLE INJURY	Same as any Injury
PHYSICAL THERAPIST	\$15/visit, 1 visit/day, up to 10 visits
OUTPATIENT PRESCRIPTION DRUGS.....	80% of U&C, up to \$200
ALL OTHER COVERED SERVICES (includes physician consultant and orthopedic appliances, and covered services listed under PART B)	80% of U&C

PART B: BASIC SICKNESS BENEFITS \$3,000 Maximum Each Sickness, subject to the following limits:

HOSPITAL ROOM AND BOARD	Semi-private room rate, up to \$300/day
HOSPITAL INTENSIVE CARE	\$300/day
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, pathology, radiology)	80% of U&C, up to \$2,000
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient)	80% of U&C, up to \$2,000
SURGICAL TREATMENT (in or out of hospital — services performed by a licensed physician; does not include Assistant Surgeon)	80% of U&C, up to \$1,000
ANESTHETIST	20% of Surgical Treatment
PHYSICIAN'S NON SURGICAL VISITS (Inpatient, not paid day of surgery)	\$40/visit, 1 visit/day
PHYSICIAN'S NON SURGICAL VISITS (Outpatient, not paid day of surgery)	\$40/visit, 1 visit/day, up to 6 visits
OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES	\$150, after a \$50 deductible
HOSPITAL EMERGENCY ROOM (Outpatient)	\$250
CHEMOTHERAPY	Paid under Major Medical
RADIATION THERAPY	Paid under Major Medical
MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE TREATMENT	Paid under Mandated Benefits
AMBULANCE SERVICES (ground service only)	\$100
MATERNITY BENEFITS	Same as any Sickness
OUTPATIENT PRESCRIPTION DRUGS.....	80% of U&C, up to \$200

PART C: OPTIONAL INTERCOLLEGIATE SPORTS (Additional Premium Required) Same as any Injury, Benefits paid are included in PART A \$3,000 Maximum

PART D: MAJOR MEDICAL BENEFITS \$50,000 Maximum Benefit for Each Injury or Sickness
After the Company has paid the Maximum Benefit Limit of \$3,000 under the Basic Benefits, (PART A or B), the Company will then pay 80% of the Usual and Customary Charges incurred for covered services listed under the Basic Benefits up to the Maximum Benefit for each Injury or Sickness of \$50,000. This maximum includes both benefits paid under PART A or B and PART D. No Benefits are payable under this provision for: Mental and Nervous Disorders and Substance Abuse in excess of mandated benefit levels; Dental Treatment; Motor Vehicle Injuries; or Intercollegiate Sports Injuries.

PART E: MANDATED BENEFITS
The plan will pay benefits for the items below in accordance with any applicable North Dakota 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 College or call the Claim Office. Benefits include: Dental Anesthesia and Hospitalization Benefits; Mammography Benefits; Medical Food Benefits; Mental Disorders and Substance Abuse Treatment; Pre-hospital Emergency Services Benefits; Prostate-Specific Antigen Benefits; Reimbursement for Nurse Practitioner Services; and Temporomandibular Joint Disorder Treatment.

PART F: PREMIUMS
For premium rates and coverage periods, refer to the enrollment form, or visit the Student Assurance Services, Inc. website at www.sas-mn.com to view or print an Enrollment Form.
REFUND: A prorated premium refund will be made for the following situations only, if the Plan Administrator receives written notice, including the date of occurrence that: You have entered into full-time active-duty military service of any country; or you are a non-immigrant Foreign National and have permanently left the North American continent. Refunds may be subject to a \$25 administrative fee.

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 Life Insurance Company.**
Scholastic Emergency Services, Inc. (Additional Premium Required) – This program provides protection while you travel. The program is administered by Assist America. It provides 24 hour assistance whenever you are traveling more than 100 miles away from home or school. Services include Emergency Evacuation, Supervised Repatriation and Return of Mortal Remains. **To enroll contact the Servicing Agent.**
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.