

SERFF Tracking Number: SELX-126561262 State: Arkansas
 Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45280
 Company Tracking Number: GRHAR0169804C01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Sentry Student Security Plan
 Project Name/Number: Sentry Student Security Plan/GRHAR0169804C01

Filing at a Glance

Company: SENTRY LIFE INSURANCE COMPANY

Product Name: Sentry Student Security Plan SERFF Tr Num: SELX-126561262 State: Arkansas
 TOI: H21 Health - Other SERFF Status: Closed-Approved- State Tr Num: 45280
 Closed

Sub-TOI: H21.000 Health - Other Co Tr Num: GRHAR0169804C01 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Author: SPI SentryInsuranceLH Disposition Date: 05/12/2010
 Date Submitted: 03/26/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 03/26/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Sentry Student Security Plan
 Project Number: GRHAR0169804C01
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 05/12/2010

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type:
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 05/12/2010
 Created By: SPI SentryInsuranceLH
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI SentryInsuranceLH

Filing Description:

The policy is a blanket student accident and sickness insurance policy offered to all students on a voluntary basis. The policy has been changed to provide coverage for the 2010/2011 school year.

The following changes have been made to the application.

The second to last sentence of item 6 on the first page of the application has been amended to read: Dental Insurance is optional.

The rates for Accident and Health Insurance Plan II, Catastrophic Coverage and Interscholastic Sports have been

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changed. Also the limitation on Dental and Interscholastic Sports coverage to those insured under Plan II has been removed.

The policy has been changed as follows:

The seventh item under the Basic Plan Benefits has been amended by removing Prostatic Specific Antigen (PSA) Tests from the list of Out-Patient laboratory tests.

A Major Medical Prostate Cancer Screening Benefit has been added with the Major Medical benefits to comply with changes for prostate cancer screening.

Under the Accident and Sickness Limitations provision, point 10, Prostate Cancer Screening has been added to the list of benefits paid under the Major Medical Plan only.

Forms 180-1423 and 180-1424 were added to offer coverage for Hearing Aids.

Form 180-200 AR (Reprint 5) will replace form 180-200 AR (Reprint 4) and form 180-824 AR (Reprint 6) will replace 180-200 AR (Reprint 5), which were previously approved by your department on November 21, 2008. The corresponding Outline of Coverage, form 180-961 (AR) (Reprint 6), is also included in this filing and replaces form 180-961 (AR) (Reprint 5) which was also approved by your department on November 21, 2008.

Forms 180-1233 (Reprint 3), 180-1274, 180-1300 (Reprint 1), 180-1310, 180-1311, 180-1312, 180-1313, 180-1314, 180-1315 and 180-1327 will continue to be used with this policy. These forms were previously approved by your department and have not been changed.

Company and Contact

Filing Contact Information

Sharon Paulsen, Compliance/Development Specialist
Sharon.Paulsen@sentry.com
1800 North Point Drive
Stevens Point, WI 54481
715-346-7163 [Phone]
715-346-6044 [FAX]

Filing Company Information

SENTRY LIFE INSURANCE COMPANY
1800 North Point Drive
Stevens Point, WI 54481
(715) 346-6000 ext. [Phone]
CoCode: 68810
Group Code: 169
Group Name:
FEIN Number: 39-6040276
State of Domicile: Wisconsin
Company Type:
State ID Number:

SERFF Tracking Number: SELX-126561262 State: Arkansas
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SENTRY LIFE INSURANCE COMPANY	\$0.00	03/26/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2010	05/12/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/29/2010	04/29/2010			

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Application	SPI SentryInsuranceL H	04/05/2010	04/05/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	SPI SentryInsuranceL H	04/15/2010	04/15/2010
Filing fee	Note To Filer	Rosalind Minor	04/02/2010	04/02/2010

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Disposition

Disposition Date: 05/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
SENTRY LIFE INSURANCE COMPANY	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form (revised)	Application	Approved-Closed	Yes
Form	Application	Replaced	Yes
Form	Group Accident and Health Insurance Policy	Approved-Closed	Yes
Form	Group Accident and Health Insurance Outline of Coverage	Approved-Closed	Yes
Form	Election Form - Hearing Aid	Approved-Closed	Yes
Form	Amendatory Rider - Hearing Aid	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/29/2010
Submitted Date	04/29/2010
Respond By Date	05/13/2010

Dear Sharon Paulsen,

This will acknowledge receipt of the captioned filing.

Objection 1

- Application, 180-200 AR (Reprint 5) (Form)

Comment:

It is my understanding, by speaking with our Accounting Division, that both of the checks you submitted has been returned to you.

Have you submitted another check in the amount of \$250.00 with documentation? Is your company set up for EFT?

I will review the submission upon receipt of the \$250.00.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Note To Reviewer

Created By:

SPI SentryInsuranceLH on 04/15/2010 03:02 PM

Last Edited By:

Rosalind Minor

Submitted On:

05/12/2010 09:27 AM

Subject:

Filing Fee

Comments:

I inadvertently forget to include the supporting documentation with my original check of \$50 and it was returned to me. I will be sending back today with supporting documentation. After submitting, you requested an additional \$200 for this filing, as there are 5 forms. I sent that check in without supporting documentation too. Is there any way that check could be intercepted and applied to this filing, so that you do not have to go through the trouble of returning it to me? I apologize for the inconvenience.

Sharon Paulsen

SERFF ONLY - Filing At A Glance

Filing Company:	SENTRY LIFE INSURANCE COMPANY	SERFF Tr Num:	SELX-126561262
TOI:	H21 Health - Other	SERFF Status:	Assigned
Sub-TOI:	H21.000 Health - Other	State Tr Num:	45280
Filing Type:	Form	State Status:	Waiting Industry Reponse & Filing Fees
Assigned To:	Rosalind Minor (Primary)	Co Tr Num:	GRHAR0169804C01
Date Submitted:	03/26/2010		

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Amendment Letter

Submitted Date: 04/05/2010

Comments:

I neglected to attach a copy of the application.

I apologize for the inconvenience.

Thank you,
Sharon Paulsen

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
180-200 AR (Reprint 5)	Application/Enrollment Form	Application/Enrollment Form	Initial				45.000	180-200 AR (Reprint 5).PDF

SERFF Tracking Number: SELX-126561262 *State:* Arkansas
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Note To Filer

Created By:

Rosalind Minor on 04/02/2010 09:56 AM

Last Edited By:

Rosalind Minor

Submitted On:

05/12/2010 09:27 AM

Subject:

Filing fee

Comments:

Before we review this submission, it is necessary that you submit the appropriate filing fee. Please review the General Instructions for Arkansas. We have recently revised our filing fees.

For this submission, you indicate 5 forms. Each form is \$50.00 for a total of \$250.00.

I noticed that the application was not attached under the form schedule.

If you have any questions, please give me a call at (501)371-2767.

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Form Schedule

Lead Form Number: 180-824 AR (Reprint 6)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/12/2010	180-200 AR (Reprint 5)	Application/ Enrollment Form	Application	Initial		45.000	180-200 AR (Reprint 5).PDF
Approved-Closed 05/12/2010	180-824 AR (Reprint 6)	Policy/Contract	Group Accident and Health Insurance Policy Certificate	Initial		45.000	180-824 AR (Reprint 6).PDF
Approved-Closed 05/12/2010	180-961 (AR) (Reprint 6)	Certificate	Group Accident and Health Insurance Outline of Coverage	Initial		45.100	180-961 (AR) (Reprint 6).PDF
Approved-Closed 05/12/2010	180-1423	Policy/Contract	Election Form - Hearing Aid	Initial		44.300	180-1423.PDF
Approved-Closed 05/12/2010	180-1424	Policy/Contract	Amendatory Rider - Hearing Aid	Initial		49.200	180-1424.PDF



Sentry Life Insurance Company

(A Stock Company)
1800 North Point Drive
STEVENS POINT, WISCONSIN 54481
1-800-533-7827
(Herein called the Company)

APPLICATION is hereby made to the Company for a Policy of Group Insurance to provide the Benefits set forth in the Schedule of Benefits in this Application.

1. Name of Policyholder: SunTrust Bank, Inc., Trustees of the Student Security Group Insurance Trust
2. Address of Policyholder: Washington, D.C.
3. Type of Organization: Trust
4. This Policy will insure Eligible Persons who are associated with the Policyholder as: Students
5. The Effective Date shall be August 01, 2010.
6. Eligibility and Underwriting Provisions:

Any Student who is registered and attending a college or university is eligible to enroll. There are no restrictions based on the number of credit or non-credit scholastic hours. A Student's eligibility for this program may be subject to verification by the Student's college or university. International Students must be covered under Plan II. An eligible Student may also enroll his Dependents. A Dependent is defined as the Children and the spouse of any eligible Student. The attendance requirement will be waived for four months if immediately following a period of coverage. This means that you may maintain your coverage during the summer or other four month absence, provided you remain registered at a college or university in the United States, or you are participating in a United States' sponsored and accredited semester abroad for which credits will be given at a United States' state accredited college or university. You may also continue your coverage for a period of eight months immediately following graduation, if you remain in the United States. Dental Insurance is optional. If Dental Insurance is selected, all Accident and Sickness insured family members must enroll.

7. Premiums are to be paid tri-annually.
8. Upon acceptance of this Application by the Company at one of its policywriting offices, this Policy is to be issued to this Policyholder named above in accordance with the above information.

Benefits for Nonsurgical Treatment of Temporomandibular Joint Disorder or Craniomandibular Disorder are available. I am aware of the availability of this benefit and understand if I choose not to take this benefit, this Policy will not provide coverage for Nonsurgical Treatment of Temporomandibular Joint Disorder or Craniomandibular Disorder.

I do not elect this benefit

I do elect this benefit for an additional premium

Name of Policyholder

Date

Signed By

Title

Signed at _____ State of _____
(City)

this _____ day of _____, _____
(Month) (Year)

By: Signature _____
(Applicant)

(Agent) (Title)

SCHEDULE OF BENEFITS

All Benefits, Limitations and Exclusions are as outlined in the Master Policy attached to this Application.

**SCHEDULE OF ACCIDENT AND SICKNESS INSURANCE PREMIUM RATES
2010-2011 SCHOOL YEAR**

ARKANSAS RESIDENTS

MONTHLY RATES

PLAN I

PERSONS INSURED	STUDENT'S AGE	
Student	24 & under	\$ 25
	25-34	\$ 33
	35-44	\$ 40
	45 & over	\$ 59
Student & Spouse	24 & under	\$ 96
	25-34	\$104
	35-44	\$111
	45 & over	\$130
Student, Spouse & Child(ren)	24 & under	\$153
	25-34	\$161
	35-44	\$168
	45 & over	\$187
Student & Child(ren)	24 & under	\$ 82
	25-34	\$ 90
	35-44	\$ 97
	45 & over	\$116

PLAN II

PERSONS INSURED	STUDENT'S AGE	
Student	24 & under	\$ 63
	25-34	\$ 88
	35-44	\$127
	45 & over	\$238
Student & Spouse	24 & under	\$267
	25-34	\$292
	35-44	\$331
	45 & over	\$442
Student, Spouse & Child(ren)	24 & under	\$435
	25-34	\$460
	35-44	\$499
	45 & over	\$610
Student & Child(ren)	24 & under	\$231
	25-34	\$256
	35-44	\$295
	45 & over	\$406

Multiply the rates shown above by 4 to determine the tri-annual premium.

**SCHEDULE OF DENTAL INSURANCE PREMIUM RATES
2010-2011 SCHOOL YEAR**

ARKANSAS RESIDENTS

MONTHLY RATES

PERSONS TO BE INSURED	ALL AGES
Student Only	\$25
Student and Spouse	\$51
Student, Spouse and Child(ren)	\$81
Student and Child(ren)	\$55

Multiply the rates shown above by 4 to determine the tri-annual premium.

Dental Insurance is optional and available. All Accident and Sickness insured family members must enroll.

**SCHEDULE OF CATASTROPHIC COVERAGE PREMIUM RATES
2010-2011 SCHOOL YEAR**

MONTHLY RATES

PERSONS INSURED		STUDENT'S AGE	
Student	Plan II	24 & under	\$18
		25-34	\$19
		35-44	\$24
		45 & over	\$36
Student and Spouse	Plan II	24 & under	\$36
		25-34	\$38
		35-44	\$45
		45 & over	\$63
Student, Spouse and Child(ren)	Plan II	24 & under	\$48
		25-34	\$50
		35-44	\$57
		45 & over	\$75
Student and Child(ren)	Plan II	24 & under	\$30
		25-34	\$31
		35-44	\$36
		45 & over	\$48

Multiply the rates shown above by 4 to determine the tri-annual premium.

Catastrophic Coverage is optional and available to Plan II Accident and Sickness Insureds. All Accident and Sickness insured family members must enroll.

**INTERSCHOLASTIC SPORTS COVERAGE PREMIUM RATES
2010-2011 SCHOOL YEAR**

\$49 PER MONTH

Interscholastic Sports Coverage is optional.



Sentry Life Insurance Company

(A Stock Company)
1800 North Point Drive
STEVENS POINT, WISCONSIN 54481
1-800-533-7827

(Herein Called The Company)

In consideration of the payment in advance of the premium specified in the Policy Schedule by an Eligible Person, does hereby agree to pay the benefits of this Policy for any Loss originating while this Policy is in force upon receipt of due proof of such Loss.

This Policy is not a continuation or renewal of any prior policy issued to the Policyholder. Accidents occurring or Sickness contracted prior to an Insured's term of coverage under this Policy, even if covered under a prior policy, or during any term of coverage for which premiums have not been paid are considered pre-existing and will not be covered under this Policy.

POLICY SCHEDULE

POLICYHOLDER:	SunTrust Bank, Inc., Washington, D.C., Trustees of the Student Security Group Insurance Trust	ACCOUNT NUMBER:	02229-31-32-33-34
		EFFECTIVE DATE:	August 01, 2010
		TERMINATION DATE:	August 01, 2011
TERM PREMIUM:	See Schedule of Premium Rates on the Application	STUDENT:	See Schedule of Premium Rates on the Application
		SPOUSE:	See Schedule of Premium Rates on the Application
		CHILD/CHILDREN:	See Schedule of Premium Rates on the Application

This Policy takes effect and terminates at 12:01 A.M., Standard Time, at the address of the Policyholder on the dates shown above. Masculine pronouns used in this Policy shall apply to both sexes. No premium refunds are payable except when the Insured enters the armed forces of any country at which time a pro-rata refund will be made upon request of the Insured.

1. Effective Date of Coverage

The insurance of an Eligible Person shall become effective in accordance with the following:

- A. If the Eligible Person's completed enrollment form and correct premium are received by the Company or its designated administrator on or before the Effective Date for which coverage is requested, coverage will become effective on such Effective Date.
- B. If the Eligible Person's completed enrollment form and correct premium are received by the Company or its designated administrator after the Effective Date for which coverage is requested, coverage will become effective on the date the enrollment form and premium are received.

2. Adding Dependents

Coverage for a dependent spouse or dependent Children may be added at any time. The coverage will be subject to the same Effective Date qualifications for new Insureds as outlined in Effective Date of Coverage.

If a Student and the Student's Children are insured, additional Children may be added while this Policy is in effect.

Coverage for a newborn infant will be effective on the date of the infant's birth if:

- A. The Student has previously paid the Child/Children premium for other living Child(ren), or
- B. The Student notifies the Plan Administrator and pays a pro-rata Child/Children premium and the premium is received by the Plan Administrator within 90 days of the infant's birth.

If such premium is received more than 90 days after the date of the infant's birth, coverage for a newborn infant will be effective on the date the premium for the newborn infant is received by the Plan Administrator.

Sentry will provide coverage for a legally adopted Child of the Student beginning on the date the petition for adoption is filed if:

- A. The Student has previously paid the Child/Children premium for other living Child(ren), or
- B. The Student notifies the Plan Administrator and pays a pro-rata Child/Children premium and the premium is received by the Plan Administrator within 60 days of the date the petition for adoption is filed.

Sentry will provide coverage for a legally adopted Child of the Student from the moment of birth if:

- A. The petition for adoption is filed within 60 days of the birth of the Child and the Student notifies the Plan Administrator within 60 days of the birth of the Child.
- B. The Student must pay a pro-rata Child/Children premium within 60 days of the birth of the Child, if Child/Children coverage is not in effect.

3. Termination Date of Insurance

The insurance of any person insured under this Policy shall terminate on the earliest of the following dates:

- A. The end of the period for which premium has been paid unless the renewal premium has been received by the Company or its designated administrator prior to or within 30 days of the next period of coverage.
- B. The Termination Date of this Policy.
- C. The date the Insured enters the armed forces of any country.
- D. The date you depart for your Home Country or your country of regular domicile, if that country is other than the United States.

4. Continuation of Coverage

An insured Student, whose coverage under this Policy ends, may continue coverage, with payment of premium. Continuation is also available to a covered spouse upon divorce, with payment of premium. Continuation of Coverage is only available to those Insureds who have been continuously covered during the three months prior to termination of eligibility for coverage under this Policy. Written request for continuation must be sent within the 10 days following termination of eligibility. Premiums must be paid monthly and in advance.

Continuation of Coverage is not available to a person who is eligible for Federal Medicare coverage; or full coverage under any other group accident and sickness policy.

Continuation of Coverage will end up the earliest of the following:

- A. 120 days after Continuation of Coverage began;
- B. The end of the period for which the insured made a timely premium payment;
- C. The premium due date following the date the insured becomes eligible for Medicare; or
- D. The date on which this Policy is terminated.

5. Payment of Benefits

Benefits provided for an Accident or a Sickness will be limited to the benefits in effect under this Policy at the time the first charge is incurred for the Accident or Sickness. The charge will be considered incurred on the date the service is performed.

1. Basic Plan Benefits

When, as the result of an Accident or Sickness, the Insured incurs Loss within 52 weeks immediately following the date of the Accident or the date of first treatment for Sickness, the Company will pay benefits for the following medical services up to the Basic Plan Maximum Benefit, subject to the limits for the specific medical services listed below, for each Accident or each Sickness, unless specified otherwise. Covered Charges will not exceed the Reasonable and Customary Charges for the services and supplies listed.

<u>Medical Services</u>	Benefit Limits	
	<u>Plan I</u> Domestic Students Only	<u>Plan II</u> Domestic or International Students
	Maximum Benefits	Maximum Benefits
Hospital Room & Board	\$ 200 per day	\$ 400 per day
All other Hospital Confinement Services	\$ 600	\$ 1,000
Hospital Out-Patient Services, Emergency Room, Urgent Care, After Hours Care or Free Standing Ambulatory Surgical Center Services (Accident and Out-Patient Surgery only)	\$ 300	\$ 600
Surgery - 80% of Covered Charges (See Accident and Sickness Limitation #1)	\$ 1,000	\$ 2,000
Anesthesiologist	25% of specific primary surgical benefit	25% of specific primary surgical benefit
Doctor's nonsurgical treatment	\$ 300	\$ 750
Daily Benefit (See Accident and Sickness Limitation #3) The first visit for out-patient treatment of a Sickness is not covered.	\$ 25	\$ 50
Out-Patient laboratory tests, x-rays and preventive cancer screening procedures including but not limited to Mammograms and Cytologic Screening (Pap Smears), when ordered or provided by a Doctor in accordance with the standard practice of medicine. (See Accident and Sickness Limitation #9)	\$ 150	\$ 300
Consultant Doctor Services (See Definition of Consultant Doctor Services)	\$ 50	\$ 100
Ambulance	\$ 100	\$ 250
Dentist's treatment of injured Sound Natural Teeth (Accident only)	\$ 150	\$ 300
Basic Plan Maximum Benefit	\$ 3,000	\$ 5,000

Disabled Dependent Children

An insured dependent Child who is unable to work because of a mental or physical handicap may have insurance continued beyond the stated age limit. For this continuation to apply, the Child must be unable to work upon reaching the age limit stated in this Policy. The Child must depend on the eligible Student for support and maintenance.

Sentry must receive proof of such condition. We may, from time to time, require proof of the Child's condition and support. We will not require proof more than once a year after insurance has been continued for two years.

The insurance will continue as long as this condition and support continues. However, the insurance may be ended for any reason stated in this Policy except reaching the stated age limit.

Childbirth Benefits

Benefits for Covered Charges incurred for pregnancy and childbirth will be paid on the same basis as Sickness subject to the following:

- A.** In-patient Hospital coverage for the mother and newborn will be provided for a minimum of 48 hours for a vaginal delivery and 96 hours for a caesarean section.
- B.** The responsibility for any decision to shorten the in-patient stay to less than provided under A. rests with the Doctor in consultation with:
 - § the mother; and
 - § standards such as those of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.
- C.** In the event of discharge as described in B., coverage shall be provided for two post-discharge follow-up visits. The visits must be made by or to a health care provider licensed to provide postpartum care. The visits will be covered under the Major Medical Plan on the same basis as any other Sickness. The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to these visits.

Breast Reconstruction Benefits

Benefits for Covered Charges incurred for Reconstructive Breast Surgery will be paid on the same basis as any other Sickness subject to the following:

- A.** Coverage for Reconstructive Breast Surgery resulting from a mastectomy on a diseased breast.
- B.** Coverage for Prosthetic Devices and treatment of physical complications at all stages of the mastectomy including lymphedemas; and Reconstructive Breast Surgery incident to a mastectomy including:
 - 1)** All stages of reconstruction of the breast on which the mastectomy has been performed; and
 - 2)** Surgery and reconstruction of the other breast to produce symmetry;
 - in the manner determined by the attending Doctor and Insured to be appropriate.

The Reconstructive Breast Surgery must be due to a mastectomy which was performed while the Insured was covered under this Policy.

For purposes of this Benefit the term Prosthetic Devices means the use of initial and subsequent artificial devices to replace the removed portions of the breast, according to an order of the patient's Doctor.

For purposes of this benefit the term Reconstructive Breast Surgery means a surgical procedure performed on one breast or both breasts following a mastectomy, as determined by the treating Doctor, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the mastectomy. The term Reconstructive Breast Surgery, resulting from a mastectomy of a diseased breast, shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

For purposes of this benefit the term Symmetry Between Breasts means approximate equality in size and shape of the nondiseased breast with diseased breast after definitive reconstructive surgery on the diseased breast has been performed.

2. Major Medical Plan Benefits

When the total Basic Plan Maximum Benefit of \$3,000 for Plan I or \$5,000 for Plan II has been paid by Sentry as a result of a Loss incurred by an Insured for an Accident or a Sickness, Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for the Accident or Sickness covered under the Basic Plan Benefits which exceed the Basic Plan Maximum Benefit, up to the Major Medical Plan Maximum Benefit for each Accident or each Sickness. The Loss must occur within 52 weeks immediately following the date of the Accident or the date of the first treatment for Sickness.

Major Medical Out-Patient Diabetes Self-Management Training Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for Out-Patient Diabetes Self-Management Training, when medically necessary, for the Insured and/or the Insured's parent, spouse or legal guardian. Sentry will also pay 80% of the charges, not to exceed the Reasonable and Customary charges, for additional Diabetes Out-Patient Self-Management Training, if additional training sessions are needed because the Insured's condition significantly changes or worsens, as determined by the Insured's Doctor. The Out-Patient Diabetes Self-Management Training services must be prescribed by written prescription from a health care professional legally authorized to prescribe such services and provided by an appropriately registered health care professional who has demonstrated expertise in diabetes care, acting within the scope of his or her license.

Major Medical In Vitro Fertilization Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to In Vitro Fertilization Benefits. Benefits will be paid as follows up to the Major Medical Plan Maximum Benefit for Plan I Insureds, not to exceed a lifetime maximum of \$15,000, and lifetime maximum of \$15,000 for Plan II Insureds.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for out-patient in vitro fertilization procedures if the following requirements are met:

- A. The patient is the Insured;
- B. The patient's oocytes are fertilized with the patient's spouse's sperm;
- C.1. The patient and the patient's spouse have a history of infertility of at least two years duration; or
- C.2. The infertility is associated with one or more of the following:
 - a) Endometriosis;
 - b) Exposure in utero to diethylstilbestrol, commonly known as DES;
 - c) Blockage of, or surgical removal of, one or both fallopian tubes (lateral or bilateral salpingectomy) not a result of voluntary sterilization; or
 - d) Abnormal male factor contributing to the infertility; and
- D. The in vitro fertilization procedures are performed at a medical facility, licensed or certified by the Arkansas Department of Health, those performed at a facility certified by the Arkansas Department of Health which conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics, or those which meet the American Fertility Society minimal standards for programs of in vitro fertilization.
- E. The patient has been unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under this Policy.

In vitro fertilization procedures are limited to three attempts per live birth. These three in vitro fertilization attempts combined will not exceed the Major Medical Plan Maximum Benefit.

Major Medical Child Preventive Health Care Services Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to Child Preventive Health Care Services. Benefits will be paid as follows up to the Major Medical Plan Maximum Benefit.

Sentry will pay 100% of the charges for the Appropriate Immunizations and 80% of all other Child Preventive Health Care Services for a covered dependent Child, from birth to age 18, not to exceed the Reasonable and Customary charges, for 20 periodic visits at approximately the following age intervals:

- § Birth; two weeks; two months; four months; six months; nine months; 12 months; 15 months; 18 months; two years; three years; four years; five years; six years; eight years; ten years; 12 years; 14 years; 16 years; and 18 years.

Child Preventive Health Care Services means Doctor delivered or Doctor supervised periodic preventive visits for covered dependent Children, from birth through age 18, including:

- A. Medical history;
- B. Physical examination;
- C. Developmental assessment;
- D. Anticipatory guidance; and
- E. Appropriate Immunizations,

in keeping with prevailing medical standards.

Major Medical Dental Anesthesia Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to the Dental Anesthesia Benefit. Benefits will be paid on the same basis as Sickness up to the Major Medical Plan Maximum Benefit.

Benefits will be paid for general anesthesia and associated facility charges, not to exceed the Reasonable and Customary charges, for dental procedures provided in a Hospital or surgical center, when the clinical status or underlying medical condition of the Insured requires dental procedures that ordinarily would not require general anesthesia to be provided in a Hospital or ambulatory surgical center.

This benefit applies only to general anesthesia and associated facility charges for:

- § An Insured who is under seven years of age who is determined by two Dentists to require, without delay, necessary dental treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;
- § An Insured with a diagnosed serious mental or physical condition; or
- § An Insured with a significant behavioral problem as determined by the Insured's Doctor.

No coverage is provided for any charges for the dental procedure itself, including the professional fee of the dentist, unless the Insured has Dental Coverage, an optional coverage provided by this Policy. If the Dental Coverage has been selected, benefits will be paid according to the terms of the Dental Benefits Amendatory Rider.

Major Medical Colorectal Cancer Screening Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for colorectal cancer screening for:

1. Insureds 50 years of age or over and at normal risk for developing colon cancer; or
2. Insureds under age 50 years of age, who are at high risk for colorectal cancer screening according to the American Cancer Society colorectal screening guidelines; or
3. Insureds that are bleeding from the rectum or have blood in their stool or a change in bowel habits, such as diarrhea, constipation or narrowing of the stool, that lasts more than five days.

Colorectal cancer screening includes:

1. An annual fecal occult blood test utilizing the take home multiple sample or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five years;
2. A double contrast barium enema every five years;
3. A colonoscopy every 10 years; and
4. Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health, determined in consultation with appropriate health care organizations.

If the Insured has one or more neoplastic polyp, adenomatous polyp, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps, Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for a three year follow-up examination.

If single tubular adenoma of less than one centimeter for Insureds with large sessile adenomas greater than three centimeters, especially if removed in piecemeal fashion, Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for a follow-up examination in six months or until complete polyp removal is verified by colonoscopy.

Major Medical Speech and Hearing Treatment Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for the treatment of loss or impairment of speech or hearing, up to the Major Medical Plan Maximum Benefit.

Major Medical Prostate Cancer Screening Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 100% of the covered charges, not to exceed the Reasonable and Customary charges, for the treatment of prostate cancer screening.

The prostate cancer screening will be performed by a qualified medical professional and coverage will be provided for at least one (1) screening per year for any man forty (40) years of age or older according to the most current National Comprehensive Cancer Network guidelines.

If a Doctor recommends that a prostate specific antigen blood test is completed, coverage may not be denied on the grounds that a digital rectal examination was performed and the examination result was negative.

	Benefit Limits	
	<u>Plan I</u>	<u>Plan II</u>
	Domestic Students Only	Domestic or International Students
Major Medical Plan Maximum Benefit	\$ 7,000	\$ 45,000
3. Policy Maximum Benefit for Each Accident or Sickness (Basic Plan Benefits plus Major Medical Plan Benefits)	\$10,000	\$ 50,000
	Policy Year Maximum Benefits	
	<u>Plan I</u>	<u>Plan II</u>
	Domestic Students Only	Domestic or International Students
4. Additional Benefits		
Repatriation	--	\$ 10,000
Medical Evacuation	--	\$ 10,000
Accidental Death and Dismemberment Benefit	\$ 2,500	\$ 5,000

If the Insured is involved in an Accident which results in injuries or death while insured under this Policy, We will pay for the losses listed below, for each Accident. The loss must occur within 90 days of the date of the Accident. The loss must be directly caused by the Accident and must occur independently of all other causes. Accidental Death and Dismemberment Benefits will be paid to the Insured, or if not living, to the Beneficiary.

The Policy Year Maximum Benefit will be paid for the Loss of:

- A.** Life;
- B.** Both Hands or both Feet or the Sight of both eyes;
- C.** One Hand and one Foot;

D. One Hand and the Sight of one eye; or

E. One Foot and the Sight of one eye.

Half of the Policy Year Maximum Benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye.

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount We will pay is the Policy Year Maximum Benefit.

If the Insured is exposed to the elements following the disappearance, forced landing, stranding, sinking or wrecking of a commercial vehicle in which the Insured was a fare-paying passenger, subject to the terms of this Policy, the exposure is considered to be an accidental injury.

If the Insured has not been found within one year of disappearance, forced landing, stranding, sinking or wrecking of a commercial vehicle in which the Insured was a fare-paying passenger, subject to the other terms of this Policy, it will mean that the Insured suffered loss of life within the meaning of this Policy.

In addition to those Limitations and Exclusions listed under this Policy, the following Exclusions will apply to this section.

The coverage provided by this section will not apply to any loss caused by:

- A.** A disease, bodily infirmity or by medical or surgical treatment of these conditions;
- B.** Infections, except infections caused by visible wounds resulting from an Accident;
- C.** Suicide, or any injury caused by an attempt by the Insured to end their life, while sane or insane;
- D.** Breathing gas, even if it was an accident, unless administered on the advice of a qualified medical or dental Doctor.

For the purposes of this section, Beneficiary means the Beneficiary(ies) named by the insured Student on the enrollment form. The Beneficiary(ies) may be changed at any time by the insured Student without approval of the Beneficiary(ies). Any change requires satisfactory written notice to Us. After We record it, the change is effective the date the insured Student signed the notice. The insured Student does not have to be living at the time We record the change for it to be effective. Any payment made prior to recording the change will satisfy Our obligation for payment.

A person becomes a Beneficiary in the following order:

- A.** The Beneficiary(ies) named by the insured Student, or if none living at the Insured's death or none named, then;
- B.** The Insured's spouse, if married, or if not living at the Insured's death, then;
- C.** The Insured's parents, to share equally or survivor, or if neither is living at the Insured's death, then;
- D.** The Insured's estate.

If the insured Student named multiple Beneficiaries but did not direct how the payment should be divided, the payment will be divided equally among the Beneficiaries living at the time of the Insured's death. If the Insured or Beneficiary is a minor or legally incapable of receiving and handling the payment, We may make the payment in the following order:

- A.** To that Insured's or Beneficiary's parents, to share equally or survivor, or if neither is living, then;
- B.** To a legally appointed guardian, or if none, then;
- C.** To a person who appears to Us to be caring for or supporting that Insured or Beneficiary.

Payment made in this way will satisfy Our obligation for payment.

Sentry has the right to pay all or part of the Accidental Death and Dismemberment benefit, not exceeding \$500, to any person(s) who have incurred expense in connection with the Insured's death or burial.

For the purposes of this section, Loss of Hand or Foot means the actual permanent severance of the hand or foot at or above the wrist or ankle.

For the purposes of this section, Loss of Sight means the total loss of sight which cannot be corrected by any means.

SECTION C

DEFINITIONS

Accident - Bodily injury, directly caused by specific accidental contact with another body or object which: (1) is unrelated to any Pre-Existing Condition; and (2) causes Loss beginning while insured under this Policy.

Child/Children - Includes an eligible Student's unmarried: natural children, stepchildren, foster children and legally adopted children or a child placed with the Insured for the purpose of adoption from the moment of birth if the Insured has filed a petition to adopt, if they depend on the Student for support and maintenance. The coverage of a child placed for adoption ceases upon dismissal or denial of petition for adoption. The Child/Children must reside in the United States.

Complications of Pregnancy - Loss due to any pregnancy which: (1) is complicated by a Sickness; and is (2) subject to the qualification in the definition of Sickness.

Consultant Doctor Services - A one on one consultation with a Doctor for the purpose of obtaining a second opinion regarding the Insured's Accident or Sickness. The Insured must be referred to the Consultant Doctor by their primary Doctor. Consultant Doctor Services does not include Doctor's services for interpretation of diagnostic testing.

Covered Charges – The Medical Services listed under the Basic Plan Benefits.

Dependent - (1) Children to age 25; and (2) the spouse of an eligible Student.

Doctor - A practitioner of the healing arts, performing within the scope of a license which is issued under the laws of the state of practice. The doctor may not be a member of the Insured's immediate family.

Domestic Student/Student - Any person who is a citizen of the United States and is attending school.

Elective Surgery and Elective Treatment - Surgery or medical treatment which is not necessitated by a pathological change occurring after the Insured's effective date of coverage. Elective surgery includes, but is not limited to: tubal ligation; vasectomy; breast reduction; cosmetic surgery; sexual reassignment surgery; and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered acute purulent sinusitis. Elective treatment includes, but is not limited to: treatment for acne; weight reduction; infertility; learning disabilities; and routine physical examinations, except for physical examinations covered under the Major Medical Child Preventive Health Care Services Benefit.

Eligible Persons - (1) Any Student who is attending a college or university; and (2) such Student's Dependents. The attendance requirement will be waived for four months if such Student is on a leave of absence or eight months if such Student has graduated.

Experimental Treatment - Treatment not recognized by a majority of Doctors in the United States; received in a facility not recognized as being able to properly perform the treatment; or not considered to be effective for the injury or Sickness. The decision will be based on information and positions developed by the American Medical Association, Federal Drug Administration, Council of Medical Specialty Societies, National Institute of Health, State Medical Associations, or other similar organizations in the United States.

Free Standing Ambulatory Surgical Facility - Any public or private establishment which:

1. Has an organized medical staff;
2. Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures;
3. Provides continuous services of Doctors and registered nurses, whenever a patient is in the facility; and
4. Does not provide services or other accommodations for patients to stay overnight.

Home Country - Your country of origin.

Hospital - A place which meets all of the following requirements:

1. It is licensed as a hospital and operated according to law.
2. It mainly provides diagnosis, treatment and care of injuries and Sickness on an in-patient basis.
3. All services must be under the supervision of a staff Doctor.
4. Twenty-four hour a day nursing service must be performed by registered nurses.
5. It must provide on the premises for major operative surgery or have access to surgical facilities by contract.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare.

A hospital is mainly not:

1. A place for rest;
2. A place for the aged;
3. A place for the treatment of drug addicts or alcoholics; or
4. A nursing home.

Hospital Confined or Hospital Confinement - A stay of 18 or more consecutive hours as a resident bed-patient.

Hospital Out-Patient Services - All Hospital services or supplies; except charges for Doctor services. Charges for Doctors' services are covered under the surgical and Doctor's benefits. Hospital Out-Patient Services include charges by a radiological consultant for the review of the Insured's x-rays when the x-rays are taken at a Hospital.

Insured - Any person insured under this Policy.

International Student/Student - Any person with a current student visa who is temporarily residing outside their Home Country or country of regular domicile for the purpose of attending school in the United States.

Loss- Any medical expense incurred for the treatment of an Accident or Sickness.

Medical Evacuation - Medically necessary transportation from outside your Home Country or country of regular domicile to your Home Country or country of regular domicile.

Mental Disorder - Any mental, emotional, or behavioral disorder which is not caused by an organic disease.

Out-Patient Prescription Drugs - Prescription legend drugs, or compound medication with at least one ingredient being a prescription legend drug, or injectable insulin including disposable insulin needles and syringes, or any other drugs under state or federal law which may be dispensed only with written prescription of a Doctor.

Physiotherapy - Physiotherapy; diathermy; heat treatment; ultrasound treatment; or any form of manipulation or massage.

Pre-Existing Conditions - Any Accident or Sickness which originated, was diagnosed, treated or recommended for treatment before the effective date of coverage under this Policy.

Reasonable and Customary - This Policy will provide benefits for charges only to the extent that the charges are reasonable and are necessary for the service or supplies which are medically necessary.

Sentry will determine if and to what extent the charges for a particular service or supply is medically necessary. In doing so, Sentry will consider:

1. The fees and prices charged; and
2. The treatment provided, the therapeutic practices followed and supplies furnished,

by the majority of Doctors and suppliers in the same area where the services or supplies are provided in treating injury or Sickness comparable in severity, nature and complexity to that in question.

Repatriation - To return an Insured's body, after death, to their Home Country or country of regular domicile.

Riot - All forms of violence, disorder, or disturbance of the public peace by three or more persons.

Sickness - Illness, disease, pregnancy, or Mental Disorder which: (1) is first contracted or conceived while covered under this Policy; (2) is unrelated to any Pre-Existing Condition; and which (3) causes Loss beginning while covered under this Policy. Sickness includes trauma-related disorders due to injuries sustained while insured which otherwise do not meet the definition of Accident.

Sound Natural Teeth - The major portion of the individual tooth which is present, regardless of fillings, and is not carious, abscessed, or defective. Sound natural teeth do not include capped teeth.

We, Us, Our, Sentry, Company - Sentry Life Insurance Company

SECTION D**ACCIDENT AND SICKNESS LIMITATIONS**

1. Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for surgical procedures. Surgical benefits include all Doctor charges before and after the surgery. Doctor nonsurgical treatment benefits are not payable for preoperative or postoperative care. Benefits will not exceed the plan benefit limits. Consultant Doctor Services Benefits are paid in addition to surgical benefits.
2. Benefits for Doctor nonsurgical treatment primarily involving Physiotherapy are limited to a maximum of five visits for each Accident or each Sickness.
3. Benefits for Doctor nonsurgical treatment begin with the first visit when Hospital Confined; or for out-patient treatment for an Accident. The first visit for out-patient treatment of a Sickness is not covered. Benefits are limited to one treatment per day.
4. Accident Benefits are paid only if treatment begins within 30 days after the date of the Accident.
5. Benefits for accidental injury to Sound Natural Teeth are payable only if injury comes from outside the mouth. Breaking a tooth while eating is not covered.
6. Benefits for accidental injury to Sound Natural Teeth are limited to that part of such expense which is in excess of all benefits payable by any Amendatory Rider adding Dental Insurance to this Policy.
7. Hospital Confinement Benefits for Mental Disorders are limited to a maximum of seven days.
8. Repatriation benefits are payable only if loss occurs while covered under this Policy.
9. Each preventive cancer screening procedure is limited to one per consecutive policy year, unless a mammogram is recommended by a Doctor for Insureds having a prior history of breast cancer or whose mother or sister has a prior history of breast cancer. Coverage for screening mammograms will not prejudice coverage for diagnostic mammograms as recommended by the women's Doctor. Benefits will not be paid for the charge of the office visit.
10. Benefits for Out-Patient Diabetes Self-Management Training, In Vitro Fertilization, Dental Anesthesia, Colorectal Cancer Screening, Speech and Hearing Treatment, Prostate Cancer Screening and Child Preventive Health Care Services will be paid under the Major Medical Plan only.

SECTION E

ACCIDENT AND SICKNESS EXCLUSIONS

This insurance does not cover:

1. Services provided by: (a) any College or University Student Health Service; or (b) by any person employed or retained by such school.
2. Any Accident resulting from: skydiving; parachuting; hang gliding; glider flying; sail planing and similar methods of air travel; flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled commercial airline flight; or the Insured operating a motor vehicle while not properly licensed in any of the United States or the District of Columbia.
3. Loss caused by war or any act of war; or while in the armed forces of any country.
4. Participation in a Riot or a felony.
5. Intentionally self-inflicted injuries.
6. Any expense payable under any Worker's Compensation; Occupational Disease Law; or similar legislation.
7. Treatment in a Federal Hospital, unless the Insured would be legally required to pay for such treatment.
8. Preventive medicines or vaccines, except antitoxins for an Accident. Preventive medicines or vaccines include immunizations required for school admission. This exclusion does not apply to immunizations provided under the Major Medical Child Preventive Health Care Services Benefit provided by this Policy.
9. Elective Treatment or Elective Surgery, except for necessary cosmetic surgery due to an Accident or Reconstructive Breast Surgery as provided by the Breast Reconstruction Benefits.
10. Dental x-rays and dental treatment except for treatment of accidental injury to Sound Natural Teeth.
11. Charges for eyeglasses; contact lenses; eye examinations for the correction of vision; fitting of eyeglasses or contact lenses; vision therapy; or surgical correction of refractive errors.
12. Accident sustained while: (a) participating in any interscholastic, professional or semiprofessional sport, or contest; (b) traveling to or from such sport or contest as a participant; or (c) while participating in any practice or conditioning program for such sport or contest.
13. Treatment of alcoholism, drug abuse or chemical dependency.
14. Pre-Existing Conditions.
15. Out-Patient Prescription Drugs.
16. Experimental Treatment.
17. Treatment in your Home Country or country of regular domicile, if other than the United States.
18. Personal convenience items while Hospital Confined.
19. Elective abortions.
20. Durable medical equipment, except as may be specifically covered under certain provisions of this Policy.

SECTION F

COORDINATION OF BENEFITS

This will not apply to an Insured who is entitled to benefits under Medicare. Benefits under this Policy will be payable to such Insureds without regard to any other health coverage.

DEFINITIONS

Plan - A plan providing medical or dental benefits or services through:

1. Group insurance coverage or any other arrangement of coverage for persons in a group either on an insured or uninsured basis; or
2. A government program other than Medicare or Medicaid.

This Plan - This Policy.

Allowable Expense - Any necessary, Reasonable and Customary item of expense at least partly covered under one of the Plans involved.

Claimant - The person upon whose expenses the claim is made.

Effects on Benefits - Benefits payable under This Plan may be reduced so that the sum of benefits payable under all Plans does not exceed the total Allowable Expense per Claimant per Policy Year.

This Plan will take precedence over another Plan if:

1. The other Plan has a provision which determines its benefits after This Plan; or
2. The rules stated below require benefits under This Plan to be determined first.

The order in which benefits will be paid is as follows:

1. A Plan covering the Claimant as an Insured will pay before a Plan covering the Claimant as a Dependent.
2. A Plan covering the Claimant as a Dependent of a person whose month and date of birth occur earlier in a calendar year will pay before a Plan covering a Claimant as a Dependent of a person whose month and date of birth occurs later in a calendar year.

A Plan which does not contain the standards described above, but instead has a standard based on the gender of the parent, and the Plans do not agree, the standards based upon the gender of the parent will determine the order of benefits.

In case of divorce or separation, benefits for a dependent Child will be paid as follows:

1. A Plan covering the Child as a Dependent of a single parent with custody will pay before a Plan covering the Child as a Dependent of a parent without custody.
2. A Plan covering the Child as a Dependent of a remarried parent with custody will pay before a Plan covering the Child as a Dependent of a stepparent.
3. A Plan covering the Child as a Dependent of a stepparent will pay before a Plan covering the Child as a Dependent of a parent without custody.
4. A Plan covering the Child as a Dependent of a parent with legally established financial responsibility for the Child's medical and dental care will pay before any Plan covering the Child as a Dependent.

If benefits cannot be determined in the above manner, benefits of a Plan covering the Claimant for the longest period of time will pay first.

To determine the length of time a person has been covered under a plan, two plans shall be treated as one if the Claimant was eligible under the second within 24 hours after the first ended.

The start of a new plan does not include:

1. A change in the amount or scope of a Plan's benefits;
2. A change in the entity which pays, provides or administers the Plan's benefits; or
3. A change from one type of plan to another (such as from a single employer Plan to that of a multiple employer Plan).

The Claimants length of time covered under a plan is measured from the Claimant's first date of coverage under the Plan. If that date is not readily available, the date the Claimant first became a member of the group shall be used as the date from which to determine the length of time the Claimant's coverage under the present Plan has been in force.

This provision may reduce the benefits an Insured would normally receive under This Plan. In this case, only benefits actually paid will be charged against the applicable benefit limit of This Plan.

Right To Receive and Release Necessary Information - Sentry may need to obtain or release information in order to carry out the terms of this provision. This involves only information which is needed for this purpose. The information may be obtained or released without the consent of or notice to any person. The Claimant must give Sentry information needed to carry out this provision.

Facility of Payment - It is possible that another Plan may pay benefits which should have been paid by This Plan. In this case, Sentry has the right to pay that organization the amount needed to satisfy this provision. Any amount paid in this manner will relieve Sentry of liability under This Plan up to the extent of those payments.

Right To Recover - If Sentry pays more than is needed to satisfy this provision, we may recover the excess payment from the organization or individual to whom it was made.

SECTION G

POLICY PROVISIONS

ENTIRE CONTRACT: CHANGES: This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

NOTICE OF CLAIM: Written notice of injury or of Sickness upon which claim may be based must be given to the Company at its Home Office, Stevens Point, Wisconsin, within 90 days after the occurrence or commencement of any Loss covered by this Policy, or as soon thereafter as is reasonably possible.

Notice given by or on behalf of the Insured or the beneficiary to the Company, at its Home Office, Stevens Point, Wisconsin, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

CLAIM FORMS: The Company, upon receipt of a written notice of claim will furnish to the claimant such forms as are usually furnished by it for filing proofs of Loss. If such forms are not furnished within 15 days after giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of Loss upon submitting, within the time fixed in this Policy for filing proofs of Loss, written proof covering the occurrence, the character and the extent of the Loss for which claim is made.

PROOFS OF LOSS: Written proof of Loss must be furnished to the Company at its said Office, in case claim for Loss for which this Policy provides any periodic payment contingent upon continuing Loss, within 90 days after the termination of the period for which the Company is liable and in case of claim for any other Loss within 90 days after the date of such Loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claims if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIM: Indemnities payable under this Policy will be paid as they accrue immediately upon receipt of due written proof of such Loss.

PAYMENTS OF CLAIMS: All or a portion of any Medical Expense Benefits provided by this Policy on account of hospital, nursing, surgical or other medical service may, at the Company's option, and unless the Insured requests otherwise in writing not later than the time for filing proof of such Loss, be paid directly to the Hospital or person rendering such services. Accidental Death and Dismemberment Benefits are paid to the Insured, or if not living, to the Beneficiary as defined in the Accidental Death and Dismemberment Benefit.

PHYSICAL EXAMINATION AND AUTOPSY: The Company at its own expense shall have the right and opportunity to examine the person of any individual whose injury or Sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of Loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three years after the written proof of Loss is required to be furnished.

CONVERSION PRIVILEGE: An insured Student, who has been insured by this Policy, whose insurance under this Policy ends, has the right to purchase a health conversion policy without having to prove good health. If Dependents were also insured, a family health insurance policy is available. The family policy may include only those Dependents who were insured under this Policy at the time the insured Student's insurance ends.

Written application and the first premium payment must be made to the Company or its designated administrator within 31 days after insurance ends under this Policy. This is known as the conversion period.

The conversion policy will begin the day after insurance ends under this Policy.

The conversion policy will be written on the Company's current forms. It will be issued according to the Company's current underwriting rules and rates.

Any benefits payable under this Policy will not be duplicated by the conversion policy; and the conversion policy will not include any optional Dental Insurance coverage that may have been chosen by Plan II Insureds or Accidental Death and Dismemberment Benefits under this Policy.

CONFORMITY WITH STATE STATUTES: Any provision of the Master Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

IN WITNESS WHEREOF, SENTRY LIFE INSURANCE COMPANY has caused this Policy to be signed by its President at Stevens Point, Wisconsin.

A handwritten signature in black ink, appearing to read "Mark A. Hahl". The signature is written in a cursive, flowing style.

President

2010-2011
ARKANSAS
COLLEGE ACCIDENT AND HEALTH INSURANCE

NOTICE: The Policy is not a continuation or renewal of any prior Policy issued to the Policyholder. Accidents occurring or Sickness contracted prior to your term of coverage under the Policy, even if covered under a prior policy, or during any term of coverage for which premiums have not been paid are considered pre-existing and will not be covered under the 2010-2011 Policy.

OUTLINE OF COVERAGE



SENTRY[®]
LIFE INSURANCE
COMPANY

1800 North Point Drive
Stevens Point, Wisconsin 54481
1-800-533-7827

Account Number: **02229-31-32-33-34**
Effective Date: **August 1, 2010**
Termination Date: **August 1, 2011**

Note: Your individual term dates may vary due to premium payment preference.

This is NOT A POLICY, rather a brief description of the benefits provided under Account No. 02229 issued to SunTrust Bank, Inc., Trustees of the Student Security Group Insurance Trust. Refer to Master Policy for further details.

In consideration of the payment in advance of the premium specified in the Policy Schedule by an Eligible Person, Sentry Life Insurance Company does hereby agree to pay the benefits of the Policy for any Loss originating while the Policy is in force upon receipt of due proof of such Loss.

The Policy takes effect and terminates at 12:01 A.M., Standard Time, at the address of the Policyholder on the dates shown above. Masculine pronouns used shall apply to both sexes. No premium refunds are payable except when the Insured enters the armed forces of any country at which time a pro-rata refund will be made upon request of the Insured.

Any Student who is registered and attending a college or university is eligible to enroll. There are no restrictions based on the number of credit or non-credit scholastic hours. A Student's eligibility for this program may be subject to verification by the Student's college or university. International Students must be covered under Plan II. The attendance requirement will be waived for a four month period if immediately following a covered four month period. This means that you may maintain your coverage during the summer or any other four month absence. You may also continue your coverage for a period of eight months immediately following graduation.

SECTION A

INSURING PROVISIONS

1. Effective Date of Coverage

The insurance of an Eligible Person shall become effective in accordance with the following:

- A. If the Eligible Person's completed enrollment form and correct premium are received by the Company or its designated administrator on or before the Effective Date for which coverage is requested, coverage will become effective on such Effective Date.
- B. If the Eligible Person's completed enrollment form and correct premium are received by the Company or its designated administrator after the Effective Date for which coverage is requested, coverage will become effective on the date the enrollment form and premium are received.

2. Adding Dependents

Coverage for a dependent spouse or dependent Children may be added at any time. The coverage will be subject to the same Effective Date qualifications for new Insureds as outlined in **Effective Date of Coverage**.

If a Student and the Student's Children are insured, additional Children may be added while the Policy is in effect.

Coverage for a newborn infant will be effective on the date of the infant's birth if:

- A. The Student has previously paid the Child/Children premium for other living Child(ren), or
- B. The Student notifies the Plan Administrator and pays a pro-rata Child/Children premium and the premium is received by the Plan Administrator within 90 days of the infant's birth.

If such premium is received more than 90 days after the date of the infant's birth, coverage for a newborn infant will be effective on the date the premium for the newborn infant is received by the Plan Administrator.

Sentry will provide coverage for a legally adopted Child of the Student beginning on the date the petition for adoption is filed if:

- A. The Student has previously paid the Child/Children premium for other living Child(ren), or
- B. The Student notifies the Plan Administrator and pays a pro-rata Child/Children premium and the premium is received by the Plan Administrator within 60 days of the date the petition for adoption is filed.

Sentry will provide coverage for a legally adopted Child of the Student from the moment of birth if:

- A. The petition for adoption is filed within 60 days of the birth of the Child and the Student notifies the Plan Administrator within 60 days of the birth of the Child.
- B. The Student must pay a pro-rata Child/Children premium within 60 days of the birth of the Child, if Child/Children coverage is not in effect.

3. Termination Date of Insurance

The insurance of any person insured under the Policy shall terminate on the earliest of the following dates:

- A. The end of the period for which premium has been paid unless the renewal premium has been received by the Company or its designated administrator prior to or within 30 days of the next period of coverage.
- B. The Termination Date of the Policy.
- C. The date the Insured enters the armed forces of any country.
- D. The date you depart for your Home Country or your country of regular domicile, if that country is other than the United States.

4. Continuation of Coverage

An insured Student, whose coverage under the Policy ends, may continue coverage, with payment of premium. Continuation is also available to a covered spouse upon divorce, with payment of premium. Continuation of Coverage is only available to those Insureds who have been continuously covered during the three months prior to termination of eligibility for coverage under the Policy. Written request for continuation must be sent within the 10 days following termination of eligibility. Premiums must be paid monthly and in advance.

Continuation of Coverage is not available to a person who is eligible for Federal Medicare coverage; or full coverage under any other group accident and sickness policy.

Continuation of Coverage will end up the earliest of the following:

- A. 120 days after Continuation of Coverage began;
- B. The end of the period for which the insured made a timely premium payment;
- C. The premium due date following the date the insured becomes eligible for Medicare; or
- D. The date on which the Policy is terminated.

5. Payment of Benefits

Benefits provided for an Accident or a Sickness will be limited to the benefits in effect under the Policy at the time the first charge is incurred for the Accident or Sickness. The charge will be considered incurred on the date the service is performed.

SECTION B

ACCIDENT AND SICKNESS BENEFITS

1. Basic Plan Benefits

When, as the result of an Accident or Sickness, the Insured incurs Loss within 52 weeks immediately following the date of the Accident or the date of first treatment for Sickness, the Company will pay benefits for the following medical services up to the Basic Plan Maximum Benefit, subject to the limits for the specific medical services listed below, for each Accident or each Sickness, unless specified otherwise. Covered Charges will not exceed the Reasonable and Customary charges for the services and supplies listed.

Medical Services	Benefit Limits	
	Plan I Domestic Students Only	Plan II Domestic or International Students
	Maximum Benefits	Maximum Benefits
Hospital Room & Board	\$200 per day	\$400 per day
All other Hospital Confinement Services	\$ 600	\$1,000
Hospital Out-Patient Services, Emergency Room, Urgent Care, After Hours Care or Free Standing Ambulatory Surgical Center Services (Accident and Out-Patient Surgery only)	\$ 300	\$ 600
Surgery – 80% of Covered Charges (See Accident and Sickness Limitation #1)	\$1,000	\$2,000
Anesthesiologist	25% of specific primary surgical benefit	25% of specific primary surgical benefit
Doctor's nonsurgical treatment	\$ 300	\$ 750
Daily Benefit (See Accident and Sickness Limitation #3)	\$ 25	\$ 50
The first visit for out-patient treatment of a Sickness is not covered.		
Out-Patient laboratory tests, x-rays and preventive cancer screening procedures including but not limited to Mammograms and Cytologic Screening (Pap Smears), when ordered or provided by a Doctor in accordance with the standard practice of medicine. (See Accident and Sickness Limitation #9)	\$ 150	\$ 300
Consultant Doctor Services (See Definition of Consultant Doctor Services)	\$ 50	\$ 100
Ambulance	\$ 100	\$ 250
Dentist's treatment of injured Sound Natural Teeth (Accident only)	\$ 150	\$ 300
Basic Plan Maximum Benefit	\$3,000	\$5,000

Disabled Dependent Children

An insured dependent Child who is unable to work because of a mental or physical handicap may have insurance continued beyond the stated age limit. For this continuation to apply, the Child must be unable to work upon reaching the age limit stated in the Policy. The Child must depend on the eligible Student for support and maintenance.

Sentry must receive proof of such condition. We may, from time to time, require proof of the Child's condition and support. We will not require proof more than once a year after insurance has been continued for two years.

The insurance will continue as long as this condition and support continues. However, the insurance may be ended for any reason stated in the Policy except reaching the stated age limit.

Childbirth Benefits

Benefits for Covered Charges incurred for pregnancy and childbirth will be paid on the same basis as Sickness subject to the following:

- A.** In-patient Hospital coverage for the mother and newborn will be provided for a minimum of 48 hours for a vaginal delivery and 96 hours for a caesarean section.
- B.** The responsibility for any decision to shorten the in-patient stay to less than provided under A. rests with the Doctor in consultation with:
 - the mother; and
 - standards such as those of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.
- C.** In the event of discharge as described in B., coverage shall be provided for two post-discharge follow-up visits. The visits must be made by or to a health care provider licensed to provide postpartum care. The visits will be covered under the Major Medical Plan on the same basis as any other Sickness. The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to these visits.

Breast Reconstruction Benefits

Benefits for Covered Charges incurred for Reconstructive Breast Surgery will be paid on the same basis as any other Sickness subject to the following:

- A.** Coverage for Reconstructive Breast Surgery resulting from a mastectomy on a diseased breast.
- B.** Coverage for Prosthetic Devices and treatment of physical complications at all stages of the mastectomy including lymphedemas; and Reconstructive Breast Surgery incident to a mastectomy including:
 - 1)** All stages of reconstruction of the breast on which the mastectomy has been performed; and
 - 2)** Surgery and reconstruction of the other breast to produce symmetry;
in the manner determined by the attending Doctor and Insured to be appropriate.

The Reconstructive Breast Surgery must be due to a mastectomy which was performed while the Insured was covered under the Policy.

For purposes of this Benefit the term Prosthetic Devices means the use of initial and subsequent artificial devices to replace the removed portions of the breast, according to an order of the patient's Doctor.

For purposes of this benefit the term Reconstructive Breast Surgery means a surgical procedure performed on one breast or both breasts following a mastectomy, as determined by the treating Doctor, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the mastectomy. The term Reconstructive Breast Surgery, resulting from a mastectomy of a diseased breast, shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

For purposes of this benefit the term Symmetry Between Breasts means approximate equality in size and shape of the nondiseased breast with diseased breast after definitive reconstructive surgery on the diseased breast has been performed.

2. Major Medical Plan Benefits

When the total Basic Plan Maximum Benefit of \$3,000 for Plan I or \$5,000 for Plan II has been paid by Sentry as a result of a Loss incurred by an Insured for an Accident or a Sickness, Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for the Accident or Sickness covered under the Basic Plan Benefits which exceed the Basic Plan Maximum Benefit, up to the Major Medical Plan Maximum Benefit for each Accident or each Sickness. The Loss must occur within 52 weeks immediately following the date of the Accident or the date of the first treatment for Sickness.

Major Medical Out-Patient Diabetes Self-Management Training Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for Out-Patient Diabetes Self-Management Training, when medically necessary, for the Insured and/or the Insured's parent, spouse or legal guardian. Sentry will also pay 80% of the charges, not to exceed the Reasonable and Customary charges, for additional Diabetes Out-Patient Self-Management Training, if additional training sessions are needed because the Insured's condition significantly changes or worsens, as determined by the Insured's Doctor. The Out-Patient Diabetes Self-Management Training services must be prescribed by written prescription from a health care professional legally authorized to prescribe such services and provided by an appropriately registered health care professional who has demonstrated expertise in diabetes care, acting within the scope of his or her license.

Major Medical In Vitro Fertilization Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to In Vitro Fertilization Benefits. Benefits will be paid as follows up to the Major Medical Plan Maximum Benefit for Plan I Insureds, not to exceed a lifetime maximum of \$15,000, and lifetime maximum of \$15,000 for Plan II Insureds.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for out-patient in vitro fertilization procedures if the following requirements are met:

- A.** The patient is the Insured;
- B.** The patient's oocytes are fertilized with the patient's spouse's sperm;
- C.1.** The patient and the patient's spouse have a history of infertility of at least two years duration; or
- C.2.** The infertility is associated with one or more of the following:
 - a)** Endometriosis;
 - b)** Exposure in utero to diethylstilbestrol, commonly known as DES;
 - c)** Blockage of, or surgical removal of, one or both fallopian tubes (lateral or bilateral salpingectomy) not a result of voluntary sterilization; or
 - d)** Abnormal male factor contributing to the infertility; and
- D.** The in vitro fertilization procedures are performed at a medical facility, licensed or certified by the Arkansas Department of Health, those performed at a facility certified by the Arkansas Department of Health which conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics, or those which meet the American Fertility Society minimal standards for programs of in vitro fertilization.
- E.** The patient has been unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under the Policy.

In vitro fertilization procedures are limited to three attempts per live birth. These three in vitro fertilization attempts combined will not exceed the Major Medical Plan Maximum Benefit.

Major Medical Child Preventive Health Care Services Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to Child Preventive Health Care Services. Benefits will be paid as follows up to the Major Medical Plan Maximum Benefit.

Sentry will pay 100% of the charges for the Appropriate Immunizations and 80% of all other Child Preventive Health Care Services for a covered dependent Child, from birth to age 18, not to exceed the Reasonable and Customary charges, for 20 periodic visits at approximately the following age intervals:

- Birth; two weeks; two months; four months; six months; nine months; 12 months; 15 months; 18 months; two years; three years; four years; five years; six years; eight years; ten years; 12 years; 14 years; 16 years; and 18 years.

Child Preventive Health Care Services means Doctor delivered or Doctor supervised periodic preventive visits for covered dependent Children, from birth through age 18, including:

- A.** Medical history;
- B.** Physical examination;
- C.** Developmental assessment;
- D.** Anticipatory guidance; and
- E.** Appropriate Immunizations,

in keeping with prevailing medical standards.

Major Medical Dental Anesthesia Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to the Dental Anesthesia Benefit. Benefits will be paid on the same basis as Sickness up to the Major Medical Plan Maximum Benefit.

Benefits will be paid for general anesthesia and associated facility charges, not to exceed the Reasonable and Customary charges, for dental procedures provided in a Hospital or surgical center, when the clinical status or underlying medical condition of the Insured requires dental procedures that ordinarily would not require general anesthesia to be provided in a Hospital or ambulatory surgical center.

This benefit applies only to general anesthesia and associated facility charges for:

- An Insured who is under seven years of age who is determined by two Dentists to require, without delay, necessary dental treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;
- An Insured with a diagnosed serious mental or physical condition; or
- An Insured with a significant behavioral problem as determined by the Insured's Doctor.

No coverage is provided for any charges for the dental procedure itself, including the professional fee of the dentist, unless the Insured has Dental Coverage, an optional coverage provided by the Policy. If the Dental Coverage has been selected, benefits will be paid according to the terms of the Dental Benefits Amendatory Rider.

Major Medical Colorectal Cancer Screening Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for colorectal cancer screening for:

1. Insureds 50 years of age or over and at normal risk for developing colon cancer; or
2. Insureds under age 50 years of age, who are at high risk for colorectal cancer screening according to the American Cancer Society colorectal screening guidelines; or
3. Insureds that are bleeding from the rectum or have blood in their stool or a change in bowel habits, such as diarrhea, constipation or narrowing of the stool, that lasts more than five days.

Colorectal cancer screening includes:

1. An annual fecal occult blood test utilizing the take home multiple sample or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five years;
2. A double contrast barium enema every five years;
3. A colonoscopy every 10 years; and
4. Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health, determined in consultation with appropriate health care organizations.

If the Insured has one or more neoplastic polyp, adenomatous polyp, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps, Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for a three year follow-up examination.

If single tubular adenoma of less than one centimeter for Insureds with large sessile adenomas greater than three centimeters, especially if removed in piecemeal fashion, Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for a follow-up examination in six months or until complete polyp removal is verified by colonoscopy.

Major Medical Speech and Hearing Treatment Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for the treatment of loss or impairment of speech or hearing, up to the Major Medical Plan Maximum Benefit.

Major Medical Prostate Cancer Screening Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 100% of the covered charges, not to exceed the Reasonable and Customary charges, for the treatment of prostate cancer screening.

The prostate cancer screening will be performed by a qualified medical professional and coverage will be provided for at least one (1) screening per year for any man forty (40) years of age or older according to the most current National Comprehensive Cancer Network guidelines.

If a Doctor recommends that a prostate specific antigen blood test is completed, coverage may not be denied on the grounds that a digital rectal examination was performed and the examination result was negative.

	Benefit Limits	
	Plan I	Plan II
	Domestic Students Only	Domestic or International Students
Major Medical Plan Maximum Benefit	\$ 7,000	\$45,000
3. Policy Maximum Benefit for Each Accident or Sickness (Basic Plan Benefits plus Major Medical Plan Benefits)	\$10,000	\$50,000
	Policy Year Maximum Benefits	
	Plan I	Plan II
	Domestic Students Only	Domestic or International Students
4. Additional Benefits		
Repatriation	--	\$10,000
Medical Evacuation	--	\$10,000
Accidental Death and Dismemberment Benefit	\$ 2,500	\$ 5,000

Accidental Death and Dismemberment Benefit

If the Insured is involved in an Accident which results in injuries or death while insured under the Policy, We will pay for the losses listed below, for each Accident. The loss must occur within 90 days of the date of the Accident. The loss must be directly caused by the Accident and must occur independently of all other causes. Accidental Death and Dismemberment Benefits will be paid to the Insured, or if not living, to the Beneficiary.

The Policy Year Maximum Benefit will be paid for the Loss of:

- A.** Life;
- B.** Both Hands or both Feet or the Sight of both eyes;
- C.** One Hand and one Foot;
- D.** One Hand and the Sight of one eye; or
- E.** One Foot and the Sight of one eye.

Half of the Policy Year Maximum Benefit will be paid for the Loss of one Hand, one Foot or the Sight of one eye.

If the Insured suffers more than one of the above covered losses as a result of the same Accident the total amount We will pay is the Policy Year Maximum Benefit.

If the Insured is exposed to the elements following the disappearance, forced landing, stranding, sinking or wrecking of a commercial vehicle in which the Insured was a fare-paying passenger, subject to the terms of the Policy, the exposure is considered to be an accidental injury.

If the Insured has not been found within one year of disappearance, forced landing, stranding, sinking or wrecking of a commercial vehicle in which the Insured was a fare-paying passenger, subject to the other terms of the Policy, it will mean that the Insured suffered loss of life within the meaning of the Policy.

In addition to those Limitations and Exclusions listed under the Policy, the following Exclusions will apply to this section.

The coverage provided by this section will not apply to any loss caused by:

- A.** A disease, bodily infirmity or by medical or surgical treatment of these conditions;
- B.** Infections, except infections caused by visible wounds resulting from an Accident;
- C.** Suicide, or any injury caused by an attempt by the Insured to end their life, while sane or insane;
- D.** Breathing gas, even if it was an accident, unless administered on the advice of a qualified medical or dental Doctor.

For the purposes of this section, Beneficiary means the Beneficiary(ies) named by the insured Student on the enrollment form. The Beneficiary(ies) may be changed at any time by the insured Student without approval of the Beneficiary(ies). Any change requires satisfactory written notice to Us. After We record it, the change is effective the date the insured Student signed the notice. The insured Student does not have to be living at the time We record the change for it to be effective. Any payment made prior to recording the change will satisfy Our obligation for payment.

A person becomes a Beneficiary in the following order:

- A.** The Beneficiary(ies) named by the insured Student, or if none living at the Insured's death or none named, then;
- B.** The Insured's spouse, if married, or if not living at the Insured's death, then;
- C.** The Insured's parents, to share equally or survivor, or if neither is living at the Insured's death, then;
- D.** The Insured's estate.

If the insured Student named multiple Beneficiaries but did not direct how the payment should be divided, the payment will be divided equally among the Beneficiaries living at the time of the Insured's death. If the Insured or Beneficiary is a minor or legally incapable of receiving and handling the payment, We may make the payment in the following order:

- A.** To that Insured's or Beneficiary's parents, to share equally or survivor, or if neither is living, then;
- B.** To a legally appointed guardian, or if none, then;
- C.** To a person who appears to Us to be caring for or supporting that Insured or Beneficiary.

Payment made in this way will satisfy Our obligation for payment.

Sentry has the right to pay all or part of the Accidental Death and Dismemberment benefit, not exceeding \$500, to any person(s) who have incurred expense in connection with the Insured's death or burial.

For the purposes of this section, Loss of Hand or Foot means the actual permanent severance of the hand or foot at or above the wrist or ankle.

For the purposes of this section, Loss of Sight means the total loss of sight which cannot be corrected by any means.

SECTION C DEFINITIONS

Accident - Bodily injury, directly caused by specific accidental contact with another body or object which: (1) is unrelated to any Pre-Existing Condition; and (2) causes Loss beginning while insured under the Policy.

Child/Children - Includes an eligible Student's unmarried: natural children, stepchildren, foster children and legally adopted children or a child placed with the Insured for the purpose of adoption from the moment of birth if the Insured has filed a petition to adopt, if they depend on the Student for support and maintenance. The coverage of a child placed for adoption ceases upon dismissal or denial of petition for adoption. The Child/Children must reside in the United States.

Complications of Pregnancy - Loss due to any pregnancy which: (1) is complicated by a Sickness; and is (2) subject to the qualification in the definition of Sickness.

Consultant Doctor Services - A one on one consultation with a Doctor for the purpose of obtaining a second opinion regarding the Insured's Accident or Sickness. The Insured must be referred to the Consultant Doctor by their primary Doctor. Consultant Doctor Services does not include Doctor's services for interpretation of diagnostic testing.

Covered Charges - The Medical Services listed under the Basic Plan Benefits.

Dependent - (1) Children to age 25; and (2) the spouse of an eligible Student.

Doctor - A practitioner of the healing arts, performing within the scope of a license which is issued under the laws of the state of practice. The doctor may not be a member of the Insured's immediate family.

Domestic Student/Student - Any person who is a citizen of the United States and is attending school.

Elective Surgery and Elective Treatment - Surgery or medical treatment which is not necessitated by a pathological change occurring after the Insured's effective date of coverage. Elective surgery includes, but is not limited to: tubal ligation; vasectomy; breast reduction; cosmetic surgery; sexual reassignment surgery; and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered acute purulent sinusitis. Elective treatment includes, but is not limited to: treatment for acne; weight reduction; infertility; learning disabilities; and routine physical examinations, except for physical examinations covered under the Major Medical Child Preventive Health Care Services Benefit.

Eligible Persons - (1) Any Student who is attending a college or university; and (2) such Student's Dependents. The attendance requirement will be waived for four months if such Student is on a leave of absence or eight months if such Student has graduated.

Experimental Treatment - Treatment not recognized by a majority of Doctors in the United States; received in a facility not recognized as being able to properly perform the treatment; or not considered to be effective for the injury or Sickness. The decision will be based on information and positions developed by the American Medical Association, Federal Drug Administration, Council of Medical Specialty Societies, National Institute of Health, State Medical Associations, or other similar organizations in the United States.

Free Standing Ambulatory Surgical Facility - Any public or private establishment which:

1. Has an organized medical staff;
2. Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures;
3. Provides continuous services of Doctors and registered nurses, whenever a patient is in the facility; and
4. Does not provide services or other accommodations for patients to stay overnight.

Home Country - Your country of origin.

Hospital - A place which meets all of the following requirements:

1. It is licensed as a hospital and operated according to law.
2. It mainly provides diagnosis, treatment and care of injuries and Sickness on an in-patient basis.
3. All services must be under the supervision of a staff Doctor.
4. Twenty-four hour a day nursing service must be performed by registered nurses.
5. It must provide on the premises for major operative surgery or have access to surgical facilities by contract.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare.

A hospital is mainly not:

1. A place for rest;
2. A place for the aged;
3. A place for the treatment of drug addicts or alcoholics; or
4. A nursing home.

Hospital Confined or Hospital Confinement - A stay of 18 or more consecutive hours as a resident bed-patient.

Hospital Out-Patient Services - All Hospital services or supplies; except charges for Doctor services. Charges for Doctors' services are covered under the surgical and Doctor's benefits. Hospital Out-Patient Services include charges by a radiological consultant for the review of the Insured's x-rays when the x-rays are taken at a Hospital.

Insured - Any person insured under the Policy.

International Student/Student - Any person with a current student visa who is temporarily residing outside their Home Country or country of regular domicile for the purpose of attending school in the United States.

Loss - Any medical expense incurred for the treatment of an Accident or Sickness.

Medical Evacuation - Medically necessary transportation from outside your Home Country or country of regular domicile to your Home Country or country of regular domicile.

Mental Disorder - Any mental, emotional, or behavioral disorder which is not caused by an organic disease.

Out-Patient Prescription Drugs - Prescription legend drugs, or compound medication with at least one ingredient being a prescription legend drug, or injectable insulin including disposable insulin needles and syringes, or any other drugs under state or federal law which may be dispensed only with written prescription of a Doctor.

Physiotherapy - Physiotherapy; diathermy; heat treatment; ultrasound treatment; or any form of manipulation or massage.

Pre-Existing Conditions - Any Accident or Sickness which originated, was diagnosed, treated or recommended for treatment before the effective date of coverage under the Policy.

Reasonable and Customary - The Policy will provide benefits for charges only to the extent that the charges are reasonable and are necessary for the service or supplies which are medically necessary.

Sentry will determine if and to what extent the charges for a particular service or supply is medically necessary. In doing so, Sentry will consider:

1. The fees and prices charged; and
2. The treatment provided, the therapeutic practices followed and supplies furnished,

by the majority of Doctors and suppliers in the same area where the services or supplies are provided in treating injury or Sickness comparable in severity, nature and complexity to that in question.

Repatriation - To return an Insured's body, after death, to their Home Country or country of regular domicile.

Riot - All forms of violence, disorder, or disturbance of the public peace by three or more persons.

Sickness - Illness, disease, pregnancy, or Mental Disorder which: (1) is first contracted or conceived while covered under the Policy; (2) is unrelated to any Pre-Existing Condition; and which (3) causes Loss beginning while covered under the Policy. Sickness includes trauma-related disorders due to injuries sustained while insured which otherwise do not meet the definition of Accident.

Sound Natural Teeth - The major portion of the individual tooth which is present, regardless of fillings, and is not carious, abscessed, or defective. Sound natural teeth do not include capped teeth.

We, Us, Our, Sentry, Company - Sentry Life Insurance Company

SECTION D

ACCIDENT AND SICKNESS LIMITATIONS

1. Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for surgical procedures. Surgical benefits include all Doctor charges before and after the surgery. Doctor nonsurgical treatment benefits are not payable for preoperative or postoperative care. Benefits will not exceed the plan benefit limits. Consultant Doctor Services Benefits are paid in addition to surgical benefits.
2. Benefits for Doctor nonsurgical treatment primarily involving Physiotherapy are limited to a maximum of five visits for each Accident or each Sickness.
3. Benefits for Doctor nonsurgical treatment begin with the first visit when Hospital Confined; or for out-patient treatment for an Accident. The first visit for out-patient treatment of a Sickness is not covered. Benefits are limited to one treatment per day.
4. Accident Benefits are paid only if treatment begins within 30 days after the date of the Accident.
5. Benefits for accidental injury to Sound Natural Teeth are payable only if injury comes from outside the mouth. Breaking a tooth while eating is not covered.
6. Benefits for accidental injury to Sound Natural Teeth are limited to that part of such expense which is in excess of all benefits payable by any Amendatory Rider adding Dental Insurance to the Policy.
7. Hospital Confinement Benefits for Mental Disorders are limited to a maximum of seven days.
8. Repatriation benefits are payable only if loss occurs while covered under the Policy.
9. Each preventive cancer screening procedure is limited to one per consecutive policy year, unless a mammogram is recommended by a Doctor for Insureds having a prior history of breast cancer or whose mother or sister has a prior history of breast cancer. Coverage for screening mammograms will not prejudice coverage for diagnostic mammograms as recommended by the women's Doctor. Benefits will not be paid for the charge of the office visit.
10. Benefits for Out-Patient Diabetes Self-Management Training, In Vitro Fertilization, Dental Anesthesia, Colorectal Cancer Screening, Speech and Hearing Treatment, Prostate Cancer Screening and Child Preventive Health Care Services will be paid under the Major Medical Plan only.

SECTION E

ACCIDENT AND SICKNESS EXCLUSIONS

This insurance does not cover:

1. Services provided by: (a) any College or University Student Health Service; or (b) by any person employed or retained by such school.
2. Any Accident resulting from: skydiving; parachuting; hang gliding; glider flying; sail planing and similar methods of air travel; flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled commercial airline flight; or the Insured operating a motor vehicle while not properly licensed in any of the United States or the District of Columbia.
3. Loss caused by war or any act of war; or while in the armed forces of any country.
4. Participation in a Riot or a felony.
5. Intentionally self-inflicted injuries.
6. Any expense payable under any Worker's Compensation; Occupational Disease Law; or similar legislation.
7. Treatment in a Federal Hospital, unless the Insured would be legally required to pay for such treatment.
8. Preventive medicines or vaccines, except antitoxins for an Accident. Preventive medicines or vaccines include immunizations required for school admission. This exclusion does not apply to immunizations provided under the Major Medical Child Preventive Health Care Services Benefit provided by the Policy.
9. Elective Treatment or Elective Surgery, except for necessary cosmetic surgery due to an Accident or Reconstructive Breast Surgery as provided by the Breast Reconstruction Benefits.
10. Dental x-rays and dental treatment except for treatment of accidental injury to Sound Natural Teeth.
11. Charges for eyeglasses; contact lenses; eye examinations for the correction of vision; fitting of eyeglasses or contact lenses; vision therapy; or surgical correction of refractive errors.
12. Accident sustained while: (a) participating in any interscholastic, professional or semiprofessional sport, or contest; (b) traveling to or from such sport or contest as a participant; or (c) while participating in any practice or conditioning program for such sport or contest.
13. Treatment of alcoholism, drug abuse or chemical dependency.
14. Pre-Existing Conditions.
15. Out-Patient Prescription Drugs.
16. Experimental Treatment.
17. Treatment in your Home Country or country of regular domicile, if other than the United States.
18. Personal convenience items while Hospital Confined.
19. Elective abortions.
20. Durable medical equipment, except as may be specifically covered under certain provisions of the Policy.

SECTION F

COORDINATION OF BENEFITS

This will not apply to an Insured who is entitled to benefits under Medicare. Benefits under the Policy will be payable to such Insureds without regard to any other health coverage.

DEFINITIONS

Plan - A plan providing medical or dental benefits or services through:

1. Group insurance coverage or any other arrangement of coverage for persons in a group either on an insured or uninsured basis; or
2. A government program other than Medicare or Medicaid.

This Plan - The Policy.

Allowable Expense - Any necessary, Reasonable and Customary item of expense at least partly covered under one of the Plans involved.

Claimant - The person upon whose expenses the claim is made.

Effects on Benefits - Benefits payable under This Plan may be reduced so that the sum of benefits payable under all Plans does not exceed the total Allowable Expense per Claimant per Policy Year.

This Plan will take precedence over another Plan if:

1. The other Plan has a provision which determines its benefits after This Plan; or
2. The rules stated below require benefits under This Plan to be determined first.

The order in which benefits will be paid is as follows:

1. A Plan covering the Claimant as an Insured will pay before a Plan covering the Claimant as a Dependent.
2. A Plan covering the Claimant as a Dependent of a person whose month and date of birth occur earlier in a calendar year will pay before a Plan covering a Claimant as a Dependent of a person whose month and date of birth occurs later in a calendar year.

A Plan which does not contain the standards described above, but instead has a standard based on the gender of the parent, and the Plans do not agree, the standards based upon the gender of the parent will determine the order of benefits.

In case of divorce or separation, benefits for a dependent Child will be paid as follows:

1. A Plan covering the Child as a Dependent of a single parent with custody will pay before a Plan covering the Child as a Dependent of a parent without custody.
2. A Plan covering the Child as a Dependent of a remarried parent with custody will pay before a Plan covering the Child as a Dependent of a stepparent.
3. A Plan covering the Child as a Dependent of a stepparent will pay before a Plan covering the Child as a Dependent of a parent without custody.
4. A Plan covering the Child as a Dependent of a parent with legally established financial responsibility for the Child's medical and dental care will pay before any Plan covering the Child as a Dependent.

If benefits cannot be determined in the above manner, benefits of a Plan covering the Claimant for the longest period of time will pay first.

To determine the length of time a person has been covered under a plan, two plans shall be treated as one if the Claimant was eligible under the second within 24 hours after the first ended.

The start of a new plan does not include:

1. A change in the amount or scope of a Plan's benefits;
2. A change in the entity which pays, provides or administers the Plan's benefits; or
3. A change from one type of plan to another (such as from a single employer Plan to that of a multiple employer Plan).

The Claimant's length of time covered under a plan is measured from the Claimant's first date of coverage under the Plan. If that date is not readily available, the date the Claimant first became a member of the group shall be used as the date from which to determine the length of time the Claimant's coverage under the present Plan has been in force.

This provision may reduce the benefits an Insured would normally receive under This Plan. In this case, only benefits actually paid will be charged against the applicable benefit limit of This Plan.

Right To Receive and Release Necessary Information - Sentry may need to obtain or release information in order to carry out the terms of this provision. This involves only information which is needed for this purpose. The information may be obtained or released without the consent of or notice to any person. The Claimant must give Sentry information needed to carry out this provision.

Facility of Payment - It is possible that another Plan may pay benefits which should have been paid by This Plan. In this case, Sentry has the right to pay that organization the amount needed to satisfy this provision. Any amount paid in this manner will relieve Sentry of liability under This Plan up to the extent of those payments.

Right To Recover - If Sentry pays more than is needed to satisfy this provision, we may recover the excess payment from the organization or individual to whom it was made.

SECTION G

POLICY PROVISIONS

ENTIRE CONTRACT: CHANGES: The Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change the Policy or to waive any of its provisions.

NOTICE OF CLAIM: Written notice of injury or of Sickness upon which claim may be based must be given to the Company at its Home Office, Stevens Point, Wisconsin, within 90 days after the occurrence or commencement of any Loss covered by the Policy, or as soon thereafter as is reasonably possible.

Notice given by or on behalf of the Insured or the beneficiary to the Company, at its Home Office, Stevens Point, Wisconsin, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

CLAIM FORMS: The Company, upon receipt of a written notice of claim will furnish to the claimant such forms as are usually furnished by it for filing proofs of Loss. If such forms are not furnished within 15 days after giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to proof of Loss upon submitting, within the time fixed in the Policy for filing proofs of Loss, written proof covering the occurrence, the character and the extent of the Loss for which claim is made.

PROOFS OF LOSS: Written proof of Loss must be furnished to the Company at its said Office, in case claim for Loss for which the Policy provides any periodic payment contingent upon continuing Loss, within 90 days after the termination of the period for which the Company is liable and in case of claim for any other Loss within 90 days after the date of such Loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claims if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIM: Indemnities payable under the Policy will be paid as they accrue immediately upon receipt of due written proof of such Loss.

PAYMENTS OF CLAIMS: All or a portion of any Medical Expense Benefits provided by the Policy on account of hospital, nursing, surgical or other medical service may, at the Company's option, and unless the Insured requests otherwise in writing not later than the time for filing proof of such Loss, be paid directly to the Hospital or person rendering such services. Accidental Death and Dismemberment Benefits are paid to the Insured, or if not living, to the Beneficiary as defined in the Accidental Death and Dismemberment Benefit.

PHYSICAL EXAMINATION AND AUTOPSY: The Company at its own expense shall have the right and opportunity to examine the person of any individual whose injury or Sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written proof of Loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of three years after the written proof of Loss is required to be furnished.

CONVERSION PRIVILEGE: An insured Student, who has been insured by the Policy, whose insurance under the Policy ends, has the right to purchase a health conversion policy without having to prove good health. If Dependents were also insured, a family health insurance policy is available. The family policy may include only those Dependents who were insured under the Policy at the time the insured Student's insurance ends.

Written application and the first premium payment must be made to the Company or its designated administrator within 31 days after insurance ends under the Policy. This is known as the conversion period.

The conversion policy will begin the day after insurance ends under the Policy.

The conversion policy will be written on the Company's current forms. It will be issued according to the Company's current underwriting rules and rates.

Any benefits payable under the Policy will not be duplicated by the conversion policy; and the conversion policy will not include any optional Dental Insurance coverage that may have been chosen by Plan II Insureds or Accidental Death and Dismemberment Benefits under the Policy.

CONFORMITY WITH STATE STATUTES: Any provision of the Master Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

For the purposes of coverage under the 2010-2011 Sentry Student Security Plan group health insurance policy 02229-31-32-33-34 for students in the state of Arkansas:

Benefits for the necessary care and treatment of Hearing Aids are available.

I am aware of the availability of this benefit and;

I do not elect this benefit

I do elect this benefit for an additional premium

Name of Policyholder

Date

Signed By

Title

Account Number: 02229-31-32-33-34

Group Policyholder: SunTrust, Bank, Inc., Trustees of the Student Security Group Insurance Trust

Amendatory Rider Effective Date: August 01, 2010

This rider takes effect and expires concurrently with the Policy to which it is attached. It is subject to all the provisions, limitations and conditions of the Policy unless specifically changed by this rider.

For persons residing in Arkansas on the effective date of their coverage, the Policy is amended as follows:

Major Medical Coverage for Hearing Aids Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to the Hearing Aids Benefit. The benefit for Hearing Aids will not be less than one thousand, four hundred dollars (\$1,400) per ear for each three-year period, is available on the first day of coverage and is not subject to any deductible or copayment requirements; however the benefit will be subject to co-insurance provisions. Coverage will be provided for treatment prescribed or administered by a Doctor.

A Hearing Aid means an instrument or device, including repair and replacement parts, that:

1. Is designed and offered for the purpose of aiding persons with or compensating for impaired hearing.
2. Is worn in or on the body; and
3. Is generally not useful to a person in the absence of a hearing impairment.

All other conditions and provisions remain unchanged.

SENTRY LIFE INSURANCE COMPANY



President

SERFF Tracking Number: SELX-126561262 State: Arkansas
 Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45280
 Company Tracking Number: GRHAR0169804C01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Sentry Student Security Plan
 Project Name/Number: Sentry Student Security Plan/GRHAR0169804C01

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
SENTRY LIFE INSURANCE COMPANY	%	%				%	%

SERFF Tracking Number: SELX-126561262 State: Arkansas
 Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45280
 Company Tracking Number: GRHAR0169804C01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Sentry Student Security Plan
 Project Name/Number: Sentry Student Security Plan/GRHAR0169804C01

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 05/12/2010	Rates	180-824 AR (Reprint 6), 180-961 (AR) (Reprint 6)	New		180-200.PDF



Sentry Life Insurance Company

(A Stock Company)
1800 North Point Drive
STEVENS POINT, WISCONSIN 54481
1-800-533-7827
(Herein called the Company)

APPLICATION is hereby made to the Company for a Policy of Group Insurance to provide the Benefits set forth in the Schedule of Benefits in this Application.

1. Name of Policyholder: SunTrust Bank, Inc., Trustees of the Student Security Group Insurance Trust
2. Address of Policyholder: Washington, D.C.
3. Type of Organization: Trust
4. This Policy will insure Eligible Persons who are associated with the Policyholder as: Students
5. The Effective Date shall be August 01, 2010.
6. Eligibility and Underwriting Provisions:

Any Student who is registered and attending a college or university is eligible to enroll. There are no restrictions based on the number of credit or non-credit scholastic hours. A Student's eligibility for this program may be subject to verification by the Student's college or university. International Students must be covered under Plan II. An eligible Student may also enroll his Dependents. A Dependent is defined as the Children and the spouse of any eligible Student. The attendance requirement will be waived for four months if immediately following a period of coverage. This means that you may maintain your coverage during the summer or other four month absence, provided you remain registered at a college or university in the United States, or you are participating in a United States' sponsored and accredited semester abroad for which credits will be given at a United States' state accredited college or university. You may also continue your coverage for a period of eight months immediately following graduation, if you remain in the United States. Dental Insurance is optional. If Dental Insurance is selected, all Accident and Sickness insured family members must enroll.

7. Premiums are to be paid tri-annually.
8. Upon acceptance of this Application by the Company at one of its policywriting offices, this Policy is to be issued to this Policyholder named above in accordance with the above information.

Benefits for Nonsurgical Treatment of Temporomandibular Joint Disorder or Craniomandibular Disorder are available. I am aware of the availability of this benefit and understand if I choose not to take this benefit, this Policy will not provide coverage for Nonsurgical Treatment of Temporomandibular Joint Disorder or Craniomandibular Disorder.

I do not elect this benefit

I do elect this benefit for an additional premium

Name of Policyholder

Date

Signed By

Title

Signed at _____ State of _____
(City)

this _____ day of _____, _____
(Month) (Year)

By: Signature _____
(Applicant)

(Agent) (Title)

SCHEDULE OF BENEFITS

All Benefits, Limitations and Exclusions are as outlined in the Master Policy attached to this Application.

**SCHEDULE OF ACCIDENT AND SICKNESS INSURANCE PREMIUM RATES
2010-2011 SCHOOL YEAR**

ARKANSAS RESIDENTS

MONTHLY RATES

PLAN I

PERSONS INSURED	STUDENT'S AGE	
Student	24 & under	\$ 25
	25-34	\$ 33
	35-44	\$ 40
	45 & over	\$ 59
Student & Spouse	24 & under	\$ 96
	25-34	\$104
	35-44	\$111
	45 & over	\$130
Student, Spouse & Child(ren)	24 & under	\$153
	25-34	\$161
	35-44	\$168
	45 & over	\$187
Student & Child(ren)	24 & under	\$ 82
	25-34	\$ 90
	35-44	\$ 97
	45 & over	\$116

PLAN II

PERSONS INSURED	STUDENT'S AGE	
Student	24 & under	\$ 63
	25-34	\$ 88
	35-44	\$127
	45 & over	\$238
Student & Spouse	24 & under	\$267
	25-34	\$292
	35-44	\$331
	45 & over	\$442
Student, Spouse & Child(ren)	24 & under	\$435
	25-34	\$460
	35-44	\$499
	45 & over	\$610
Student & Child(ren)	24 & under	\$231
	25-34	\$256
	35-44	\$295
	45 & over	\$406

Multiply the rates shown above by 4 to determine the tri-annual premium.

**SCHEDULE OF DENTAL INSURANCE PREMIUM RATES
2010-2011 SCHOOL YEAR**

ARKANSAS RESIDENTS

MONTHLY RATES

PERSONS TO BE INSURED	ALL AGES
Student Only	\$25
Student and Spouse	\$51
Student, Spouse and Child(ren)	\$81
Student and Child(ren)	\$55

Multiply the rates shown above by 4 to determine the tri-annual premium.

Dental Insurance is optional and available. All Accident and Sickness insured family members must enroll.

**SCHEDULE OF CATASTROPHIC COVERAGE PREMIUM RATES
2010-2011 SCHOOL YEAR**

MONTHLY RATES

PERSONS INSURED		STUDENT'S AGE	
Student	Plan II	24 & under	\$18
		25-34	\$19
		35-44	\$24
		45 & over	\$36
Student and Spouse	Plan II	24 & under	\$36
		25-34	\$38
		35-44	\$45
		45 & over	\$63
Student, Spouse and Child(ren)	Plan II	24 & under	\$48
		25-34	\$50
		35-44	\$57
		45 & over	\$75
Student and Child(ren)	Plan II	24 & under	\$30
		25-34	\$31
		35-44	\$36
		45 & over	\$48

Multiply the rates shown above by 4 to determine the tri-annual premium.

Catastrophic Coverage is optional and available to Plan II Accident and Sickness Insureds. All Accident and Sickness insured family members must enroll.

**INTERSCHOLASTIC SPORTS COVERAGE PREMIUM RATES
2010-2011 SCHOOL YEAR**

\$49 PER MONTH

Interscholastic Sports Coverage is optional.

SERFF Tracking Number: SELX-126561262 State: Arkansas
 Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45280
 Company Tracking Number: GRHAR0169804C01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Sentry Student Security Plan
 Project Name/Number: Sentry Student Security Plan/GRHAR0169804C01

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/12/2010
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	05/12/2010
Comments:		
Attached		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	05/12/2010
Comments:		
Attached		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	05/12/2010
Comments:		
Attachment:		
Cover Letter.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	05/12/2010
Comments:		

SERFF Tracking Number: *SELX-126561262* *State:* *Arkansas*
Filing Company: *SENTRY LIFE INSURANCE COMPANY* *State Tracking Number:* *45280*
Company Tracking Number: *GRHAR0169804C01*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *Sentry Student Security Plan*
Project Name/Number: *Sentry Student Security Plan/GRHAR0169804C01*

Attachments:

AR - NAIC TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING ATTACHMENT.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: SENTRY LIFE INSURANCE COMPANY

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
180-200 AR (Reprint 5)	45
180-824 AR (Reprint 6)	45
180-961 (AR) (Reprint 6)	45.1
180-1423	44.3
180-1424	49.2

Signed: *William O'Reilly*
Name: William O'Reilly
Title: Secretary
Date: 3-26-2010

Sentry Life Insurance Company
1800 North Point Drive
P.O. Box 8028
Stevens Point, WI 54481-8028



March 26, 2010

Compliance – Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

SENTRY LIFE INSURANCE COMPANY NAIC #169-68810
FORM 180-200 AR (Reprint 5) – APPLICATION
FORM 180-824 AR (Reprint 6) - BLANKET SCHOOL INSURANCE POLICY
FORM 180-961 (AR) (Reprint 6) – OUTLINE OF COVERAGE
FORM 180-1423 - ELECTION FORM – HEARING AIDS
FORM 180-1424 – AMENDATORY RIDER – HEARING AIDS

The above forms are being submitted for your review.

The policy is a blanket student accident and sickness insurance policy offered to all students on a voluntary basis. The policy has been changed to provide coverage for the 2010/2011 school year.

The following changes have been made to the application.

The second to last sentence of item 6 on the first page of the application has been amended to read: Dental Insurance is optional.

The rates for Accident and Health Insurance Plan II, Catastrophic Coverage and Interscholastic Sports have been changed. Also the limitation on Dental and Interscholastic Sports coverage to those insured under Plan II has been removed.

The policy has been changed as follows:

The seventh item under the Basic Plan Benefits has been amended by removing Prostatic Specific Antigen (PSA) Tests from the list of Out-Patient laboratory tests.

A Major Medical Prostate Cancer Screening Benefit has been added with the Major Medical benefits to comply with changes for prostate cancer screening.

Under the Accident and Sickness Limitations provision, point 10, Prostate Cancer Screening has been added to the list of benefits paid under the Major Medical Plan only.

Forms 180-1423 and 180-1424 were added to offer coverage for Hearing Aids.

Form 180-200 AR (Reprint 5) will replace form 180-200 AR (Reprint 4) and form 180-824 AR (Reprint 6) will replace 180-200 AR (Reprint 5), which were previously approved by your department on November 21, 2008. The corresponding Outline of Coverage, form 180-961 (AR) (Reprint 6), is also included in this filing and replaces form 180-961 (AR) (Reprint 5) which was also approved by your department on November 21, 2008.

Forms 180-1233 (Reprint 3), 180-1274, 180-1300 (Reprint 1), 180-1310, 180-1311, 180-1312, 180-1313, 180-1314, 180-1315 and 180-1327 will continue to be used with this policy. These forms were previously approved by your department and have not been changed.

We respectfully request your approval.

A handwritten signature in cursive script that reads "Sharon Paulsen". The signature is written in black ink and is positioned above the typed name and contact information.

Sharon Paulsen
Compliance/Development Specialist
715-346-7163(voice)
715-346-6044(fax)
Sharon.Paulsen@sentry.com

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
SENTRY LIFE INSURANCE COMPANY 1800 North Point Drive Stevens Point WI 54481	WI		169	68810	39-6040276	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Sharon Paulsen 1800 North Point Drive Stevens Point WI 54481	800-533-7827	715-346-6044	Sharon.Paulsen@sentry.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
---------------------------------	--

6. Company Tracking Number	GRHAR0169804C01
-----------------------------------	-----------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
-----------	--

8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	H21 Health - Other
-----------------------------	--------------------

10. Product Coding Matrix Filing Code	H21.000 Health - Other
--	------------------------

11. Submitted Documents	<input checked="" type="checkbox"/> FORMS <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
	<input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
	SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	Filing Submission Date	3-26-2010
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	Forms are not used in our state of domicile.
15.	Filing Description:	
	<p>The policy is a blanket student accident and sickness insurance policy offered to all students on a voluntary basis. The policy has been changed to provide coverage for the 2010/2011 school year.</p> <p>The following changes have been made to the application.</p> <p>The second to last sentence of item 6 on the first page of the application has been amended to read: Dental Insurance is optional.</p> <p>The rates for Accident and Health Insurance Plan II, Catastrophic Coverage and Interscholastic Sports have been changed. Also the limitation on Dental and Interscholastic Sports coverage to those insured under Plan II has been removed.</p> <p>The policy has been changed as follows:</p> <p>The seventh item under the Basic Plan Benefits has been amended by removing Prostatic Specific Antigen (PSA) Tests from the list of Out-Patient laboratory tests.</p> <p>A Major Medical Prostate Cancer Screening Benefit has been added with the Major Medical benefits to comply with changes for prostate cancer screening.</p> <p>Under the Accident and Sickness Limitations provision, point 10, Prostate Cancer Screening has been added to the list of benefits paid under the Major Medical Plan only.</p> <p>Forms 180-1423 and 180-1424 were added to offer coverage for Hearing Aids.</p> <p>Form 180-200 AR (Reprint 5) will replace form 180-200 AR (Reprint 4) and form 180-824 AR (Reprint 6) will replace 180-200 AR (Reprint 5), which were previously approved by your department on November 21, 2008. The corresponding Outline of Coverage, form 180-961 (AR) (Reprint 6), is also included in this filing and replaces form 180-961 (AR) (Reprint 5) which was also approved by your department on November 21, 2008.</p> <p>Forms 180-1233 (Reprint 3), 180-1274, 180-1300 (Reprint 1), 180-1310, 180-1311, 180-1312, 180-1313, 180-1314, 180-1315 and 180-1327 will continue to be used with this policy. These forms were previously approved by your department and have not been changed.</p>	

16.	Certification (If required)	
	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Sharon Paulsen</u> Title <u>Compliance/Development Specialist</u></p> <p>Signature <u></u> Date <u>3-26-2010</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	GRHAR0169804C01	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Application	180-200 AR (Reprint 5)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Group Accident and Health Insurance Policy	180-824 AR (Reprint 6)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Group Accident and Health Insurance Outline of Coverage	180-961 (AR) (Reprint 6)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Election Form - Hearing Aid	180-1423	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Amendatory Rider - Hearing Aid	180-1424	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

SERFF Tracking Number: *SELX-126561262* *State:* *Arkansas*
Filing Company: *SENTRY LIFE INSURANCE COMPANY* *State Tracking Number:* *45280*
Company Tracking Number: *GRHAR0169804C01*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *Sentry Student Security Plan*
Project Name/Number: *Sentry Student Security Plan/GRHAR0169804C01*

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/26/2010	Form	Application	04/05/2010	