

**Student
Accident and Sickness
Insurance Plan
2013-2014**

Designed Especially for the Students of

**SCHENECTADY
COUNTY
COMMUNITY
COLLEGE**

Schenectady, New York

Underwritten by
United States Fire Insurance Company

For questions about this plan please use the following contact information:

Coverage, Eligibility and Premium:

The Allen J. Flood Companies, Inc.
2 Madison Avenue
Larchmont, NY 10538
1-800-734-9326
www.ajfusa.com/students

Claim Status and all other Claim Inquiries:

Online at: <http://www.klais.com/>



1867 West Market Street,
Akron, OH 44313
1-800-331-1096
EDI Payor: 34145

Group #s:

SF720I3 – FT Mandatory Accident
SF720I3 – PT Voluntary Accident
SF720J3 – Voluntary Enhanced Sickness

PPO Network Provider List:



Online at: www.multiplan.com
[1-888-342-7427](tel:1-888-342-7427)

When calling the above toll-free telephone numbers, please have the name of your school and the policy number (UGL5019A & UGL5020S) available.

PLAN TERM

The insurance under Schenectady County Community College's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 AM on August 31, 2013. An eligible student's coverage becomes effective on that date, or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The plan terminates at 12:01 AM on August 31, 2014 or at the end of the period through which the premiums are paid.

ELIGIBILITY

All Full-Time Students are automatically covered under the Accident Medical Expense Benefits described under **Part I. Full-time students are covered 24 hours a day.**

All Full-Time Students are eligible to enroll in the **Accident and Sickness** Medical Expense Benefits. If you wish to purchase these benefits, please complete and return the accompanying Enrollment Form with payment to the Schenectady County Community College no later than October 1, 2013. **Full-time students are covered 24 hours a day.** Students enrolled in the plan must actively attend classes for the first 31 calendar days after the date for which coverage is purchased.

Part-Time Students are automatically enrolled in the Accident Medical Expense Benefits described in **Part II. Part-time students are covered while on the college premises or participating in a college-sponsored activity.**

Note: Part time students are not eligible to purchase the Sickness plan.

LATE ENROLLMENT

Students will be able to enroll after the enrollment deadline if they lose coverage under their parent's plan or employer plan. The student will have to enroll within 63 days in order to avoid a break in coverage (see Pre-existing Condition Limitation). The Covered Student will be covered from the date after the application and premium are received by the Plan Administrator. **Premiums will not be pro-rated.**

PREMIUM REFUND POLICY

Covered Students entering the Armed Forces of any country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request. **No other requests for a refund of premium will be considered.**

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this brochure. Additional terms may be defined within the provision to which they apply.

Coinsurance means the percentage amount of **Covered Expenses** for which you and the Company pay. The **coinsurance** we pay is shown in the Schedule. We pay the **coinsurance** amount of **covered expenses**, subject to the maximum amount for specific services and the maximum benefit for all services. You are responsible for the remaining **coinsurance** amount for any medical service or supply.

Complications of pregnancy means:

- a. Conditions whose diagnosis is distinct from but adversely affected or caused by pregnancy and which require a Hospital Stay (when pregnancy is not terminated). Such conditions include, but are not limited to, acute nephritis; nephrosis; cardiac decompensation; missed abortion; hyperemesis gravidarum; pre-eclampsia; and similar conditions of comparable severity; or
- b. Non-elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy during a period of gestation when a viable birth is not possible.

Complications of pregnancy do *not* include:

- a. False labor;
- b. Occasional spotting;
- c. Doctor-prescribed rest during pregnancy;
- d. Morning sickness; or
- e. Similar conditions associated with a difficult pregnancy that is not classified as Complications of Pregnancy.

Covered Expenses means charges:

- a. Not in excess of Usual, Reasonable and Customary charge;
- b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
- c. Made for medical services and supplies not excluded under the plan;
- d. Made for services and supplies which are Medically Necessary; and
- e. Made for medical services specifically included in the Schedule.

Covered Person means the covered student and his eligible Dependents, if dependent coverage is available and the covered student has applied for such dependent's coverage and paid the required premium.

Deductible means the amount of Covered Expenses paid by the Covered Person before benefits are payable under the plan. The Deductible amount is shown in the Schedule.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. Furthermore, Doctor includes any healthcare practitioner required under New York law providing a service covered under the plan. Doctor does not include:

- a. The Covered Person;
- b. The Covered Person's spouse, dependent, parent, brother, or sister; or
- c. A person who ordinarily resides with the Covered Person.

Home Country means the country where the Covered Person permanently resides. Such country must be declared in advance with the United States Fire Insurance Company.

Hospital means a short-term, acute, general Hospital which:

- a. Is duly licensed by the agency responsible for licensing such Hospitals;
- b. Is primarily engaged in providing, by or under the continuous supervision of Doctors, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- c. Has an organized department of medicine and major surgery;
- d. Has a requirement that every patient must be under the care of a Doctor or dentist;
- e. Provides 24-hour nursing service by or under the supervision of a registered professional Nurse (R.N.);
- f. If located in New York State, has in effect a Hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861 (k) of United States Public Law 89-97 (42 USCA 1395X[k]); and is not, other than incidentally:
- g. A place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care; or
- h. A military or veterans Hospital or a Hospital contracted for or operated by a national government or its agency unless:
 - (1) The services are rendered on an emergency basis; and
 - (2) A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All Injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of Injuries will be considered one Injury.

Intensive Care means:

- a. A specifically designated facility of the Hospital that provides the highest level of medical care; and
- b. Is restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. It must be:

- a. Permanently equipped with special life-saving equipment for the care of the critically ill or injured; and
- b. Under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

Intensive Care does *not* mean any of these step-down units:

- a. Progressive care;
- b. Sub-acute Intensive Care;
- c. Intermediate care units;
- d. Private monitored rooms;
- e. Observation units; or
- f. Other facilities not meeting the standards for Intensive Care.

Medical Emergency means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

- a. Placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- b. Serious impairment to bodily functions;
- c. Serious dysfunction of any body organ or part; or;
- d. Serious disfigurement of such person.

Expenses incurred for Medical Emergency will be paid only for an Injury or Sickness fulfilling the above conditions. These expenses will not be paid for minor Injuries.

Natural Teeth means Natural Teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

Negative X-ray means an X-ray that shows the absence of a fracture, pathology, or disease.

Nurse means either a professional, licensed, graduate registered Nurse (R.N.) or a professional, licensed practical Nurse (L.P.N.). Nurse also includes a midwife who is certified as such by the American College of Nurse Midwives and licensed as a Registered Nurse (RN).

Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Doctor.

Policyholder means the entity to which the policy is issued and the college or university that the Covered Person attends during his or her Term of Coverage. The Policyholder is shown on the first page of this Brochure.

Positive X-ray means an X-ray that shows the presence of a fracture, pathology, or disease.

Usual, Reasonable and Customary Expense means

- a. Charges and fees for medical services or supplies that are the lesser of:
 - 1) The usual charge by the provider for the service or supply given; or
 - 2) The average charged for the service or supply in the area where service or supply is received; and
- b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under this Plan.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

Preventive Care includes the following services when performed by a network provider.

Covered Preventive Services for Adults

Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked

Alcohol Misuse screening and counseling

Aspirin use for men and women of certain ages

Blood Pressure screening for all adults

Cholesterol screening for adults of certain ages or at higher risk

Colorectal Cancer screening for adults over 50

Depression screening for adults

Type 2 Diabetes screening for adults with high blood pressure

Diet counseling for adults at higher risk for chronic disease

HIV screening for all adults at higher risk

Immunization vaccines for adults--doses, recommended ages, and recommended populations vary:

- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella

Obesity screening and counseling for all adults

Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk

Tobacco Use screening for all adults and cessation interventions for tobacco users

Syphilis screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women

Anemia screening on a routine basis for pregnant women

Bacteriuria urinary tract or other infection screening for pregnant women

BRCA counseling about genetic testing for women at higher risk

Breast Cancer Mammography screenings every 1 to 2 years for women over 40

Breast Cancer Chemoprevention counseling for women at higher risk

Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women*

Cervical Cancer screening for sexually active women

Chlamydia Infection screening for younger women and other women at higher risk

Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs*

Domestic and interpersonal violence screening and counseling for all women*

Folic Acid supplements for women who may become pregnant

Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes*

Gonorrhea screening for all women at higher risk

Hepatitis B screening for pregnant women at their first prenatal visit
Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women*
Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older*
Osteoporosis screening for women over age 60 depending on risk factors
Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
Sexually Transmitted Infections (STI) counseling for sexually active women*
Syphilis screening for all pregnant women or other women at increased risk
Well-woman visits to obtain recommended preventive services for women under 65*

Covered Preventive Services for Children

Alcohol and Drug Use assessments for adolescents
Autism screening for children at 18 and 24 months
Behavioral assessments for children of all ages
Blood Pressure screening for children
Cervical Dysplasia screening for sexually active females
Congenital Hypothyroidism screening for newborns
Depression screening for adolescents
Developmental screening for children under age 3, and surveillance throughout childhood
Dyslipidemia screening for children at higher risk of lipid disorders
Fluoride Chemoprevention supplements for children without fluoride in their water source
Gonorrhea preventive medication for the eyes of all newborns
Hearing screening for all newborns
Height, Weight and Body Mass Index measurements for children
Hematocrit or Hemoglobin screening for children
Hemoglobinopathies or sickle cell screening for newborns
HIV screening for adolescents at higher risk

Immunization vaccines for children from birth to age 18 — doses, recommended ages, and recommended populations vary:

Diphtheria, Tetanus, Pertussis
Haemophilus influenza type b
Hepatitis A
Hepatitis B
Human Papillomavirus
Inactivated Poliovirus
Influenza
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Rotavirus
Varicella

Iron supplements for children ages 6 to 12 months at risk for anemia
Lead screening for children at risk of exposure
Medical History for all children throughout development
Obesity screening and counseling
Oral Health risk assessment for young children
Phenylketonuria (PKU) screening for this genetic disorder in newborns
Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk

Tuberculin testing for children at higher risk of tuberculosis
Vision screening for all children

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us or Our means United States Fire Insurance Company.

You, Your or Yours means the Insured Student.

PREFERRED PROVIDER NETWORK

Utilizing the MultiPlan Nationwide Preferred Provider Network may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. This Provider Network consists of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize MultiPlan Provider. In order to use the services of a participating provider you must present your United States Fire Insurance Company Medical Identification Card.

A Covered Person may contact MultiPlan toll free at 1-888-342-7427, Monday through Friday, 8:00 AM to 8:00 PM to receive information on participants in their area, or visit their web site at www.multiplan.com.

DESCRIPTION OF BENEFITS

<p style="text-align: center;">PART I ACCIDENT MEDICAL EXPENSE BENEFIT Full-Time Students Only</p>

If as a result of an Injury, a Covered Person incurs covered medical Expenses, We will pay the Covered Expenses incurred within 52 weeks from the date of the accident up to the Per Condition Aggregate Maximum of **\$5,000** per **Injury** and up to the maximum of **\$25,000** per **Intercollegiate Sports Injury**. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) inpatient and outpatient consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) pre-hospital medical emergency services; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury. The first eligible expense must be incurred within 180 days from the date of the accident.

<p style="text-align: center;">PART II ACCIDENT MEDICAL EXPENSE BENEFIT Part-Time Students Only</p>
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If as a result of an Injury, a Covered Person incurs covered medical Expenses, We will pay, the Covered Expenses incurred within 52 weeks from the date of the accident up to the Per Condition Aggregate Maximum of **\$2,000** per Injury. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) inpatient and outpatient consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) pre-hospital medical emergency services; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury. The first eligible expense must be incurred within 180 days from the date of the accident.

**PART I or PART II
ACCIDENTAL DEATH & DISMEMBERMENT
BENEFIT
Full-Time and Part-Time Students**

When, because of an Injury, the Covered Person suffers any of the following losses within 365 days from the date of the accident, We will pay as follows:

<u>For Loss of:</u>	<u>Amount</u>
Life	\$1,000
Both hands or both feet or sight of both eyes	\$1,000
One hand and one foot	\$1,000
One hand and sight of one eye	\$1,000
One foot and sight of one eye	\$1,000
Either hand or foot or sight of one eye	\$500
Thumb and index finger of the same hand	\$250

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Loss of thumb and index finger means the severance through or above the metacarpophalangeal. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed:

- 1) by physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;
- 2) by an infection, unless it is caused solely and independently by a covered accident;
- 3) by participation in a felony; or
- 4) by the Insured Person being intoxicated or under the influence of any drug unless taken as prescribed by a physician.

**VOLUNTARY ACCIDENT AND SICKNESS
MEDICAL EXPENSE SCHEDULE OF BENEFITS**

Up to \$500,000 maximum benefit per Plan Year will be paid as specified below after a **\$100** deductible per Plan Year.

URC = Usual, Reasonable & Customary Charges

Hospital Room & Board, semi-private room rate	80% of URC
Hospital In-patient Miscellaneous (including the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; oxygen tent and supplies)	80% of URC

Day Surgery Miscellaneous (including the cost of the operating room; laboratory tests, x-ray examinations, anesthesia; drugs or medicines, therapeutic services, and supplies)	80% of URC
Intensive Care Expense (including intensive care unit services and supplies)	80% of URC
Surgeon (No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)	80% of URC
Assistant Surgeon	80% of URC
Anesthetist	80% of URC
Doctor's Visits (benefits are limited to one visit per day. Benefits for Doctor's Visits do not apply when related to surgery)	80% of URC
Consultant Doctor Fees (when requested and approved by the attending Doctor)	80% of URC
Physiotherapy (one visit per day)	80% of URC
Registered Nurse's Services	80% of URC
Emergency Room	80% of URC
Ambulance	80% of Actual Expenses
X-Ray & Laboratory	80% of URC
Braces & Appliances	80% of Actual Expenses
Prescription Drugs	80% of Actual Expenses
Contraceptives Plan deductible does not apply to this benefit	100% of Covered Charges Plan deductible does not apply to this benefit
Acupuncturist	80% of URC
Dental Treatment (made necessary by Injury to natural teeth; excludes repair or replacement of crowns, bridges, braces, caps, fillings or dentures of any kind.)	80% of Actual Expenses
Preventive Care (includes services listed under the definition for Preventive Care). Plan deductible does not apply to Preventive Care.	100% of URC
Chemotherapy/Radiation Therapy	80% of URC
Maternity & Complications of Pregnancy	Paid as any other Sickness
Mental or Nervous Disorders - Outpatient	80% of URC
Mental or Nervous Disorders - Inpatient	80% of URC
Substance Abuse - In-Patient	80% of URC
Substance Abuse - Out-Patient	80% of URC
Cancer Screening Tests (including cytologic screening, cervical and prostate cancer screening)	100% of URC
Mammography Expense (one baseline mammogram for women age 35-39; one mammogram for women age 40-49 every two years or more frequently if recommended by a Doctor; and an annual mammogram for women age 50 and over)	100% of URC

Cancer Clinical Trials Expense	80% of URC
Breast Reconstructive Surgery or Prosthesis	80% of URC
Diabetes Treatment Benefit	80% of URC
Osteoporosis Benefit	80% of URC
Phenylketonuria Treatment	80% of URC

ADDITIONAL BENEFITS

Autism Spectrum Disorder Expense Benefit: We will pay the Covered Percentage of the Covered Expenses incurred by a Covered Person for diagnosis or treatment of Autism Spectrum Disorder. Diagnosis or treatment for medical services, drugs and supplies must be Medically Necessary and prescribed by a Doctor. We cover such charges the same way We treat covered expenses for any other sickness.

Biological Based Mental Illness and Serious Emotional Disturbance Of A Child Expense Benefit: If a Covered Person requires treatment for Biologically Based Mental Illness, We will pay for such treatment of a person of any age, and for Serious Emotional Disturbances of a Child under age 18, under the same terms and conditions applied to other medical conditions. The benefits include the following: (a) inpatient Hospital services; (b) outpatient services; and (c) prescription drugs.

We cover such charges the same way We treat covered charges for any other Sickness.

Mental, Nervous or Emotional Disorders:

Inpatient: If a Covered Person requires treatment for Mental, Nervous or Emotional Disorders, We will pay for such treatment as follows:

When the Covered Person requires Hospital Confinement for treatment of a Mental, Nervous or Emotional Disorder, We will pay the Covered Percentage of the Covered Expenses incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit.

Such confinement must be in a licensed or certified facility, including Hospitals.

Outpatient: When a Covered Person is not so Hospital confined, We will pay the Covered Percentage of the Covered Expenses incurred for covered outpatient services for the treatment of Mental, Nervous or Emotional Disorders.

The Mental, Nervous or Emotional Disorder must, in the professional judgment of health care providers, be treatable, and the treatment must be Medically Necessary.

Outpatient Treatment and Doctor services include charges made in a facility operated by the Office of Mental Health, or by a psychiatrist or psychologist licensed to practice in this state or a professional corporation or university faculty practice corporation.

We cover such charges the same way We treat Covered Expenses for any other Sickness.

Inpatient Chemical Abuse and Chemical Dependence Expense Benefit: If on account of Chemical Abuse or Chemical Dependence, a Covered Person requires inpatient treatment, We will pay for such treatment as follows:

When the Covered Person is confined as an inpatient in a Hospital or a Detoxification Facility, We will pay benefits for detoxification on the same basis as any other Sickness. But, We will not cover more than seven (7) days of active treatment in any one calendar year. When the Covered Person is confined in a hospital or Chemical Abuse Treatment Facility, We will pay benefits for rehabilitation services on the same basis as any other Sickness. But, We will not cover more than thirty (30) days of inpatient care for such services in any one calendar year.

As used in this provision, the term “Chemical Abuse Treatment Facility” means a facility: (a) in New York State, which is certified by the Office of Alcoholism and Substance Abuse Services; or (b) in other states, which is

accredited by the Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse, or chemical dependence treatment programs.

Outpatient Chemical Abuse and Chemical Dependence Expense Benefit: If on account of Chemical Abuse or Chemical Dependence, a Covered Person is not so hospital confined as an inpatient, We will pay the Covered Percentage of the Covered Expenses incurred for up to 60 visits during any one calendar year, for the diagnosis and treatment of Chemical Abuse and Chemical Dependence. Coverage will be limited to facilities in New York State, which are certified by the Office of Alcoholism and Substance Abuse Services as outpatient clinics or medically supervised ambulatory substance programs. In other states, coverage is limited to those facilities, which are accredited by the Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse, or chemical dependence treatment programs. Outpatient Services consisting of consultant or treatment sessions will not be payable unless these services are furnished by a Doctor or Psychotherapist who: (a) is licensed by the state or territory where the person practices; and (b) devotes a substantial part of his or her time treating intoxicated persons, substance abusers, alcohol abusers, or alcoholics. Outpatient coverage includes up to 20 outpatient visits during any one calendar year, for covered family members, even if the Covered Person in need of treatment has not received, or is not receiving treatment for Chemical Dependence and Chemical Abuse provided that the total number of such visits, when combined with those of the Insured Person in need of treatment, do not exceed 60 outpatient visits in any one calendar year, and provided further that the 60 visits shall be reduced only by the number of visits actually utilized by the covered family members. We treat such charges in the same way We treat Covered Expenses for any other Sickness.

“Chemical Abuse and Chemical Dependence” means an illness characterized by a physiological or psychological dependency, or both, on a controlled substance and/or alcoholic beverages. It is further characterized by a frequent or intense pattern of pathological use to the extent the user exhibits a loss of self-control over the amount and circumstances of use; develops symptoms of tolerance or physiological and/or psychological withdrawal if the use of the controlled substance or alcoholic beverage is reduced or discontinued; and the user’s health is substantially impaired or endangered or his or her social or economic function is substantially disrupted.

Mammographic Examination Expense Benefit: We will pay the Covered Percentage of the Covered Expenses incurred for a Mammographic exam. The charges must be incurred while the Covered Person is insured for these benefits. Benefits will be paid for the following: (a) one Mammogram at any age for an Insured Person who has a prior history of breast cancer or who has a first degree relative with a prior history of breast cancer, upon recommendation of a Doctor; (b) one baseline Mammogram for an Insured Person age thirty-five through thirty-nine; and (c) one Mammogram annually for an Insured Person age forty years or older. We cover such charges the same way We treat Covered Expenses for any other Sickness.

Cytologic Screening Expense Benefit: We cover charges for Expenses incurred for an annual Cytologic Screening (Pap smear) for cervical cancer for women eighteen and older. We treat such charges in the same way We treat Covered Charges for any other Sickness. Cytologic Screening means collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear. Cervical cytology screening also includes an annual pelvic examination.

Chiropractic Care Expense Benefit: We will pay for a Covered Person’s Covered Expenses for non-surgical treatment to remove nerve interference and its effects, which is caused by or related to Body Distortion. Body Distortion means structural imbalance, distortion or incomplete or partial dislocation in the human body which: (a) is due to or related to distortion, misalignment or incomplete or partial dislocation of or in the vertebral column; and (b) interferes with the human nerves. We treat such charges in the same way We treat Covered Expenses for any other Sickness.

Cancer Second Opinion Expense Benefit: We cover charges for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer. If this Plan requires the use of Network Providers, the Insured Person is entitled to a second medical opinion from a non-participating specialist, at no additional cost beyond that which the Insured Person would have paid for services from a participating specialist, provided the Insured Person’s attending Doctor provides a written referral. A second medical opinion provided

by a non-participating specialist absent a written referral will be covered subject to the payment of additional coinsurance. We treat such charges in the same way We treat Covered Charges for any other Sickness.

Reconstructive Breast Surgery Expense Benefit: We cover charges for inpatient hospital care for an Insured Person undergoing: (a) a lumpectomy or a lymph node dissection for the treatment of breast cancer; or (b) a mastectomy which is covered under this Plan. Coverage is limited to a time frame determined by the Insured Person's Doctor to be medically appropriate.

We also cover charges for breast reconstruction surgery after a mastectomy including: (a) all stages of reconstruction of the breast on which the mastectomy has been performed; and (b) surgery and reconstruction of the other breast to produce symmetry. Surgery and reconstruction will be provided in a manner determined by the attending Doctor and the Insured Person to be appropriate. We treat such charges in the same way We treat any other Covered Charges for any other Sickness.

Diagnostic Screening For Prostatic Cancer Expense Benefit: We cover charges for Diagnostic Screening for Prostatic Cancer as follows: (a) standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and (b) an annual standard diagnostic examination including, but not limited to, a digital rectal examination prostate-specific antigen test for men: (1) age fifty and over who are asymptomatic; and (2) age forty and over with a family history of prostate cancer or other prostate cancer risk factors. We treat such charges in the same way We treat Covered Charges for any other Sickness.

Diabetes Treatment Expense Benefit: We cover charges for the following Medically Necessary diabetes equipment services and supplies for the treatment of diabetes, when recommended by a Doctor or other licensed health care provider. We treat such charges the same way We treat any other Covered Charges for a Sickness. Such supplies include: blood glucose monitors, blood glucose monitors for the legally blind, data management systems, test strips for glucose monitors and visual reading, urine test strips, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices or oral agents for controlling blood sugar. We also cover charges for expenses incurred for diabetes self-management education.

Coverage for self-management education and education relating to diet shall be limited to Medically Necessary visits upon the diagnosis of diabetes, where a Doctor diagnoses a significant change in the Covered Person's symptoms or conditions which necessitates changes in a patient's self-management or upon determination that reeducation or refresher education is necessary. Diabetes self-management education may be provided by a Doctor or other licensed healthcare provider, the Doctor's office staff, as part of an office visit, or by a certified diabetes nurse educator, certified nutritionist, certified dietician registered dietician. Education may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet includes Medically Necessary home visits.

Enteral Formulas Expense Benefit: We will pay for an Insured Person's Covered Charges for enteral formulas when prescribed by a Doctor or licensed health care provider. The prescribing Doctor or health care provider must issue a written order stating that the enteral formula is Medically Necessary and has been proven as a disease-specific treatment for those individuals who are or will become malnourished or suffer from disorders, which if left untreated will cause chronic physical disability, mental retardation or death.

We cover enteral formulas and food products required for persons with inherited diseases of amino acid and organic acid metabolism, Crohn's Disease, gastroesophageal reflux with failure to thrive, disorders of the gastrointestinal motility such a chronic intestinal pseudo-obstruction and multiple, severe food allergies which if left untreated will cause malnourishment, chronic physical disability, mental retardation or death.

We also cover modified solid food products that are low protein or which contain Medically Necessary modified protein in an amount not to exceed \$2,500 per calendar year or for any continuous period of twelve months. We treat such charges in the same way We treat Covered Charges for any other Sickness.

Maternity Expense Benefit: We will pay benefits for an Insured Person's Covered Charges for maternity care, including hospital, surgical and medical care. We treat such charges in the same way We treat Covered Charges for any other Sickness.

We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a healthcare facility. Covered services may be provided by a certified-nurse midwife, under qualified medical direction, affiliated or practicing in conjunction with a licensed facility, unless the attending Doctor, in consultation with the mother, makes a decision for an earlier discharge from the Hospital. If so, We will cover charges for one home health care visit. The visit must be requested within 48 hours of the delivery (96 hours in the case of a cesarean section) and the services must be delivered within 24 hours: (a) after discharge; or b) of the time of the mother's request, whichever is later. Charges for the home health care visit are not subject to any deductible, coinsurance or co-payments. Covered Charges include at least two payments, at reasonable intervals, for prenatal care and one payment for delivery and postnatal care provided. We also cover charges for parent education, assistance and training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments. Newborn infant care is covered when the infant is confined in the hospital and has received continuous hospital care from the moment of birth. This includes: (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures, except circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth. Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility.

End of Life Care Expense Benefit: If a Covered Person is diagnosed with Advanced Cancer, We will cover services provided by a facility or program specializing in the treatment of terminally ill patients if the Covered Person's attending health care practitioner, in consultation with the medical director of the facility or program determines that the Insured Person's care would appropriately be provided by such a facility or program.

If We disagree with the admission of the Covered Person into the facility, or the provision or continuation of care by the facility, We will initiate an expedited external appeal. Until a decision is rendered, We will continue to provide coverage for care provided in the facility. The decision of the external appeal agent will be binding on both Us and the Covered Person.

"Advanced Cancer" means a diagnosis of cancer by the Covered Person's attending health care practitioner certifying that there is no hope of reversal of primary disease and that the person has fewer than sixty days to live. We treat such charges the same way We treat Covered Expenses for any other Sickness.

Pre-Hospital Medical Emergency Services Expense Benefit: When, by reason of Injury or Sickness, a Covered Person requires the use of a community or Hospital ambulance in a Medical Emergency, We will pay benefits for the Covered Percentage of the Covered Expenses incurred in excess of the deductible shown in this Brochure. Covered Expenses include Pre-Hospital Medical Emergency Services provided by a licensed ambulance service.

As used in this provision, Pre-Hospital Medical Emergency Services means the prompt evaluation and treatment of a Medical Emergency condition, and/or non-airborne transportation of a Covered Person to a Hospital. Reimbursement for non-airborne transportation will be based on whether a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in: (1) placing the health of the person affected with such condition in serious jeopardy, or in the case of a behavioral condition placing the health of such person or others in serious jeopardy; (2) serious impairment to such person's bodily functions; (3) serious dysfunction of any bodily organ or part of such person; or (4) serious disfigurement of such person.

Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, scene of accident or Medical Emergency to a Hospital or between Hospitals.

Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area. Air transportation is covered

when Medically Necessary because of a life threatening Injury or Sickness. Air ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

Bone Mineral Density Measurements and Tests Expense Benefit: If by reason of Injury or Sickness, a Covered Person requires Bone Mineral Density Measurements or Tests, We will pay the Covered Percentage of the Covered Expense, which is subject to annual deductibles and coinsurances. Individuals obtaining these services must meet the following criteria: (a) previously diagnosed as having osteoporosis or having a family history of osteoporosis; (b) symptoms or conditions indicative of the presence, or the significant risk of osteoporosis; (c) are on a prescribed drug regimen posing a significant risk of osteoporosis; (d) lifestyle factors to such a degree as posing a significant risk of osteoporosis; and (e) age, gender and/or other physiological characteristics, which pose a significant risk for osteoporosis.

Eating Disorders: If a Covered Person requires treatment for an Eating Disorder Condition such as: binge eating disorder including anorexia nervosa, and bulimia nervosa, and treatment has been provided by a state identified Eating Disorder Center or a Comprehensive Health Care Center, We will pay the Covered Percentage of the Covered Expenses incurred by the Covered Person for such treatments, subject to the Deductible shown in this Brochure.

EXCLUSIONS and LIMITATIONS

No benefits will be paid for loss or expense caused by or resulting from:

1. Services for which no charge is normally made including but not limited to services and supplies furnished by the Policyholder's infirmary, its employees or Doctors who work for the Policyholder and services covered and provided by the student health fee.
2. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a Covered Expense associated with an Injury covered by the plan.
3. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a Covered Expense associated with an Injury covered by the plan.
4. Dental Treatment, except as specifically provided for in the Schedule and in the Dental Treatment benefit.
5. War or any act of war, declared or undeclared; or service in the armed forces of any country.
6. Participation in a felony, riot or insurrection;
7. Intentionally self-inflicted Injury, suicide or any attempt thereat.
8. Injury, in excess of \$25,000, sustained while participating in interscholastic sports contest or competition, unless specifically listed in the Schedule or provided by rider, and including: (a) traveling to or from such sport, contest or competition as a participant; or (b) during participation in any practice or conditioning program for such sport, contest, or competition.
9. Flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline, including skydiving; parachuting, hang gliding, glider flying, parasailing, or sail planning.
10. Injury as a consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a doctor.
11. Cosmetic surgery, except cosmetic surgery for reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect or following a mastectomy.
12. Elective treatment that does not treat Sickness or Injury or is not shown as a Covered Expense or is not a New York mandated benefit.
13. Treatment in a military or Veterans Hospital or a Hospital contracted for or operated by a national government or its agency unless: (a) the services are rendered on a Medical Emergency basis; and (b) a legal liability exists for the charges made to the Covered Person for the services given in the absence of insurance.
14. Any treatment for mental and nervous disorders, unless provided by a Rider attached to the Policy or otherwise mandated by New York law.

15. Any loss covered by state or federal worker's compensation law, employer's liability law, occupational disease law, or similar laws or act.
16. Rest cures or custodial care.
17. Personal services such as television and telephone or transportation.
18. Services or supplies for foot care including flat foot conditions, supportive devices for the foot, the treatment of subluxation of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet.
19. Pre-existing Conditions, subject to the provision entitled "Continuous Coverage" shown below.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the Plan remain unchanged.

PRE-EXISTING CONDITIONS LIMITATION

A "Pre-existing Condition" is a Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Doctor during the 6 consecutive months prior to the effective date of the Insured Person's coverage under this Plan.

The Pre-existing Condition Waiting Period is 12 months. Coverage will not be provided for a Pre-existing Condition until the Waiting Period has elapsed. The Pre-existing Condition Waiting Period applies to all persons covered under this Plan and begins on the Insured Person's effective date. If the Insured Person receives treatment for a service for a Pre-existing Condition, We will not pay benefits for a Pre-existing Condition until: (a) the day after a 12 consecutive month period has passed from the Insured Person's Effective Date; or (b) with respect to a pregnancy, the day after a 10 consecutive month period has passed from the Insured Person's Effective Date; and (c) We will pay only for Loss or Expense incurred after such 12 consecutive month period. A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Payment will be made in accordance with the provisions of this Plan.

With respect to Covered Persons who are under 19 years of age, notwithstanding the Preexisting Condition Limitations of Your Policy, no health care service or treatment will be denied, limited, or excluded based on the fact that a medical condition was present before the effective date of Your Plan, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before that day. With respect to Covered Persons who are under 19 years of age, any provision previously attached to the Plan excluding coverage for a specific condition is removed and shall be considered "null and void."

Continuous Coverage - If a Covered Person is continuously covered under the plan offered through the Policyholder, or any other group health plan, he will be covered for an Injury sustained or sickness first manifested while so covered. If You enroll for coverage offered through Your Policyholder within 63 days of the end of any preceding company's policy, You will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 63 days occurs.

COORDINATION OF BENEFITS

The coordination of benefits (herein referred to as COB) provision applies to the Plan when a Covered Person has health care coverage under more than one plan. If this COB provision applies, the order of benefits determination rules should be looked at first. Those rules determine whether the benefits are determined before or after those of another plan. The benefits of the Plan:

REIMBURSEMENT & SUBROGATION

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

APPEAL PROCEDURE

Internal Appeal

If Your claim is denied You will be notified of the reason with a description of any additional information necessary to appeal the denial.

If You or Your provider would like additional information or have a complaint concerning the denial, please contact Our Claims Administrator, HealthSmart, formerly Klais & Company, Inc., at 1-800-331-1096. HealthSmart will address concerns and attempt to resolve the complaint. If HealthSmart is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to HealthSmart. Please include Your name, social security number, home address, policy number and any other information or documentation to support the appeal.

The appeal must be submitted within 60 days of the event that resulted in the complaint. HealthSmart will acknowledge Your appeal within 10 working days of receipt or within 72 hours if the appeal involves a life-threatening situation. A decision will be sent to You within 30 days. If there are extraordinary circumstances involved, HealthSmart may take up to an additional 60 days before rendering a decision.

External Appeal

Under New York State Law, You have the right to an External Appeal ONLY when a claim is denied because services are not Medically Necessary or the services are Experimental or Investigational AND You or Your provider must have received a Final Adverse Determination on Your internal appeal OR You and the Plan must have agreed to waive the internal appeal process.

A “Final Adverse Determination” means written notification that an otherwise covered health care service has been denied through the internal appeal process.

If a service was denied as Experimental or Investigational, You must have a life-threatening or disabling condition or disease to be eligible for an external appeal AND Your attending physician must submit an Attending Physician Attestation form. An external appeal may only be requested if the denied service is a covered benefit under the plan. Instructions, forms and the fee required for an External Appeal may be found at <http://www.ins.state.ny.us/extapp/extappqa.htm>.

You must file an External Appeal within 45 days of receipt of a notice of Final Adverse Determination or within 45 days of receiving notice that the internal appeal procedure has been waived. An expedited external appeal will be decided within 3 days of receiving a request from the state. A standard external appeal will be decided within 30 days of receiving the request from the state.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. A Covered Student should report at once to the College Health Center for treatment or advice. If away from the College, secure treatment from your Doctor or from the nearest hospital.
2. A Company claim form is required for filing a claim. Claim forms are available from the College Health Center or you can download a claim form from: www.ajfusa.com/students

Mail the following items to the Claims Administrator at the address below:

- Completed claim form including Insured’s name, address, student identification number, and the

- name of the University under which the student is insured.
 - All itemized medical and hospital bills.
 - Drug bills (not cash register receipts) showing prescription number, name of drug, date prescribed and name of person for whom the drug was prescribed..
3. A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be considered.

SEND COMPLETED CLAIM TO:



**1867 West Market Street
Akron, OH 44313
EDI No. 34145**

For claim inquiries call: 1-800-331-1096

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND REQUIRES A SEPARATE CLAIM FORM.

Conformity with State Statutes means any provision of this Plan which, on its effective date, is in conflict with the statutes of the state in which the Plan is written is hereby amended to conform to the minimum requirement of such statutes.

PRIVACY STATEMENT

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at 800-331-1096.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Us. When filing a complaint, include your name, address and telephone number and We will respond. All complaints must be submitted in writing to **United States Fire Insurance Company, C/O The Allen J. Flood Companies, Inc. 2 Madison Avenue, Larchmont, NY 10538** Attn: HIPAA Privacy Office. You may also contact the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

LIMITED BENEFITS HEALTH INSURANCE

The insurance evidenced in this brochure provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical, major medical insurance, Medicare supplement, long term care insurance, nursing home insurance only, home care insurance only, or nursing home and home care insurance as defined by the New York State Insurance Department.

This brochure is a summary of the insurance plan as specified in the Policy (Form AH-27261-NY) that is on file with the School. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. In the event of a discrepancy, the Policy will prevail.

The Plan is Underwritten By:

United States Fire Insurance Company
Policy Number: UGL5019A – Mandatory Accident
UGL5020S - Sickness
Policy Form No. **AH 27261-NY**

Local Servicing Agent:
Marshall & Sterling Upstate
113 Saratoga Road, P.O. Box 2909
Glenville, NY 12325-0909

Disclaimer

"Your student health insurance coverage, offered by United States Fire Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014.

Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of \$500,000 per policy year for your Medical Coverage. If you have any questions or concerns about this notice, contact The Allen J. Flood Companies. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information."