ACCIDENT AND SICKNESS
INSURANCE PLAN

2013-2014 YEAR

Designed Especially for the Students of…

State University of New York
College of Agriculture & Technology
At Cobleskill
Cobleskill, New York

Please keep this outline of coverage for future reference.

Policy No. UGL2676S  Form #SC13
For questions about this plan please use the following contact information:

**Coverage, Eligibility and Premium**
The Allen J. Flood Companies Inc.
2 Madison Ave.
Larchmont, NY 10538
1-800-734-9326
www.ajfusa.com/students

**Claim Status and all other Claim Inquiries**

1867 West Market Street
Akron, OH 44313
1 800-331-1096
Group No. SF704E3
www.klais.com
EDI Payer #34145

**PPO Network Provider List**

Emblem Health (GHI) Network
Online at: www.emblemhealth.com
866.861.7153
PPO Network Access in NY

First Health
Online at: www.myfirsthealth.com
800.226.5116
PPO Access Outside the Primary Service Area

When calling the above toll-free telephone numbers, please have the name of your school and the policy number (UGL2676S) available.
STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This brochure is a brief description of the Accident and Sickness Insurance Plan for all full-time and part-time students of SUNY Cobleskill. The exact provisions governing this insurance are contained in the Master Policy issued to SUNY Cobleskill. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by United States Fire Insurance Company and administered by The Allen J. Flood Companies, Inc.

POLICY TERM

The insurance under SUNY Cobleskill’s Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 10, 2013 and terminates at 12:01 a.m. on August 10, 2014. The Semester dates are as follows:

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring &amp; Summer</th>
<th>Summer Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/10/13-1/04/14</td>
<td>1/04/14-8/10/14</td>
<td>5/14/14-8/10/14</td>
</tr>
</tbody>
</table>

An eligible Student’s coverage becomes effective on the effective date of the semester, or the date the application and full premium are received by the Company or Plan Administrator, whichever is later, the policy will expire on the date a student is no longer eligible or at the end of the period through which the premiums are paid.

ELIGIBILITY

All full-time students of SUNY Cobleskill actively attending classes are automatically covered for the Basic Accident. All full time students are automatically enrolled in the Sickness and Supplemental Accident Expense Benefits described in this brochure. Students enrolled in the insurance plan must actively attend classes for at least the first 31 calendar days after which the date for which coverage is purchased. However, if you have existing medical insurance coverage under another policy (self, parent, spouse, etc.) – you may waive the Suny Cobleskill Medical Expense Insurance. Complete and return the Waiver Form, which is located on the Beard Wellness Center Webpage. The deadline for requesting a waiver for the Fall Semester is September 24, 2013. The deadline for requesting a waiver for the Spring/Summer is February 21, 2014 and May 14, 2014 for the Summer coverage.

All part-time students actively attending classes are eligible to enroll in the Basic and Supplemental Accident and Sickness Medical Expense Benefits as described in this brochure. If you wish to purchase these benefits, please complete and return the Enrollment Form available at the Wellness Center with your check or money order payable to CAS, Wellness Center, SUNY Cobleskill, Cobleskill, New York 12043, no later than September 24, 2013 for fall coverage; and February 21, 2014 for Spring coverage; May 14, 2014 for the Summer coverage.

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 Insured Student will be covered from the date after the application and premium are received by the Plan Administrator. Premiums will not be pro-rated.

IDENTIFICATION CARDS

The Student Identification Card will be mailed to the Wellness Center, SUNY Cobleskill. You can also print a temporary ID card from the program Administrator website at: www.ajfusa.com/students. No other card will be issued. Identification cards for covered dependents will be issued by the Wellness Center, SUNY Cobleskill.

DEPENDENT COVERAGE

Students who are enrolled in the Student Accident and Sickness Insurance Plan may also enroll their Dependents. The term "Dependent" or “Eligible Dependent” means the Insured's Spouse under age 70; or Child who:
(a) Is under 26 years of age; and
(b) Is not provided coverage as a named subscriber, insured, enrollee, or coverage person under any other group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. section 1395 et seq.; or
(c) A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured.

"Spouse" means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured.

“Child” can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

If the Covered Student wishes to purchase Dependent Coverage, please complete and return the Dependent and/or Part-time Student Enrollment Form which is available at the Wellness Center, SUNY Cobleskill, with your check or money order payable to CAS - SUNY Cobleskill, no later than September 24, 2013 for fall coverage; and February 21, 2014 for Spring coverage; May 14, 2014 for the Summer coverage. Dependent Coverage must be purchased at the same time that students enroll in the Student Accident and Sickness Insurance Plan.

<table>
<thead>
<tr>
<th>COST OF INSURANCE FOR STUDENTS</th>
<th>Fall</th>
<th>Spring/Summer</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>$ 656.00</td>
<td>$ 967.00</td>
<td>$ 463.00</td>
</tr>
<tr>
<td>Part-time</td>
<td>$ 968.00</td>
<td>$1,432.00</td>
<td>$ 455.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,493.00</td>
<td>$2,212.00</td>
<td>$1,062.00</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,271.00</td>
<td>$1,874.00</td>
<td>$ 865.00</td>
</tr>
</tbody>
</table>

These costs include an administrative fee.

PREMIUM REFUND POLICY

Insured 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. Premium received by the Company is fully earned upon receipt. No other requests for a refund of premium will be considered.

DEFINITIONS

Covered Expense:
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 policy;
d. Made for services and supplies which are Medically Necessary; and
e. Made for medical services specifically included 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 policy. Doctor does not include:
a. You;
b. Your spouse, dependent, parent, brother, or sister; or
c. A person who ordinarily resides with You.

Injury means bodily injury caused by an accident, which is the sole cause of the Loss. All injuries due to the same or related cause are considered one Injury.

Covered Person means the insured student/Certificate holder under the policy. The covered student is referred to as You or Your in this Certificate. Covered Person also includes his eligible Dependents, if dependents coverage is available and the covered student has applied for such dependent’s coverage and paid the required premium

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.
**Medical Emergency** means an Injury or Sickness which arises out of a medical or behavioral condition which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person afflicted 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, or (b) serious impairment to such person’s bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

**Medically Necessary** means that a service, Drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, Drug or supply is provided. A service, Drug or supply shall be considered “needed” if it: a) is ordered by a licensed Doctor; and b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered. A service, Drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

**Usual, Reasonable and Customary** means:

a. Charges and fees for medical services or supplies that are the lesser of:
   1) The usually 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.

**Preventive Care** includes the following services.

**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 influenzae 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.

Accident means: an event which a. Causes Injury to one or more Covered Persons; and b. Occurs while coverage is in effect for the Covered Person.

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

You, Your or Yours means the Insured Student.

PREFERRED PROVIDER NETWORK

Utilizing the Emblem Health and First Health Preferred Provider Network may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. These Provider Networks consist 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 an Emblem Health or First Health Network Provider. In order to use the services of a participating provider you must present your United States Fire Insurance Company Medical Identification Card found at the back of this brochure.

Assignment of network Doctor does not guarantee eligibility or right to Injury and Sickness benefits under this Plan. Providers may periodically be added or deleted as participants in the Network. Not all physicians practicing as a hospital elect to participate in the Emblem Health and First Health Network. Insured’s are responsible to verify that a provider is a participating member prior to service being rendered.

A Covered Person may contact Emblem Health Preferred Provider Network at 1-866-861-7153, toll free number available 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.emblemhealth.com.

If a Covered Person is outside of the Emblem Health Preferred Provider Network service area you may contact First Health at 1-800-226-5116, toll free number available 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.firsthealth.com.
DESCRIPTION OF BENEFITS

BASIC ACCIDENT
MEDICAL EXPENSE BENEFITS

If as a result of an Injury, a Covered Person incurs covered medical Expenses, We will pay 100% of the Covered Expense incurred within 52 weeks from the date of the accident up to a Per Condition Aggregate Maximum of $1,500 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) hospital outpatient department; (h) emergency room; (i) diagnostic x-ray and laboratory tests; (j) pre-admission testing; (k) outpatient prescription drug; (l) pre-hospital emergency medical services; home health care; and (m) 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.

ACCIDENT AND SICKNESS EXPENSE BENEFITS

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>Accident and Sickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO-INSURANCE</td>
<td>80% of Usual, Reasonable &amp; Customary Charges</td>
</tr>
<tr>
<td>MAXIMUM BENEFIT</td>
<td>$500,000 per Policy Year</td>
</tr>
<tr>
<td>Per Condition Deductible</td>
<td>none</td>
</tr>
</tbody>
</table>

Hospital Room and Board Expense, Services include semi-private room, nursing services, special care unit

Miscellaneous Hospital Expense, We will pay the Covered Expenses incurred. Such Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; (l) physical and occupational therapy; and (m) other necessary and prescribed hospital expenses.

In Hospital Doctor’s Fees and Medical Expense, Services include visits by a doctor who may or may not have performed surgery.

SURGICAL EXPENSE BENEFITS (INPATIENT OR OUTPATIENT)

Surgical Expense Benefit, We will pay the Covered Expense incurred for surgery performed by a licensed Doctor (In or Out of the Hospital). Out of network benefits will be paid in accordance with the PHCS (Prevailing Healthcare Charges System) Schedule for Usual, Reasonable and Customary Expense.

Anesthetist Expense Benefit: If an Insured Person requires the services of an anesthetist during a surgical operation, We will pay the Covered Expense incurred.

Assistant Surgeon Expense Benefit: If an Insured Person requires the services of an assistant surgeon for a surgical operation, We will pay the Covered Expense incurred.
**Hospital Outpatient Expense Benefit:** If the Covered Person requires the use or services of the Hospital Outpatient Department, Diagnostic x-ray and Laboratory Tests, We will pay the Covered Expense incurred, provided such expenses are not covered under any other benefits in this Plan.

**Emergency Room Expense Benefit:** If the Covered Person requires the use of a hospital emergency room as a result of a Medical Emergency, We will pay, after a $100 deductible the Covered Expense incurred (deductible will be waived if admitted).

**Pre-Admission Test Expense Benefit:** If a Covered Person requires Pre-Admission Testing, We will pay the Covered Expense incurred for the reimbursement of charges made by a hospital for use of its outpatient facilities for tests ordered by a Doctor. The tests must be performed as planned preliminary to the Insured Person's admission as inpatient for surgery in that same hospital. However: (a) the tests must be necessary for, and consistent with, the diagnosis and treatment of the condition for which surgery is to be performed; (b) reservations for a hospital bed and for an operating room must be made prior to the date the tests are done; (c) the surgery actually takes place within seven days of pre-surgical tests; and (d) the Insured Person is physically present at the hospital for the tests.

**Outpatient Doctor Visit Expense Benefit:** If a Covered Person incurs Expenses in a Doctor’s office, We will pay the Covered Expenses incurred limited to one visit per day.

**Diagnostic X-ray & Laboratory Expense Benefit:** If a Covered Person is prescribed by an attending Doctor for diagnostic x-ray and laboratory services on an outpatient basis, We will pay, after a $50 deductible, the Covered Expenses incurred.

**Prescription Drug Expense Benefit:** If a Covered Person requires a prescription medicine prescribed by a Doctor, we will pay the Covered Expenses incurred.  

**Contraceptives**

| 80% of Covered Expenses | No Drug Card | 100% of Covered Expenses |

**Consultant Expense Benefit (Inpatient or Outpatient):** If a Covered Person requires the service of a Consultant or Specialist, when they are deemed necessary and ordered by an attending physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Expense incurred.

**Second Opinion Expense Benefit:** If an Insured Person requires a second opinion by a board certified specialist on the need for non-emergency surgery recommended by the Doctor in the medical field related to the surgical procedure being proposed, We will pay the Covered Expense incurred for any required x-rays and diagnostic tests done in connection with the consultation. Expenses paid under the Surgical Expense Benefit.

**Preventative Care Expense:** 100% of Covered Expenses

### ADDITIONAL BENEFITS

**MENTAL ILLNESS EXPENSE**

| Biologically Based Mental Illness includes Inpatient, Outpatient | See Covered Percentages Above |
| Inpatient Mental & Nervous (non-biological) | See Covered Percentages Above |
| Outpatient Mental & Nervous (non-biological) | See Covered Percentages Above |
| Pre-Hospital Medical Emergency Services Expense, provided by a licensed ambulance service | See Covered Percentages Above |
ADDITIONAL BENEFITS

**Accident Dental Expense**, Injury to sound natural teeth  
See Covered Percentages Above

**Home Health Care Expense**  
See Covered Percentages Above

**Licensed Nurse Expense**  
See Covered Percentages Above

**Attention Deficit Disorder**  
See Covered Percentages Above

**Abortion Expense Benefit:** If a Covered Person incurs medical expense for an elective abortion, We will pay the Covered Expense incurred.  
See Covered Percentages Above

**Second Opinion Expense Benefit:** If a Covered Person requires a second opinion by a board certified specialist on the need for non-emergency surgery recommended by the Doctor in the medical field related to the surgical procedure being proposed.  
See Covered Percentages Above

Outpatient Prescription Drugs are provided through a Discount Prescription Drug program offered by Express Script. In order to obtain discounts on your short-term prescriptions, simply present your ID card at the retail pharmacy. The pharmacist will use your card to obtain a discounted price for your medication. For medications taken on an ongoing basis, using Express Script by mail offer greater discounts on a 90 day supply compared to 30 day supply retail. To use Express Script by Mail ask your doctor to write a prescription for a 90 day supply with 3 refills and submit to Express Script with the Express Script by Mail order form. You will need to pay for your prescription at the time of purchase and then file your claim for reimbursement with Klais & Company, Inc. Klais & Company, Inc. will reimburse you for the eligible amount subject to any deductible or coinsurance. Receiving a discount on a prescription does not guarantee that it is a covered medication under your plan. You can refer to your policy for more information on covered charges. After you have reached your maximum in Prescription Drug benefits, you can continue to use your ID card and receive discounted prices for your Prescription Drugs, you must present your card to the pharmacy to identify yourself as a participant in this Plan. Your may locate an Express Script participating pharmacy by calling 1-800-711-0917 or visiting their website at [http://www.ExpressScript.com](http://www.ExpressScript.com).

Prescription claim forms and Express Script by Mail order forms are available at [www.ajfusa.com/students](http://www.ajfusa.com/students).

TRAVEL ASSISTANCE SERVICES
The Travel Assist Plan is designed to provide students who travel 100 miles or more from their home (or in a foreign country that is not the country of permanent residence), with worldwide, 24-hour emergency assistance services during the term of coverage under the student accident and sickness plan. The assistance services are provided by On Call International.

Emergency Medical Transportation Services are provided up to a combined maximum of **$50,000** for covered services. Key services include: Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains, Family of Friend Transportation Arrangements, and Return of Minor Children. All transportation related services; coverage and payments must be arranged and pre-approved by On Call International.

Worldwide emergency medical, legal and travel assistance services are available 24 hours a day, 365 days a year. For Assistance call: In the U.S., toll free - 1-866-509-7715 Worldwide, collect – 1-603-328-1728.

24-HOUR NURSE ADVICE LINE
Wouldn’t you feel better knowing you could get health care answers from a Registered Nurse 24 hours a day? Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. On Call provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's
ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556.

**ADDITIONAL BENEFITS**

**Mental, Nervous or Emotional Disorders Expense Benefit:** Mental, Nervous, or Emotional Disorder Benefit: Benefits will be payable for Active Treatment of mental, nervous, or emotional disorders as follows.

Benefits are payable for inpatient hospital and outpatient care per policy year in a facility issued an operating certificate by the commissioner of mental health, a facility operated by the office of mental health, a psychiatrist or psychologist, or a professional corporation or university faculty practice corporation.

Benefits are payable the same as any other Sickness for inpatient hospital treatment for adults and children with biologically based mental illness and children with serious emotional disturbances.

Partial hospitalization days shall be covered with two partial hospitalization days equal to one covered inpatient day.

**Definitions:**

“Active treatment” means treatment furnished in connection with inpatient confinement for mental, nervous, or emotional disorders or ailments that meet the standards prescribed pursuant to the regulations of the commissioner of mental health. Active treatment for outpatient visits for biologically based mental illness or children with serious emotional disturbances will not require inpatient confinement to be eligible for outpatient treatment.

“Biologically based mental illness” means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Under the law, the following disorders satisfy the definition of biologically based mental illness: schizophrenia/psychotic disorders; major depression; bipolar disorder; delusional disorders; panic disorder; obsessive compulsive disorders, anorexia and bulimia.

“Children with serious emotional disturbances” means those persons under the age of eighteen years who have a diagnosis of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders and one or more of the following: serious suicidal symptoms or other life-threatening self-destructive behaviors; significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

**Exceptions to Coverage**

Benefits do not apply to:
1. individuals who are incarcerated, confined or committed to a local correctional facility or prison, or a custodial facility for youth operated by the office of children and family services;
2. services solely because such services are ordered by a court; or
3. services determined to be cosmetic on the grounds that changing or improving an individual's appearance is justified by the individual's mental health needs.

Benefits provided will be subject to the same deductibles and coinsurance as any other Sickness. Benefits will be subject to the same network limitations, if any, as applicable to the other benefits provided under the Policy.

**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 Expense 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 Abuse and Chemical Dependence 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: Benefits will be payable for a) one Mammogram at any age for a covered persons 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 a covered person age thirty-five through thirty-nine; and c) one Mammogram annually for a covered person age forty years or older. Benefits are payable on the same basis as any other Sickness.

Cytologic Screening Expense Benefit: Benefits will be payable on the same basis as any other sickness for an annual cervical smear or Pap smear test for female covered persons eighteen and older.

Chiropractic Care Expense Benefit: Benefits will be payable for an Covered Person’s Covered Charges 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. Charges are treated the same way as any other Sickness.

Cancer Second Opinion Expense Benefit: Benefits will be payable for 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 or treatment for cancer. Charges are treated the same way as any other Sickness.
**Reconstructive Breast Surgery Expense Benefit:** Benefits will be payable for inpatient hospital care for an Covered 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 Covered Person’s Doctor to be medically appropriate. Benefits will also be payable 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. Charges are treated the same way as any other Sickness.

**Prostate Cancer Screening:** Benefits will be payable for the screening and diagnosis of prostate cancer, including, but not limited to, prostate-specific antigen testing and digital rectal examination, consistent with current medical practice. Charges are treated the same way as any other Sickness.

**Diabetes Treatment** – Benefits will be payable for the following equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes. Benefits will be subject to the same deductible and coinsurance as other benefits under the policy.

1. Blood glucose monitors and blood glucose testing strips.
2. Blood glucose monitors designed to assist the visually impaired.
3. Insulin pumps and all related necessary supplies.
4. Ketone urine testing strips.
5. Lancets and lancet puncture devices.
6. Pen delivery systems for the administration of insulin.
7. Podiatric devices to prevent or treat diabetes-related complications.
8. Insulin syringes.
9. Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

If benefits are payable for prescription drugs under the policy, benefits will be payable for the following prescription items:

1. Insulin;
2. Prescriptive medications for the treatment of diabetes; and

**Enteral Formulas Expense Benefit:** Benefits will be payable 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, which if left untreated will cause chronic physical disability, mental retardation or death.

Benefits will covered enteral formulas and food products 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. Also covered are 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. Charges are treated the same way as any other Sickness.

**Maternity Expense Benefit:** We will pay benefits for a Covered Person’s Covered Expenses for maternity care, including hospital, surgical and medical care. We treat such charges in the same way we treat such charges the same as 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 Expenses 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: Benefits will be payable if diagnosed with Advanced Cancer, covered services include services provided by a facility or program specializing in the treatment of terminally ill patients if the Covered Person’s attending Doctor, in consultation with the medical director of the facility or program determines that the Covered Person’s care would appropriately be provided by such a facility or program.

Advanced Cancer,” means a diagnosis of cancer by the 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 life. Charges are treated the same way as 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 Expense incurred in excess of the Deductible shown in the Plan of Insurance. Covered Expense includes 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 an Insured 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 Test Expense Benefit: Benefits will be payable for the prevention, diagnosis, and treatment of osteoporosis when requested by a health care provider for a Qualified Individual. A Qualified Individual means: (1) previously diagnosed as having osteoporosis or having a family history of osteoporosis; (2) symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; (3) on a prescribed drug regimen posing a significant risk of osteoporosis; (4) with lifestyle factors to such a degree as posing a significant risk of osteoporosis; and (5) with age, gender and/or other physiological characteristics which pose a significant risk for osteoporosis. Coverage includes bone mineral density measurements or tests as covered under the Federal Medicare program as well as those in accordance with the criteria of the National Institute of Health, including dual-energy x-ray absorptiometry. Also covered are drugs and devices for bone mineral density that have been approved by the United States Food and Drug Administration or generic equivalents as approved substitutes in accordance with the above criteria. Charges are treated the same way as any other Sickness.
**Contraceptive Services Expense Benefit:** We will pay the Covered Percentage of the Covered Expense for Contraceptive Drugs and Devices. Such Drugs and Devices must be approved by the United States Food and Drug Administration and prescribed legally by an authorized health care provider. Covered services are subject to applicable co-payments under the Prescription Drug Benefit Plan.

**Early Intervention Services:** We cover charges for Medically Necessary Early Intervention Services. We will pay the Covered Percentage of the Covered Expense incurred up to a maximum of $1,000 per policy year and an Early Intervention Services Benefit maximum of $10,000. Visits used for Early Intervention Services shall not reduce the number of visits otherwise available under the policy.

**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 Expense incurred by the Insured Person for such treatments.

**EXCLUSIONS**

The Plan does not cover nor provide benefits for:

1. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Plan. This exclusion does not apply to treatment resulting from Injury to natural teeth.
2. Services normally provided without charge by SUNY Cobleskill Beard Health Center, Infirmary, or Hospital, or by Health Care Providers employed by SUNY Cobleskill.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefor.
4. Injury due to participation in a riot.
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Injury or Sickness resulting from declared or undeclared war; or any act thereof.
7. Injury or Sickness for which benefits are paid under any Workers Compensation or Occupational Disease Law.
8. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person.
9. Treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. Elective treatment or elective surgery, except as specifically provided.
11. Cosmetic surgery, except as the result of covered Injury occurring while this Plan is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect.
12. Expenses covered by any other medical, health or accident insurance provided on a group basis. This exclusion shall only apply if the entire premium for the coverage under this Plan is paid by SUNY Cobleskill, with no contributions from the Insured Student.
13. Injuries sustained as the result of a motor vehicle accident to the extent that benefits are recovered or recoverable under mandatory no-fault benefits insurance.
14. For International Students, expenses incurred within the Insured Person’s Home Country or Country of regular domicile.
15. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature.
16. For expenses as a result of participation in a felony.
17. Suicide, attempted suicide, or intentionally self-inflicted Injury.
18. While the Covered Person is intoxicated or under the influence of any drug unless taken as prescribed by a Doctor.
19. Foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.

20. Injury 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.

**PRE-EXISTING CONDITIONS LIMITATION**

**Pre-Existing Condition means** any Injury or Sickness or condition manifesting in symptoms during the 6 months immediately preceding the effective date of a Covered Person’s insurance under the Policy or to a pregnancy existing on the effective date of such Covered Person’s coverage. If the Covered Person has had continuous coverage under this or a similar Health Insurance Plan from one year to the next, an Injury or Sickness that first manifests itself during a prior year’s coverage shall not be considered a Pre-Existing Condition.

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: (a) We will not pay benefits for such a condition until: the day after a 12 consecutive month period has passed from the Insured Person’s effective date; (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.

With respect to Covered Persons who are under 19 years of age, notwithstanding the Preexisting Condition Limitations described in Section VIII. 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 Policy, 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 Policy 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 policy offered through the Policyholder or any other group 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**

New York State Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with SUNY Cobleskill.

**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.

**CONTINUOUSLY INSURED**

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means (a) the Student Health Insurance policy or policies issued to SUNY Cobleskill immediately before the current Plan; and (b) other policies providing Creditable Coverage as defined in this Plan. Injury or Sickness shall include an Injury sustained, or a Sickness first manifesting itself, while the Covered Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This
will apply even though the Prior Plan provided that it will not duplicate the benefits under another Plan. Also, the total amount of benefits payable for Injury or Sickness under this Plan and the Prior Plan cannot exceed the Per Condition Aggregate Maximum.

**APPEALS PROCEDURES**

**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, Klais & Company, Inc. at 1-800-331-1096. Klais & Company, Inc. will address concerns and attempt to resolve the complaint. If Klais & Company, Inc is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to Klais & Company, Inc. Please include Your name, school identification 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. Klais & Company, Inc 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, Klais & Company, Inc 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/extappqa.htm](http://www.ins.state.ny.us/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.

**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 insured’s or former insured’s 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 toll-free at: 1 800-331-1096.

**CLAIM PROCEDURES**
In the event of an Injury or Sickness:

1. A Covered Student should report at once to the Beard Health Center for treatment or advice. If away from the University, 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 Beard Health Center or you can download a claim form from: [http://www.klais.com](http://www.klais.com).

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
www.klais.com
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 Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is written is hereby amended to conform to the minimum requirement of such statutes.

The Plan is Underwritten By:
United States Fire Insurance Company
Policy Number: UGL2676S
Policy Form Number: AH 27261-NY

Local Servicing Agent:
Austin & Company, Inc.
20 Corporate Woods Boulevard
Albany, NY 12211-2350
518-465-3591

NOTICE AS REQUIRED UNDER PART 147 PHS

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 $100,000 million 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 on your Accident & Sickness plan – notice will describe all annual limits that apply here. If you have any questions or concerns about this Notice, contact The Allen J. Flood Companies Inc. 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.