

**2010-2011
Student
Accident
and Sickness
Insurance
Program**



“the Policyholder”
Garden City, New York 11530

Administrator Policy Number: CHH0084931
Underwriter Reference Number: CAS9499477

Underwritten by:
National Union Fire Insurance Company of
Pittsburgh, Pa. (“the Company”),
with its principal place of business in
New York, NY

**Please keep this brochure as a general
summary of the insurance**

INTRODUCTION

The plans outlined in this brochure provide coverages for students enrolled in the plan(s) at home, at the University, or wherever he or she may be 24 hours a day.

The plan is administered by Maksin Management Corp in Camden, NJ. Students may visit Maksin Management Corp's website at www.maksin.com.

ELIGIBILITY

Mandatory Basic Accident Benefits

All registered students are automatically enrolled in this plan as described under the Basic Accident Benefits of this brochure. The premium for this coverage is added to the student's tuition bill.

OPTION I – HARD WAIVER PLAN

Part A – Basic Sickness Benefits and Basic Supplemental Accident and Sickness Expense Benefits

All students living in University residence halls, and all international students will be automatically enrolled in the Basic Sickness Benefits and Basic Supplemental Accident and Sickness Expense Benefits as described in Part A of this brochure unless proof of other comparable coverage is provided. The premium will be automatically added to the student's tuition bill. Those students who have comparable coverage under another policy may waive out of the Adelphi plan by completing an insurance waiver form. Please see page 5 regarding the Waiver Process/Procedure.

Eligibility requirements must be met each time a premium is paid. The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been and continue to be met. If the Company discovers that the eligibility requirements have not been or are not being met, its only obligation is refund of premium less any claims paid.

QUALIFYING EVENTS

A student, who initially waived coverage under the Policy, but subsequently experiences ineligibility under another plan, may elect to enroll for coverage under the Policy within 31 days of the

date of ineligibility under another comparable plan. Proof is required at the time of enrollment.

An eligible student may enroll his or her dependent for coverage only when he or she is enrolled; or (a) within 31 days of marriage, birth or adoption; or (b) within 31 days of ineligibility under another creditable plan. Proof is required at the time of enrollment. Premiums are not prorated.

Part B – Optional Supplemental Accident and Sickness Expense Benefits

This coverage is optional and may be purchased at an additional cost. It is available only to those students enrolled in the Basic Sickness Benefits and Basic Supplemental Accident and Sickness Expense Benefits (Part A). This coverage must be purchased simultaneously and in conjunction with the Basic Sickness Benefits and Basic Supplemental Accident and Sickness Expense Benefits.

OPTION II – ENHANCED PLAN

Enhanced Accident and Sickness Expense Benefits

At initial time of enrollment, any student charged for the Option I – Hard Waiver Plan (Basic Sickness Benefits and Basic Supplemental Accident and Sickness Expense Benefits (Part A)) may upgrade to the Enhanced Accident and Sickness Expense Benefits by completing an enrollment card and submitting the appropriate additional premium to Maksin Management Corp or by going to the Maksin website at www.maksin.com/Adelphi.aspx and enrolling online. If elected, the OPTION II – Enhanced Plan replaces OPTION I – Hard Waiver Plan.

A Covered Person will not be allowed to change choice of plans during any Policy Year.

DEPENDENTS

A Covered Student enrolled in the OPTION I Plan or the OPTION II Plan may obtain coverage for their dependent spouse living with the Covered Student and/or dependent unmarried child(ren) under the age of 19. The Dependent enrollment forms are available online at

www.maksin.com/adelphi.aspx. An eligible student may enroll his or her dependent for coverage only when he or she is enrolled; or (a) within 31 days of marriage, birth or adoption; or (b) within 31 days of ineligibility under another creditable plan. Proof is required at the time of enrollment. Premiums are not prorated.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. on August 15, 2010 and it expires at 12:01 a.m. on August 15, 2011. Coverage for Covered Students and their eligible Dependents will be effective on the Policy Effective Date; Effective Date of the coverage period elected; or the day after the date the enrollment form and correct premium are received, whichever is latest. Insurance terminates for the Covered Person on the earlier of a) the date the Policy terminates; b) the last day for which premium has been paid; or, c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed. Should a Covered Student graduate or withdraw from the University, the insurance shall remain in effect until the end of the period for which the premium has been paid.

WAIVER PROCESS/PROCEDURE

Students, who are currently insured by a health insurance policy may waive out of the Adelphi University Basic Sickness Benefits and Basic Supplemental Accident and Sickness Expense Benefits Plan (Part A) with proof of comparable coverage. The waiver form must be completed online at www.maksin.com/adelphi.aspx. Online waivers must be completed by the waiver deadline (see below) in order to have the premium removed from the tuition bill. Failure to meet the waiver deadline will result in the student being responsible for the insurance premium.

Waiver Deadlines

Annual October 15, 2010
 Spring Semester* March 15, 2011
 (*Spring Semester available only to new students to the University)

PLEASE NOTE: All waiver information will be verified with your insurance company as part of the insurance verification process. If insurance status cannot be verified, the waiver will be revoked and the insurance premium will be charged to your student account.

PREMIUM RATES

Option I – Hard Waiver Plan

ANNUAL

August 15, 2010-August 15, 2011

	Part A	Part B
Student	\$370.00	\$90.00
Spouse	\$753.00	\$941.00 (Includes Parts A & B)
Child	\$753.00	\$941.00 (Includes Parts A & B)

SPRING (Only for new students to the University)

January 1, 2011-August 15, 2011

	Part A	Part B
Student	\$248.00	\$66.00
Spouse	\$505.00	\$630.00 (Includes Parts A & B)
Child	\$505.00	\$630.00 (Includes Parts A & B)

Option II – Enhanced Plan

ANNUAL

August 15, 2010-August 15, 2011

Student	\$1,122.00
Spouse	\$2,805.00
Child	\$1,685.00

SPRING (Only for new students to the University)

January 1, 2011-August 15, 2011

Student	\$ 752.00
Spouse	\$1,888.00
Child	\$1,129.00

PREFERRED PROVIDER ORGANIZATION (PPO)

The medical benefits stated in this plan are based upon medical treatment being received from a Preferred Provider Organization (PPO). If a Covered Person seeks treatment from a non-participating provider, benefits will be reduced to the percentage shown in the Schedule of Benefits. Please be aware that if a Covered Person is treated at a PPO Hospital, it does not mean that all providers at the Hospital are PPO providers. In addition, if a Covered Person is referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which the Covered Person is referred is also a PPO provider. It is the Covered Person's responsibility to verify that the provider is part of the PPO. A list of Preferred Providers is available for your review via the internet (see below). **NOTE:** If treatment is received in a non-network facility due to an Emergency Medical Condition, benefits for Eligible Expenses are payable at the in-network level of benefits.

On Long Island: MagnaCare
website: www.magnacare.com
phone: 1-800-235-7267

Outside of Long Island: Private Healthcare Systems (PHCS)
website: www.multiplan.com
phone: 1-888-560-7427

DEFINITIONS

“Accident” means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

“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. The following disorders covered by this definition are: schizophrenia/psychotic disorders; major depression; bipolar disorder; delusional disorders; panic

disorder; obsessive compulsive disorders; anorexia and bulimia.

“Co-pay” means the initial dollar amount payable by the Covered Person for an Eligible Expense at the time service is rendered.

“Covered Person” means a Covered Student while coverage under the Policy is in effect and those dependents with respect to whom a Covered Student is insured.

“Covered Student” means a student of the Policyholder who is insured under the Policy.

“Deductible/Deductible Amount” means the dollar amount of Eligible Expenses a Covered Person must pay before benefits become payable.

“Doctor” means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term “Doctor” does not include a Covered Person's immediate family member.

“Eligible Expense” means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person, except with respect to any expenses payable under the extension of benefits provision.

“Emergency Medical Condition” means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that

without immediate medical care could reasonably be expected to result in any of the following:

- (a) the Covered Person's life could be in serious jeopardy;
- (b) bodily functions would be seriously impaired; or
- (c) a body organ or part would be seriously damaged; or
- (d) serious disfigurement; or
- (e) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

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

- (a) 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 and sick persons;
- (b) has organized departments of medicine and major surgery;
- (c) has a requirement that every patient must be under the care of a Doctor or dentist;
- (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (e) 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]);
- (f) is duly licensed by the agency responsible for licensing such hospitals; and
- (g) is not, other than incidentally, 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.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"Hospital Confinement/Hospital Confined" means a stay of at least 18 consecutive hours or for which a room and board charge is made.

"Injury" means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

"Medical Necessity/Medically Necessary" means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
- (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is experimental/investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
- (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

"Mental or Nervous Disorder(s)" means any condition or disease regardless of its cause,

listed in the most recent edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (other than those conditions caused by Biologically Based Mental Illness, or with respect to a Dependent child under age eighteen (18), Serious Emotional Disturbance) on the date the medical care or treatment is rendered to the Covered Person.

“Reasonable and Customary (R&C)” means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

“Geographic area” means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply. Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date.

“Serious emotional disturbances” – applicable only to children under age eighteen (18), means a child who has a diagnosis of attention deficit disorder, disruptive behavior disorder, or pervasive development disorder and one or more of the following: serious suicidal symptoms or other life-threatening self-destructive behavior; significant psychotic symptoms (hallucinations, delusion, bizarre behavior); behavior caused by emotional disturbance that places the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbance that places the child at substantial risk of removal from the household.

“Sickness” means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person’s coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered One Sickness.

DESCRIPTION OF BENEFITS

MANDATORY STUDENT COVERAGE:

BASIC ACCIDENT BENEFITS

The Company will pay benefits for the following Eligible Expenses as the result of a covered Accident. Benefits may not exceed the Maximum Benefit of \$2,000 per Accident. The first Eligible Expense must be incurred within 60 days after the date of the Accident causing the Injury. Eligible Expenses include the following: (a) treatment by a Doctor; (b) Hospital Confinement; (c) services of a licensed practical nurse or RN; (d) x-ray service; (e) use of operating room, anesthesia, laboratory service; (f) use of an ambulance; (g) use of an Ambulatory Surgical Center or Ambulatory Medical Center; (h) if ordered by a Doctor, prescription medicines, drugs, or any other therapeutic services or supplies; or (i) Home Health Care. This benefit includes coverage for treatment of Injury to sound natural teeth.

ACCIDENTAL DEATH AND DISMEMBERMENT

If the Covered Person sustains any of the following losses as the result of a covered Accident, within 365 days after the date of Accident, the Company will pay the amount shown:

For Loss of	Amount
Life	\$5,000
Both hands or both feet or sight of both eyes.....	\$5,000
One hand and one foot	\$5,000
One hand and sight of one eye	\$5,000
One foot and sight of one eye	\$5,000
One hand or one foot or sight of one eye ...	\$2,500

Loss of hand or foot means complete severance through or above the wrist or ankle joint. Loss of an eye means the total permanent loss of sight in the eye.

Principal Sum: \$5,000. The Principal Sum is the largest amount payable under this benefit for all losses resulting from any one Accident.

OPTION I - HARD WAIVER PLAN	PART A - BASIC SICKNESS BENEFITS
Aggregate Maximum per Sickness or Injury per Policy Year	\$2,500
Deductible Amount per Sickness or Injury per Policy Year	\$0
INPATIENT	
Room and Board Expense, limited to the average semi-private room rate up to \$250 per day	100% of R&C
Hospital Miscellaneous Expense, includes expenses incurred for anesthesia and operating room, laboratory tests and X-rays (including professional fees); oxygen tent; drugs (excluding take-home drugs), medicines, dressings; and other Medically Necessary and prescribed Hospital Expenses.	100% of R&C up to \$1,000
Pre-Admission Testing	Included in Hospital Miscellaneous Expense
Private Duty Nursing	100% of R&C
Physiotherapy	Included in Doctor's Fees Expense
Surgical Expense	100% of R&C up to \$2,000 (Inpatient and Outpatient combined)
Anesthesia (professional services)	Included in Surgical Expense
Assistant Surgeon	Included in Surgical Expense
Doctor's Fees Expense, limited to one visit per day	100% of R&C up to \$64 per visit
Dental, includes charges for the removal of impacted wisdom teeth or the treatment of dental abscesses.	100% of R&C up to \$50
Psychiatric Conditions: Biologically Based Mental Illness Mental or Nervous Disorders	Paid the same as any other Sickness Paid the same as any other Sickness but not less than 30 days per Policy Year
Alcoholism/Drug Abuse (Detox up to 7 days per Policy Year/ Rehab up to 30 days per Policy Year)	Paid the same as any other Sickness
OUTPATIENT	
Surgical Expense	100% of R&C up to \$2,000 (Inpatient and Outpatient combined)
Anesthesia (professional services)	Included in Surgical Expense
Assistant Surgeon	Included in Surgical Expense
Day Surgery Facility/Miscellaneous, when scheduled surgery is performed in a Hospital or outpatient facility, including the use of the operating room, laboratory tests and x-ray examinations (including professional fees), anesthesia, infusion therapy, drugs or medicines and supplies, therapeutic services (excluding Physiotherapy or take home drugs and medicines).	Included in Hospital Miscellaneous Expense
Outpatient Miscellaneous Services including: radiation therapy and chemotherapy; diagnostic services and medical procedures performed by a Doctor, other than Doctor's visits, physiotherapy, x-rays and lab procedures; durable medical equipment, and orthopedic braces and appliances only upon Doctor's written prescription.	After a \$25 deductible per Sickness, 100% of R&C up to \$100 (The deductible will be waived if referred by Adelphi Health Service Center.)
Hospital Emergency Room and Non-Scheduled Surgery, for use of Hospital Emergency Room, operating room, laboratory and x-ray examinations and supplies.	Included in Outpatient Miscellaneous Services
Laboratory Expenses (when ordered by the attending Doctor)	After a \$5 co-payment, 100% of R&C up to \$200 (The co-payment will be waived for services rendered at Adelphi Health Service Center)
X-Ray Examinations/Cat Scan/MRI (when ordered by the attending Doctor)	After a \$5 co-payment, 100% of R&C up to \$300 (The co-payment will be waived for services rendered at Adelphi Health Service Center.)
Radiation Therapy and Chemotherapy	Included in Outpatient Miscellaneous Services
Tests and Procedures (diagnostic services and medical procedures performed by the Doctor, other than Doctor's visits, physiotherapy, x-rays and lab procedures; and braces and appliances only upon Doctor's written prescription)	Included in Outpatient Miscellaneous Services
Injections	100% of R&C
Physiotherapy	Included in Doctor's Fees Expense
Durable Medical Equipment and Orthopedic Braces and Appliances	Included in Outpatient Miscellaneous Services
Doctor's Fees Expense	100% of R&C up to \$125 per visit/limited to one visit per day
Prescribed Medicines Expense (limited to a 30 day supply per prescription or refill) Eligible prescriptions will be paid on a reimbursement basis and a claim form will need to be filed per the standard claim procedures	After a \$5 co-payment for generic or \$10 co-payment for brand name, 100% up to \$300 (The co-payment will be waived for prescriptions obtained at Adelphi Health Service Center.)
Dental, includes charges for the removal of impacted wisdom teeth or the treatment of dental abscesses.	100% of R&C up to \$25
Consultant's Fees Expense (When ordered by attending Doctor to confirm or determine diagnosis)	
Medical Consultant:	
Mental or Nervous Disorder Consultant:	100% of R&C up to \$125 100% of R&C up to \$175
Ambulance Expense, for transportation to or from the Hospital	100% of R&C up to \$300
Psychiatric Conditions: Biologically Based Mental Illness Mental or Nervous Disorders	Paid the same as any other Sickness Paid the same as any other Sickness but not less than 20 days per Policy Year
Alcoholism/Drug Abuse (up to 60 visits per Policy Year for a Covered Person / up to 20 visits per Policy Year for family members) (Total number of visits combined shall not exceed 60 visits)	Paid the same as any other Sickness
Home Health Care (up to 40 visits per Policy Year)	After a \$50 deductible per Policy Year, 75% of R&C

BASIC SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSES BENEFITS

If the Company has paid \$2,000 of Eligible Expenses for an Accident under the Basic Accident Benefits or \$2,500 of Eligible Expenses for a Sickness under the Basic Sickness Benefits, the Company will pay 80% of additional Eligible Expenses up to an aggregate maximum of \$25,000 per Accident or Sickness. Eligible Expenses for daily hospital room and board will not be more than the average semiprivate room charge or Intensive Care Unit rate if applicable.

PART B - OPTIONAL SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFITS

(IMPORTANT: Only those Covered Persons who have purchased Option I - Hard Waiver Plan are eligible to purchase the Optional Supplemental Accident and Sickness Expense Benefits.) This benefit brings the total Policy maximum per Accident or Sickness to \$50,000. This benefit may be added by paying an additional premium. Only those enrolled in Part A may enroll in the Optional Supplemental Accident and Sickness Expense Benefits.

OPTION II - ENHANCED PLAN
(If elected, the OPTION II – ENHANCED PLAN replaces
the OPTION I – HARD WAIVER PLAN)

ENHANCED ACCIDENT AND SICKNESS EXPENSE BENEFITS

Aggregate Maximum per Sickness or Injury* per Policy Year **\$250,000**

*After the Company has paid \$2,000 of Eligible Expenses for an Accident under the Basic Accident Benefits, additional Eligible Expenses will be paid according to the schedule of benefits below.

Deductible Amount per Sickness or Injury per Policy Year	\$25	
INPATIENT	In-Network	Out-of-Network
Room and Board Expense, limited to the average semi-private room rate up to \$250 per day	80% of Allowable Charges	60% of R&C
Hospital Miscellaneous Expense, up to a maximum of \$1,000 per Injury or Sickness. Includes expenses incurred for anesthesia and operating room; laboratory tests and X-rays (including professional fees); oxygen tent; drugs (excluding take-home drugs), medicines, dressings; and other Medically Necessary and prescribed Hospital Expenses.	80% of Allowable Charges	60% of R&C
Pre-Admission Testing	Included in Hospital Miscellaneous Expense	Included in Hospital Miscellaneous Expense
Private Duty Nursing	80% of Allowable Charges	60% of R&C
Physiotherapy	80% of Allowable Charges	60% of R&C
Surgical Expense, up to a maximum of \$5,000 per Injury or Sickness	80% of Allowable Charges	60% of R&C
Anesthesia (professional services)	80% of Allowable Charges	60% of R&C
Assistant Surgeon	80% of Allowable Charges	60% of R&C
Doctor's Fees Expense, limited to one visit per day	80% of Allowable Charges	60% of R&C
Dental, includes charges for the removal of impacted wisdom teeth or the treatment of dental abscesses (Sickness only)		100% of R&C up to \$50
Dental Expense (Injury only)	80% of Allowable Charges	60% of R&C
Psychiatric Conditions:		
Biologically Based Mental Illness	Paid the same as any other Sickness	
Mental or Nervous Disorders	Paid the same as any other Sickness but not less than 30 days per Policy Year	
Alcoholism/Drug Abuse (Detox up to 7 days per Policy Year / Rehab up to 30 days per Policy Year.	Paid the same as any other Sickness	
OUTPATIENT		
Surgical Expense, up to a maximum of \$5,000 per Injury or Sickness	80% of Allowable Charges	60% of R&C
Anesthesia (professional services)	80% of Allowable Charges	60% of R&C
Assistant Surgeon	80% of Allowable Charges	60% of R&C
Day Surgery Facility/Miscellaneous, up to a maximum of \$1,000 per Injury or Sickness. Benefits are payable when scheduled surgery is performed in a Hospital or outpatient facility, including the use of the operating room, laboratory tests and x-ray examinations (including professional fees), anesthesia, infusion therapy, drugs or medicines and supplies, therapeutic services (excluding Physiotherapy or take home drugs and medicines).	80% of Allowable Charges	60% of R&C
Outpatient Miscellaneous Services, up to a maximum of \$3,000 per Injury or Sickness. Benefits are payable for Doctor's visits, physiotherapy, hospital emergency expenses, and x-rays and lab procedures.	80% of Allowable Charges	60% of R&C
Hospital Emergency Room and Non-Scheduled Surgery, subject to a \$100 co-payment per visit. The co-payment will be waived if admitted to the Hospital as an inpatient. Benefits are payable for use of the Hospital Emergency Room, operating room, laboratory and x-ray examinations and supplies.	Included in Outpatient Miscellaneous Services	Included in Outpatient Miscellaneous Services
Laboratory Expenses (when ordered by the attending Doctor), subject of a \$10 co-payment per visit. The co-payment will be waived for services rendered at Adelphi Health Service Center.	Included in Outpatient Miscellaneous Services	Included in Outpatient Miscellaneous Services

OPTION II - ENHANCED PLAN continued

	In-Network	Out-of-Network
X-Ray Examinations/Cat Scan/MRI (when ordered by the attending Doctor), subject to a \$10 co-payment per visit. The co-payment will be waived for services rendered at Adelphi Health Service Center.	Included in Outpatient Miscellaneous Services	Included in Outpatient Miscellaneous Services
Radiation Therapy and Chemotherapy	80% of Allowable Charges	60% of R&C
Tests and Procedures (diagnostic services and medical procedures performed by the Doctor, other than Doctor's visits, physiotherapy, x-rays and lab procedures; and braces and appliances only upon Doctor's written prescription)	80% of Allowable Charges	60% of R&C
Injections	80% of Allowable Charges	60% of R&C
Physiotherapy	Included in Outpatient Miscellaneous Services	Included in Outpatient Miscellaneous Services
Durable Medical Equipment and Orthopedic Braces and Appliances	80% of Allowable Charges	60% of R&C
Doctor's Fees Expense, subject to a \$10 co-payment per visit	Included in Outpatient Miscellaneous Services	Included in Outpatient Miscellaneous Services
Wellness Services Expense, up to a maximum of \$200 per Policy Year. Benefits include preventive services, immunizations, diagnostic tests and procedures, routine testing, screenings, and services related to routine physical examinations	80% of Allowable Charges	60% of R&C
Prescribed Medicines Expense (limited to a 30 day supply per prescription or refill) Eligible prescriptions will be paid on a reimbursement basis and a claim form will need to be filed per the standard claim procedures	After a \$5 co-payment for generic or \$10 co-payment for brand name, 100% up to \$500 (The co-payment will be waived for prescriptions obtained at Adelphi Health Service Center.)	
Dental, includes charges for the removal of impacted wisdom teeth or the treatment of dental abscesses (Sickness only)		100% of R&C up to \$25
Dental Expense (Injury only)	80% of Allowable Charges	60% of R&C
Consultant's Fees Expense (When ordered by attending Doctor to confirm or determine diagnosis)	80% of Allowable Charges	60% of R&C
Ambulance Expense, for transportation to or from the Hospital (up to \$500 ground transportation or \$1,000 air transportation)	80% of Allowable Charges	60% of R&C
Psychiatric Conditions:		
Biologically Based Mental Illness	Paid the same as any other Sickness	
Mental or Nervous Disorders	Paid the same as any other Sickness but not less than 20 days per Policy Year	
Alcoholism/Drug Abuse (up to 60 visits per Policy Year for a Covered Person / up to 20 visits per Policy Year for family members) (Total number of visits combined shall not exceed 60 visits)	Paid the same as any other Sickness	
Home Health Care (up to 40 visits per Policy Year)	After an additional \$50 deductible per Policy Year, 75% of R&C	After an additional \$50 deductible per Policy Year, 75% of R&C

**INTERCOLLEGIATE SPORTS ACCIDENT
COVERAGE (Premium paid by Policyholder)**

If as a result of an Injury sustained during the practice or play of Intercollegiate Sports, a Covered Person incurs Eligible Expenses, the Company will pay 100% of Reasonable and Customary charges for such expenses up to a maximum of \$90,000 per Injury. The first Eligible Expense must be incurred within 60 days after the date of the Accident causing the Injury. The Company will pay for Eligible Expenses which are the direct result of the Accident, and from no other cause, within 104 weeks of the Accident.

**THIS PROGRAM COVERS MANDATED
BENEFITS AS REQUIRED BY THE STATE OF
NEW YORK.**

New York Mandates coverage for the following benefits to be paid as any other Sickness: Biologically based Mental Illness/Serious Emotional Disturbances and Mental and Nervous Disorders; Breast Cancer Treatment; Breast Reconstruction; Clinical Trials Expense; Outpatient Chemical Abuse and Chemical Dependence; Mammographic Examination; Cytologic Screening; Cancer Second Opinion; Diagnostic Screening for Prostate Cancer; Diabetes Treatment; End of Life Care; Pre-Hospital Medical Emergency Services; Bone Mineral Density Measurements and Tests; and Contraceptive Services. Please see the Policy on file with the University for complete details and any other applicable mandates.

EXTENSION OF BENEFITS. If a Covered Person is confined to a Hospital on the date his or her coverage terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term Eligible Expense, but only while they are incurred during the 31 day period following such termination of insurance, subject to the applicable Maximum Amounts of the Policy.

IN THE EVENT OF PREGNANCY. If a Covered Person is pregnant on the date the Policy terminates and the pregnancy commenced while insured while the Policy was in force, benefits will be payable for Eligible Expenses incurred after the Policy terminates until the earliest of: (a) the date the pregnancy ends; (b) the date the Covered Person becomes insured under another policy; or (c) the date the applicable Maximum Amount is reached.

The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

EXCLUSIONS

The Policy does not cover nor provide benefits for Accident, Sickness, or treatment of a medical condition arising out of:

1. dental care or treatment, except for such care or treatment due to accidental Injury to sound natural teeth within 12 months of the Accident and except for dental care or treatment necessary due to congenital disease or anomaly.
2. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy. This exclusion shall not apply to cosmetic surgery determined, as a result of utilization review and External Review, to be Medically Necessary.
3. suicide, attempted suicide or intentionally self-inflicted Injury.
4. travel as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
5. interscholastic sports.
6. care or treatment provided in a government Hospital; benefits provided under Medicare or other governmental program (except Medicaid).
7. care or treatment for which benefits are provided under any state or Federal Workers' Compensation, employers' liability or Occupational Disease Law.
8. services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
9. any services rendered by a Covered Person's immediate family member.
10. services for which no charge is normally made.

11. for eyeglasses and examination for the prescription or fitting thereof.
12. hearing aids and examination for the prescription or fitting thereof.
13. war or act of war (whether declared or undeclared).
14. service in the Armed Forces or units auxiliary thereto. Upon the Covered Person entering the Armed Forces or units auxiliary thereto of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
15. participation in a felony, riot or insurrection.
16. treatment of alcoholism and substance abuse except as provided under the Policy.
17. treatment of mental or emotional disorders except as provided under the Policy.

COORDINATION OF BENEFITS

Benefits for Accidents and Sickness are coordinated with other health insurance the Covered Person may have in force as described in the Policy.

MEDICAL EVACUATION AND REPATRIATION (Applies to Covered Persons who elected to purchase coverage under Option I or Option II.)

Medical Evacuation: If the Covered Person must be transported to his or her home country or state of origin for continuing medical treatment or a covered Injury or Sickness, the Company will pay expense of such transportation, not to exceed a total of \$25,000 with no Deductible or coinsurance. This benefit will be paid provided: (1) as the result of a covered Injury or Sickness, the Covered Person has been Hospital Confined for a period of at least five consecutive days for which benefits are payable under the Policy; and (2) such evacuation has prior approval of both the attending Doctor and the Company.

International Covered Persons Only – Upon such evacuation, all coverage under the Policy for the Covered Person will terminate.

Repatriation: If the Covered Person dies as the result of a covered Accident or Sickness while insured under the Policy, the Company will pay for Eligible Expenses reasonably incurred to transport his or her body to a mortuary near his or her current place of primary residence. The benefits payable may not exceed a total of

\$25,000. This benefit does not pay for the transportation of any person accompanying the body.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under this plan is “Creditable Coverage” under Federal Law. When coverage terminates, the Covered Person can request a Certificate of Creditable Coverage, which is evidence of coverage under this plan. In order to obtain a Certificate of Creditable Coverage, please visit our website at www.maksin.com or contact Maksin Management Corp at (877) 775-5430.

TRAVEL GUARD AND STUDENT ASSIST SERVICES

Procedures on How to Access Travel Guard’s 24-hour Assistance Call Center

How to Contact Travel Guard:

- * Inside the US and Canada, dial 1-877-249-5362 toll-free.
- * Outside the US and Canada:
 - Request an international operator.
 - Ask the international operator to connect to an AT&T operator.
 - Request the AT&T operator to place a collect call to the USA at 1-715-295-9625.
- * Our fax number is 1-713-974-3422.

When to Contact Travel Guard:

- * Call Travel Guard when you require medical assistance or have a medical emergency.
- * Call Travel Guard for all non-medical situations (lost luggage, lost documents, legal help, etc.).
- * Call Travel Guard whenever there is a question.

Travel Guard is available 24-hours-a-day/ 7-days-a-week/365-days-a-year.

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Guard Medical Staff consists of full-time, on-site Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and

Manager of Medical Services (RN). Nursing staff is on-site 24- hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide to Travel Guard when you call:

- * Advise Travel Guard who you are insured by.
- * Provide your Underwriter Reference number.
- * Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

Description of Services

Information/General: These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- * Visa & Immunization
- * Weather & Exchange Rates
- * Environmental & Political Warnings

Technical: These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter en-route emergencies that force them to interrupt their trips.

- * Legal Referral
- * Embassy/Consulate Information
- * Lost/Stolen Luggage & Personal Effects Assistance
- * Lost Document Assistance
- * Cash Transfer Assistance
- * En-route Travel Assistance
- * Claims-related Assistance
- * Telephone Interpretation

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff

in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/ claims coordination.

Medical Assistance:

- * Medical Referral
- * Out-patient Assistance
- * In-patient Assistance

Medical Transport:

- * Medical Evacuation
- * Repatriation

STUDENT ASSIST SERVICES

Concierge Services: You receive the comforts, care, and attention of Student Assist's Personal Assistance Coordinators available 24/7 to respond to virtually any request – large or small.

Personal Security Assistance: You can feel safe and secure with Student Assist's Personal Security Assistance at home or while traveling. To activate personal security services, please log on to: www.chartisinsurance.com/us/security. For initial setup, your login is "9499477" and the password is "security".

CLAIM PROCEDURE

Always keep a copy of all documents submitted for claims.

Written proof of loss and itemized bill(s) must be furnished with your claim within ninety (90) dates after the date of the loss. Failure to do so may result in denial of benefits.

Claims may be filed online by going to www.maksin.com. You may also file by mail by securing a claim form by calling Maksin Management Corp toll free at (877) 775-5430 or by printing a claim form from our website at www.maksin.com.

In the event of an Accident or Sickness, a Covered Person should:

1. If at the University, report immediately to the Adelphi Health Service Center so that proper treatment can be prescribed or approved.

2. If away from the University, consult a Doctor and follow the Doctor's advice. Notify the Adelphi Health Service Center within thirty (30) days after the date of the covered Accident, or commencement of the covered Sickness, or as soon thereafter as is reasonably possible.
3. Staple all your itemized medical and hospital bills to the claim form and mail to:
Maksin Management Corp
P.O. Box 2647
Camden, NJ 08101-2647
Toll Free: (877) 775-5430

Plan Administrator:

Maksin Management Corp
P.O. Box 2647, Camden, NJ 08101-2647
Toll Free: (877) 775-5430

Underwritten by:

National Union Fire Insurance Company of
Pittsburgh, Pa.,
With its principal place of business in
New York, NY

Local Agency:

Frank Crystal & Company
Financial Square, 32 Old Slip
New York, NY 10005

At Maksin Management Corp, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to our website at www.maksin.com.

DISCLAIMER: This is only a brief description of the coverage available under policy series S30494NUFIC-NY. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between contents of this document and the Policy, the Policy shall govern in all cases. The Coverage document is on file for review at Adelphi University.

It is the Covered Person's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.