

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

MANHATTAN
C O L L E G E

“the Policyholder”
Riverdale, New York

Administrator Policy Number: CHH0087291
Underwriter Reference Number: CAS9499488

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**

Dear Parents and Students:

Manhattan College has arranged to make available an Accident and Sickness Insurance Program for the 2010-11 academic year.

All full-time Undergraduate students are automatically covered for Basic Accident Benefits as described in Plan I in this brochure. The annual cost of these benefits is mandatory and included in the tuition billing statement.

Also available to full-time Undergraduate students, is an optional plan that includes Basic Sickness and Supplemental Accident and Sickness Expense Benefits as described in Plan II. The annual premium amount is \$376. We strongly recommend that students, who do not have health insurance coverage of their own or through their parents, obtain coverage while they are attending Manhattan College. The optional plan affords coverage 24 hours per day for medical expenses arising from an Accident or Sickness including those which occur off campus and during interim vacations.

All full-time Graduate students are eligible to enroll in the Basic Accident Benefits (Plan I) and Basic Sickness and Supplemental Accident and Sickness Expenses Benefits (Plan II) on a voluntary basis. The annual premium amount is \$402.

All Eligible students may enroll online at:

www.maksin.com/manhattan.aspx

Or, may complete the enrollment form attached to the back of this brochure and send with payment to Marshall & Sterling, Inc., 103 Executive Drive – Suite 300, New Windsor, NY 12553-5506.

Please note: Make your check payable to Marshall & Sterling, Inc.

Please mail the enrollment form and premium payment as soon as possible; no Fall semester enrollments will be accepted after September 30, 2010.

If you have any questions, please contact Ms. Patricia Crimmins in my office at (718) 862-7356 or you may call the College's insurance agent, Mr. Edward Kipp, directly at Marshall & Sterling (845) 567-1000.

Sincerely,
Thomas J. Ryan
Vice President for Finance and Capital Projects

ELIGIBILITY

All full-time Undergraduate Students of Manhattan College are automatically covered for the Basic Accident Benefits (Plan I) as described in this brochure.

All full-time Undergraduate Students are eligible to enroll in the Basic Sickness and Supplemental Accident and Sickness Expense Benefits (Plan II) as described in this brochure. If you wish to purchase these benefits, please enroll online at www.maksin.com/manhattan.aspx or complete the enrollment form attached to the back of this brochure and return with payment to Marshall & Sterling, Inc. no later than September 30, 2010. The annual premium is \$376. The premium for the Spring Semester only is \$205 and should be submitted to Marshall & Sterling, Inc. no later than February 14, 2011.

All full-time Graduate Students are eligible to enroll in the Basic Accident Benefits (Plan I) and Basic Sickness and Supplemental Accident and Sickness Expense Benefits (Plan II). If a full-time Graduate Student wishes to purchase these benefits, he or she may enroll at www.maksin.com/manhattan.aspx or complete the enrollment form attached to the back of this brochure and return with payment to Marshall & Sterling, Inc. no later than September 30, 2010. The annual premium is \$402. The premium for the Spring Semester only is \$220 and should be submitted no later than February 14, 2011.

Part-time Students are not eligible for coverage.

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.

No enrollment form will be accepted outside of the open enrollment period. The only enrollment exception is during a special enrollment period

when the following qualifying event occurs: within 31 days of the date of ineligibility under another Creditable Plan.

OPEN ENROLLMENT PERIOD

Eligible students may enroll in the plan prior to the enrollment period deadline date for each term of coverage below:

Annual deadline date: September 30, 2010
Spring Semester deadline date: February 14, 2011

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. on August 15, 2010 and it terminates at 12:01 a.m. on August 15, 2011. Coverage for Covered Students 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. Coverage for the Covered Student terminates on the earliest 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.

PREMIUM RATES

	Annual	Spring Semester
	8/15/10-08/15/11	01/24/11-8/15/11
Undergraduate Students (Plan II)	\$376	\$205
Graduate Students (Plan I & II)	\$402	\$220

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.

“Covered Person” means a Covered Student while coverage under the Policy is in effect.

“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.

“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.

“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 shown in the Schedule of Benefits.

“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.

SCHEDULE OF BENEFITS

The Company will pay the Eligible Expenses the Covered Person incurs as an inpatient or an outpatient, within 52 weeks after the date of an Accident or first medical treatment for Sickness, up to the following benefit amounts as scheduled below.

	Basic Accident (Plan I)	Basic Sickness (Plan II)
Maximum Benefit	\$6,000 per Injury	\$1,000 per Sickness
Deductible	-0-	\$50 per Sickness
INPATIENT BENEFITS		
Room and Board Expense , up to the average semi-private room rate.	R&C	Up to \$300/day; Maximum 30 days per Sickness
Hospital Miscellaneous Expense , including anesthesia, operating room, laboratory tests and x-rays (including professional fees), oxygen tent, drugs (excluding take-home drugs), medicines, dressings, and other necessary non-room and board Hospital expenses.	R&C	Up to \$1,000 Maximum per Sickness
Surgical Expense , including services of an anesthetist and assistant surgeon.	R&C	Up to \$1,000 per Sickness (inpatient and outpatient combined)
Doctor's Fees , benefits are limited to one visit per day, and do not apply when related to surgery.	R&C	Up to \$30 per visit, Maximum 30 visits per Sickness
Licensed Nurse Expense (Private Duty)	No Benefit	Up to \$100/day; Maximum 10 days per Sickness
OUTPATIENT BENEFITS		
Surgical Expense , including services of an anesthetist and assistant surgeon.	R&C	Up to \$1,000 per Sickness (inpatient and outpatient combined)
Doctor's Fees , including physiotherapy, benefits are limited to one visit per day, and do not apply when related to surgery.	R&C	Up to \$30 per visit, Maximum 20 visits per Sickness
Outpatient Medical Expense , including durable medical equipment, braces and appliances, chemotherapy, radiation therapy, laboratory tests and x-rays not covered under any other benefit of the plan	R&C	Up to \$200 Maximum per Sickness
Outpatient Prescription Drugs	No Benefit	No Benefit
Ambulatory Surgical/Medical Center , when related to scheduled surgery performed in a Hospital or outpatient facility: use of operating room; x-ray examinations and laboratory tests (including professional fees); anesthesia; infusion therapy; drugs or medicines; and supplies.	R&C	Paid under Outpatient Medical Expense
OTHER BENEFITS		
Ambulance Expense	R&C	Up to \$200 Maximum per Sickness
Consultant or Specialist Expense , when referred by the attending Doctor.	No Benefit	Up to \$250 Maximum per Sickness
Maternity Expense	No Benefit	Same as any other Sickness
Dental Treatment due to Accidental Injury	R&C	No Benefit
Intercollegiate Sports Injuries	Paid as any other Injury up to \$1000 Maximum per Injury	

SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFITS (PLAN II) –

If a Covered Person incurs more than \$6,000 of Eligible Expenses under the Basic Accident (Plan I) or more than \$1,000 of Eligible Expenses under the Basic Sickness (Plan II), the Company will pay, after a \$100 deductible per Injury or Sickness, 80% of the Reasonable and Customary Expenses incurred in excess of the Basic Accident or Basic Sickness Expense Benefits, up to a Maximum of \$25,000 per Injury or Sickness. Benefits under the Supplemental Accident and Sickness Expense Benefits will be payable within 104 weeks from the date of Accident or 104 weeks from the date of first medical treatment for Sickness. Eligible Expenses for daily Hospital room and board will not be more than the average semi-private room charge or the Intensive Care Unit rate if applicable.

IMPORTANT: PLAN II BASIC SICKNESS AND SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSES BENEFITS MUST BE PURCHASED IF AN INDIVIDUAL WANTS ACCIDENT COVERAGE GREATER THAN \$6,000. THE FIRST \$6,000 IS COVERED UNDER THE BASIC (PLAN I).

Home Health Care

If, as the result of a covered Injury or Sickness, a Covered Person requires Home Health Care Services, the Company will pay the Eligible Expenses for such services. Eligible Expenses for such services must be incurred within 52 weeks from the date of the Accident causing the Injury or first medical treatment of the Sickness. The maximum number of home health care visits is limited to 40 in any period of 12 consecutive months. The Company will pay 75% of the Reasonable and Customary charges for the Home Health Care Services, subject to a deductible of \$50 per Injury or Sickness. Covered Home Health Care Services are the services and supplies shown in the List of Covered Home Health Care Services below, to the extent that the charges are Reasonable and Customary, subject to the following conditions: (a) the service must be Medically Necessary. (b) the service must be furnished by, or under arrangements made by, a licensed Home Health Agency. (c) the service must be covered under a Home Health Care Plan. This plan must be established pursuant to the written order of a Doctor and the Doctor must renew that plan every 60 days. (d) except as specifically provided in the list of Covered Home Care Services, the service must be delivered in the patient's place of residence on a part-time, intermittent, Visit basis while the patient is confined as a result of Injury or Sickness.

List Of Covered Home Health Care Services

- (1) Nursing care furnished by:
 - (a) a Registered Nurse (R.N.)
 - (b) a Licensed Practical Nurse (L.P.N.)
 - (c) a Licensed Visiting Nurse
 - (d) a home health aide

But, this service does not qualify as a Covered Home Health Care Service if the nurse or home health aide resides in the Covered Person's home or is an immediate family member of the Covered Person.

- (2) Physical, occupational, speech or respiratory therapy.
- (3) Services of a medical social worker.
- (4) Nutrition counseling.

- (5) Medical supplies, drugs and medicines, and laboratory services. But, these items are covered only to the extent they would be covered if the patient was confined to a Hospital.

Diabetes Equipment, Supplies and Service

After a \$25 deductible, the Company will pay Eligible Expenses for equipment, supplies and services in the treatment of diabetes on the same basis as any other Sickness.

Inpatient Treatment of Alcoholism and Substance Abuse

The Company will pay the Eligible Expenses incurred for the diagnosis and treatment of alcoholism or alcohol abuse and substance abuse or substance dependency as follows: a) Detoxification benefits - treatment in an inpatient facility for up to seven (7) days; and b) Rehabilitation services - treatment in an inpatient facility for up to 30 days in any calendar year.

Treatment and services must be provided by facilities in New York State that are certified by the Division of Alcoholism and Alcohol Abuse or with the Division of Substance Abuse Services and, in other states, to those which are accredited by the Joint Commission on Accreditation of Hospitals as alcoholism or substance abuse treatment programs.

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 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. Please see the Policy on file with the College for complete details and any other applicable mandates.

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. 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. care or treatment provided in a government Hospital; benefits provided under Medicare or other governmental program (except Medicaid).
6. care or treatment for which benefits are provided under any state or Federal Workers' Compensation, employers' liability or Occupational Disease Law.
7. a motor vehicle Accident for which benefits to the extent provided for any loss or portion thereof for which mandatory automobile no fault benefits are recovered or recoverable.
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.

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) 440-6838.

CUT HERE

Manhattan College
2010-2011 Student Health Insurance Identification Card
Administrator Policy Number: CHH0087291
Underwriter Reference Number: CAS9499488

Name _____
(First) (Middle) (Last)

Student ID No. _____

Underwritten By:
National Union Fire Insurance Company of Pittsburgh, Pa.

*Possession of this card does not guarantee eligibility
The student must be enrolled in the plan.*



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) 440-6838 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 College, report immediately to the Student Health Services so that proper treatment can be prescribed or approved.
2. If away from the College, consult a Doctor and follow the Doctor's advice. Notify Student Health Services 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) 440-6838

Plan Administrator:

Maksin Management Corp
P.O. Box 2647, Camden, NJ 08101-2647
Toll Free: (877) 440-6838

Insurance is Underwritten by:

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

Servicing Agency:

Marshall & Sterling, Inc.
103 Executive Drive, Suite 300
New Windsor, NY 12553
845-567-1000

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 Policy is on file for review at Manhattan College.

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.

CLAIM INFORMATION MANHATTAN COLLEGE 2010-2011 STUDENT HEALTH INSURANCE

In the event of Injury or Sickness, the Covered Person should secure treatment from a Hospital or Doctor. Obtain instructions for claim procedures from the Office of The Vice President for Finance, Memorial Hall, Room 301, and follow those instructions fully and promptly.

Notification of Injury or Sickness must be provided to the Company within 30 days after the date of Accident or the commencement of Sickness. This may be accomplished by submitting your completed claim form to Maksin Management Corp, PO Box 2647 Camden, NJ 08101-2647. Bills for which benefit are to be paid must be submitted within 90 days of the date of treatment.

INSTRUCTIONS:
 Fill out enrollment form
 and send with your check to:
MARSHALL & STERLING
 103 Executive Drive
 Suite 300
 New Windsor, NY 12553



MANHATTAN COLLEGE—2010-2011 ENROLLMENT FORM

STUDENT ID # _____ DATE OF BIRTH _____
 STUDENT'S NAME (Please Print) _____ (Last) _____ (First) _____ (Middle) _____
 ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

ANNUAL COVERAGE—8/15/10 TO 8/15/11
 Full-time Undergraduate Student: Enclosed is my check/money order in the amount of \$376.00 (Plan II)
 Full-time Graduate Student: Enclosed is my check/money order in the amount of \$402.00 (Plan I & Plan II)

SPRING SEMESTER COVERAGE—1/24/11 TO 8/15/11
 Full-time Undergraduate Student: Enclosed is my check/money order in the amount of \$205.00 (Plan II)
 Full-time Graduate Student: Enclosed is my check/money order in the amount of \$220.00 (Plan I & Plan II)

I have read, understand, and agree to the terms and conditions of the insurance coverage as described in the brochure. I elect to enroll as indicated above. Rates are not pro-rated other than is listed above.

Signature _____ Date _____

Mail to and make check payable to: MARSHALL & STERLING, 103 Executive Drive, Suite 300, New Windsor, NY 12553.
 Annual Coverage: Enrollment form with your payment must be sent prior to September 30, 2010.
 Spring Semester: Enrollment form with your payment must be sent prior to February 14, 2011.

Manhattan College
VP for Finance and Capital Projects
4513 Manhattan College Pkwy
Riverdale, NY 10471

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