

Go to the Student Health Center First!



2009-2010

**STUDENT ACCIDENT
AND
SICKNESS INSURANCE
PROGRAM**

For Students of
STATE UNIVERSITY
OF NEW YORK
COLLEGE
OF TECHNOLOGY
Morrisville, New York 13408

Policy Number: AIH0000950
Reference Number: CAS9710063

PLEASE NOTE: Students with other medical insurance are also eligible for this insurance and should consider this opportunity to obtain this coverage. It is an ideal supplement and will help cover medical expenses not fully covered by other insurance.

The Policy does not cover nor provide benefits for treatment arising out of the participation in extra-hazardous activities. Extra-hazardous activities means aviation and related activities, such as skydiving and parachuting, and participation as a professional in athletics or sports.

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

M O R R I S V I L L E

STATE COLLEGE

The following is a brief description of an Accident and Sickness Program designed for students attending Morrisville State College ("the Policyholder"). The Master Policy issued to the College contains the complete details of coverage and is the governing document. It may be inspected during normal business hours at the Student Health Center. The Student Accident & Sickness Policy is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. ("the Company") with its principal place of business in New York, New York.

COVERAGE

All students formally enrolled in a full-time or part-time course of study leading to a degree and who have not provided the College with satisfactory evidence that they are currently insured under a comparable health insurance program are automatically insured under the Policy for the semester for which they are registered. Proof of other comparable coverage must be provided within 31 days of the effective date of the term of coverage. The plan covers students enrolled in this plan at home, at college, or wherever he or she may be 24 hours a day.

A Covered Student may enroll dependents (the Covered Student's spouse and the Covered Student's unmarried children up to age 19 who are not self-supporting) within 31 days of the effective date of the enrollment period. To obtain a dependent enrollment form, please contact Marshall & Sterling at 1-845-567-1000. Should the student graduate or leave college for any reason, the coverage will continue in effect to the expiration date of the coverage term for which premium has been paid.

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

An eligible student may enroll for coverage for his or her Dependents only within the 31 days immediately following the beginning of each Policyholder's term of coverage; or within 31 days of marriage, birth, or adoption.

The policy becomes effective at 12:01 AM on August 1, 2009. Benefits become effective that date or the date the premium payment is made, if later. The policy terminates 12:01 AM on August 1, 2010 or the end of the period for which premium has been paid, whichever is earlier. The spring semester effective date is January 1, 2010.

PREMIUMS PER SEMESTER

Students will be billed at the rate of \$152.50 twice a year, at the Fall and Spring Semester Registrations. Dependent coverage is available at an additional premium. Please contact the Plan Service Representative.

DEFINITIONS

"You", your or yours means the insured.

"Doctor" as used herein 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.

"Pre-Existing Condition" means a Sickness, Injury or condition, whether physical or mental, regardless of its cause, for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of Coverage under the Policy. Genetic information shall not be treated as a pre-existing condition in the absence of a diagnosis of the condition related to such information. Applicable to the Optional Supplemental Plan only.

"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.

"Reasonable and Customary" means the charge which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; and (c) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

"Eligible Expenses" means those charges for any treatment, service or supplies 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; and (c) 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.

“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.

“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.

“Sickness” means disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and Complications of Pregnancy. All Sicknesses due to the same or a related causes are considered one Sickness.

“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.

“Emergency Medical Condition” means the unexpected onset of a condition requiring immediate medical, surgical, or psychiatric care. It does include an Injury or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, care for a non-emergency illness or care required as a result of circumstances which could have been foreseen prior to the Covered Student’s departure from the college area.

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 90 day period following such termination of insurance and 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.

COORDINATION OF BENEFITS

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

COVERAGE

SECTION I

BASIC ACCIDENT BENEFITS

When your Injury, including Intercollegiate Sports Injury, requires (a) treatment by a Doctor; (b) Hospital Confinement; (c) services of a licensed practical nurse or RN; (d) x-ray service; (e) use of an operating room, anesthesia, or 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 (excluding take home drugs), or any other therapeutic services or supplies; or (i) Home Health Care. The Company will pay the

Eligible Expenses incurred within the Policy Year, up to a maximum of \$5,000 per Injury. The benefit includes coverage for treatment of Injury to sound, natural teeth. Emergency Room expenses are subject to a \$100 co-pay per visit.

SECTION II BASIC SICKNESS BENEFITS

When you suffer a Loss from a Sickness, the Company will pay the Eligible Expense incurred within the Policy Year, up to a maximum of \$2,000 per Sickness. Benefits are allocated as follows:

Hospital Room and Board Expense: When your Sickness requires Hospital Confinement, the Company will pay the Hospital room and board Expense up to the average semi-private rate, up to \$110 per day, not to exceed 30 days per Sickness.

Miscellaneous Hospital Expense: The Company will pay Eligible Expenses incurred by you during a Hospital Confinement or as an Outpatient for day surgery or for emergency medical services provided by a Hospital for an Emergency Medical Condition up to a maximum of \$500 per Sickness (Emergency Room expenses are subject to a \$100 co-pay per visit). The Company will pay for anesthesia, operating room, laboratory tests and x-rays including professional fees, oxygen tent, drugs (excluding take home drugs), medicines, dressing, and other necessary non-room and board Hospital expenses. Emergency medical services must be provided within 24 hours after the appearance of symptoms of Sickness and are subject to a \$50 per visit deductible.

Ambulance Expense: When your Sickness requires the use of an ambulance, the Company will pay the Eligible Expense up to \$350 per sickness for transportation to or from the Hospital.

Surgical Expense: When your Sickness requires surgery, the Company will pay the Reasonable and Customary expense incurred.

If the surgery requires the services of an anesthetist, who is not employed or retained by the hospital in which the operation is performed, the Company will pay the Eligible Expense incurred.

If the surgery requires the services of an Assistant Surgeon, the Company will pay the Eligible Expense incurred. When more than one surgical procedure is performed at the same time, but in different areas, with a different surgical incision, the highest payment will be for the surgery which costs the most. The Company will pay 50% of all other operations. When a Sickness requires that two or more operations be done at the same time or one after the other, our highest payment will be the larger charge for any one of the operations.

Elective Surgical - Second Opinion Expense Benefit: If a Covered Person requires a second opinion consultation by a specialist on the need for non-emergency surgery which has been recommended by the Covered Person's Doctor, benefits will be provided for any Eligible Expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. The Company will pay the Eligible Expense up to \$35 per Sickness.

In or Out Hospital Doctors Fee Expense: When your Sickness requires the services of a Doctor, the Company will pay the Eligible Expense for such services up to \$50 per visit, limited to one visit per day, maximum 25 visits per Sickness.

Consultant Expense: When your Sickness requires the services of a consultant or specialist, requested by the attending Doctor, to confirm or determine a diagnosis, the Company will pay the Expenses up to a maximum of \$50 per Sickness.

Diagnostic X-ray Expense: If your Sickness requires a diagnostic x-ray, including MRI, IVP or Catscan, the Company will pay the Eligible Expense up to a maximum of \$300 per Sickness.

Diagnostic Laboratory Expense: If your Sickness requires diagnostic laboratory services, the Company will pay the Eligible Expense up to a maximum of \$300 per Sickness.

Out-Patient Psychiatric Expense: When your Sickness requires the services of a licensed psychiatrist, psychologist or certified social worker, the Company will pay \$50 per visit up to a maximum of 25 visits per Sickness.

Abortion Expense: In lieu of all other benefits, the Company will pay a maximum benefit of \$250.

WELL WOMAN CARE

Pap Smears: Coverage is provided for an annual cervical cytology screening for women aged 18 or older. This screening includes an annual pelvic examination and a pap smear. Benefits are paid as any other office visit or lab test under the Policy.

Mammograms: Benefits are payable for Eligible Expenses for mammograms on the same basis as any other Sickness as follows: (1) a baseline mammogram for women age 35, but less than 40. (2) a mammogram every year for women age 40 or older. (3) one or more mammograms a year based on a Doctor's recommendation for women who are at risk for breast cancer.

Maternity Expense Benefit: Eligible Expenses for pregnancy are covered to the same extent that coverage is provided for any other sickness.

Conformity With State Statutes: Any provision of this plan which, on its effective date, is in conflict with the statutes of the state in which it is issued, it is hereby amended to conform to the minimum requirements of such statutes.

HOME HEALTH CARE EXPENSE BENEFITS

Home health care expenses are payable after a \$50 deductible, up to 75% of such expenses, and for not more than 40 visits per Policy Year (if benefits are payable for such expenses under this item and may be provided above, only the greater benefit will be payable).

SUBSTANCE ABUSE AND ALCOHOLISM TREATMENT

Coverage is included as mandated by the New York State Insurance Department. Details on this coverage can be found in the Master Policy on file with the College.

Prescribed Medicine Expense: When your Sickness or Injury requires medicines prescribed by the attending Doctor, the Company will pay the Eligible Expense up to a maximum of \$300 per policy year for all conditions under Basic Accident and Basic Sickness Benefits combined. Prescriptions must be filled at an Express Scripts pharmacy. For a list of participating pharmacies, go to www.expressscripts.com or call toll-free at 1-800-332-5455. Not all medications are eligible for payment. However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum.

STATE MANDATED BENEFITS

New York mandates coverage for the following benefits: Inpatient Mental, Nervous or Emotional Disorders; Inpatient Chemical Abuse and Chemical Dependence; Breast Cancer Treatment; Breast Reconstruction; Clinical Trials Expense; Outpatient Chemical Abuse and Chemical Dependence; Mammographic Examination; Cytologic Screening; Chiropractic Care; Cancer Second Opinion; Diagnostic Screening For Prostatic Cancer; Diabetes Treatment; Enteral Formulas; Maternity Expense Benefit; End of Life Care; Pre-Hospital Medical Emergency Services; Bone Mineral Density Measurements and Tests; and Prescribed Contraceptives.

Please see complete policy on file with the Policyholder for full details.

SECTION III SUPPLEMENTAL EXPENSE BENEFIT—

\$10,000 Maximum Benefit Per Injury or Sickness

After the Company has paid \$5,000 under the Basic Accident or \$2,000 under the Basic Sickness Benefits, the Company will then

pay 90% of the Reasonable & Customary charges incurred up to the maximum lifetime benefit of \$10,000 for each Injury or Sickness. This maximum includes benefits paid under SECTION I or SECTION II and SECTION III. No benefits are payable under the Supplemental Expense Benefit for chemical dependency, Alcoholism and Substance Abuse in excess of Mandated Benefits; abortion; Hospital Room & Board in excess of semi-private room rate; or intercollegiate sports injuries.

SECTION IV OPTIONAL COVERAGE—STUDENTS ONLY

Optional Supplemental Plan: If the Eligible Expenses for an Injury or Sickness exceed the maximum under the Basic Accident or Basic Sickness Benefits and the Basic Supplemental Benefits, payment will be made for 80% of the remaining Eligible Expenses up to the Optional Supplemental Plan maximum of \$90,000 for any one Injury or Sickness. The total benefits payable for all policy terms for which you are enrolled in the Basic Accident and Basic Sickness Benefits, the Supplemental Expense Benefits and the Optional Supplemental Plan shall not exceed a \$100,000 lifetime maximum benefit for each covered Injury or Sickness. Covered medical expenses under this coverage will be the same as covered medical expenses under the basic policy. All terms and conditions of the basic policy will apply to the coverage as well. Provisions relating to coverage for Pre-Existing Conditions will apply to the Optional Supplemental Plan benefit separately from the basic policy. No benefits are payable under this provision for Hospital Room & Board in excess of semi-private room rate; Intercollegiate Sports Injuries; Alcoholism and Substance Abuse in excess of Mandated Benefits; Motor Vehicle Injuries; Dental Treatment; or Abortion.

Eligibility: All registered full time students are eligible to purchase the Optional Supplemental Plan. This coverage is optional. Students who elect to purchase this option must have purchased the basic plan as well.

REPATRIATION OF MORTAL REMAINS

If a Covered Person suffers loss of life due to Injury or Sickness while outside his or her home country, 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, but not exceeding \$25,000 per Covered Person.

MEDICAL EVACUATION

The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if you are outside your home country and your doctor determines that adequate medical treatment is not locally available. The maximum benefit amount is \$25,000 per covered person.

Travel Assist must make all arrangements and must authorize all expenses in advance for these benefits to be payable. If it was not reasonably possible to contact Travel Assist in advance, the Company reserves the right to determine the benefits payable, including any reductions.

Terms of Coverage: Students who elect to purchase the Optional Supplemental Plan must submit an enrollment form, obtainable from Marshall & Sterling, the Plan Service Representative, and additional premium to Marshall & Sterling with a postmark date prior to the school's policy effective date. Only full-time students enrolled for the Basic Plan are eligible to purchase the Optional Supplemental Plan. Each Policy Year purchase is available only at the time of initial enrollment in the Basic Plan. The Optional Supplemental Plan will terminate at the same time as the coverage under the Basic Plan.

PRE-EXISTING CONDITIONS LIMITATION: Expenses incurred for Pre-Existing Conditions, as defined under the Policy, are not covered. This limitation will not apply if: 1. the Covered Person has been insured for twelve months under the Policy; or 2. if the individual seeking coverage under the Policy has a total of 12 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. Credit will be given for the time the individual was covered under the prior Creditable Coverage; and 3. if the individual's most recent prior Creditable Coverage was under an employer group health plan; and 4. if the individual accepted and used up COBRA continuation of coverage or similar state coverage, if it was offered to him or her.

CREDIT FOR PRIOR COVERAGE: A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under the Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following: (a) Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, Hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income,

Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance; (b) The federal Medicare Program pursuant to Title XVIII of the Social Security Act; (c) The Medicaid program pursuant to Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928; (d) Chapter 55 of Title 10, United States Code, the Civilian Health and Medical Program of the Uniformed Services; (e) a medical care program of the Indian Health Service or of a tribal organization; (f) a state health benefits risk pool; (g) a health plan offered under chapter 89 of Title 5, United States Code, the Federal Employees Health Benefits Program; (h) a public health plan as defined by federal regulations; or (i) a health benefit plan under section 5(e) of the Peace Corps Act.

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 or any attempted 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 or replacement of eyeglasses.
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. any care or treatment not related to the treatment of Sickness or Injury.

TRAVEL ASSIST AND STUDENT ASSIST SERVICES

Procedures on How to Access Travel Assist Services 24-hour Assistance Call Center

How to Contact Travel Assist Services:

- * 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 Assist Services:

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

Travel Assist 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 Assist Services Medical Staff consists of fulltime, 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 Assist Services when you call:

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

- * Repatriation of Mortal Remains
- * Medical Evacuation

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.aig.com/personalsecurity. For initial setup, your login is "9710063" and the password is "security".

CLAIM PROCEDURES

To file a claim under this accident and sickness insurance program, the student should:

1. If at the College, report immediately to the Student Health Center so that proper treatment can be prescribed or approved.
2. If the Student Health Center is closed or if you are away from the College, consult with a Doctor and follow his or her advice. Notify Maksin Management Corp., the Student Health Center or Service Representative within 30 days after an expense occurs.
3. Obtain a claim form from the Student Health Center or the Plan Service Representative.
4. The claim form must be completed and signed. Written proof of expense (itemized bills) must be furnished with the claim within 90 days from the date of expense.
5. Questions should be referred to the Student Health Center, Plan Service Representative or Maksin Management Corp.
6. Preauthorization and precertification of benefits to providers of medical services are not required.

Submit all Claims or Inquiries to:
Maksin Management Corp.
P.O. Box 2647
Camden, NJ 08101-2647
1-877-775-5430

The Plan Service Representative:
Marshall & Sterling, Inc.
103 Executive Drive, Suite 300
New Windsor, NY 12553
1-845-567-1000

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.

At the Maksin Group 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.

IMPORTANT

This is only a brief description of the coverage available under the policy series S30494NUFIC. 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 the contents of this document and Policy, the Policy will govern in all cases.

