

PURCHASE COLLEGE, The State University of New York

Administrator Policy #CHH0000252

Underwriter Reference #CAS9492411

2011–2012 STUDENT ACCIDENT & SICKNESS PROGRAM

The following is a brief description of an Accident and Sickness Insurance Program designed for students attending Purchase College, State University of New York (the Policyholder). The Master Policy issued to the College (the Policyholder) contains the complete details of coverage and is the governing document. It may be inspected during normal business hours at the Student Health Service. The Student Sickness & Accident 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.

ELIGIBILITY

All students formally enrolled in a full-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. Matriculated students, enrolled from between 6 and 11 credits, are also eligible to purchase the Policy.

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). To obtain a dependent enrollment form, visit the Student Health Service, Campus Center South. All premiums must be paid by check or money order.

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 30 days immediately following the beginning of each Policyholder's term of coverage; or within 31 days of marriage, birth, or adoption.

TERM OF COVERAGE

The Policy becomes effective 12:01 AM on August 26, 2011 (August 1, 2011 for new student athletes) and terminates 11:59 PM on August 25, 2012. For new students, coverage begins 12:01 AM on August 26, 2011 or the date for which premium has been paid, whichever is later. For students maintaining continuous coverage from the previous Policy Year, coverage begins 12:01 AM September 6, 2011 or the date for which premium has been paid, whichever is later. Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from the College during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid, and no refund will be allowed. 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.

BASIC ACCIDENT & SICKNESS BENEFITS

For Accidents

When injury, including Injury resulting from intercollegiate sports (other than intercollegiate football, ice hockey or lacrosse), requires treatment, payment will be made up to a maximum benefit of \$2,000, subject to a \$30 deductible, for covered medical expense resulting from each accident occurring during the term insured. Covered medical expenses are those expenses for Doctors, surgeons, dentists, hospital confinement, X-rays, laboratory tests, nurses, prescribed medicines, casts, surgical dressings, use of an ambulance, and other Reasonable and Customary medical expense incurred while insured under the Policy. Injuries to sound, natural teeth are covered on the same basis as any other injury. For use of an emergency room a \$50 per visit copay will apply. The \$30 deductible is waived when services are provided at the Student Health Service or when a referral is made by a Student Health Service Doctor.

For Sickness

When hospital or medical care is required for sickness, including mental and nervous conditions, payment will be made as allocated below for Eligible Expense not to exceed \$2,000 for any one Sickness under this Benefit. Maternity expense and complications of pregnancy, biologically based mental illness/serious emotional disturbances, are covered on the same basis as Sickness. A voluntary or elective abortion is covered only as specifically provided.

Hospital Room and Board Expense: The semi-private room rate, up to \$500 per day when hospitalization is Medically Necessary and ordered by an attending Doctor.

Miscellaneous Hospital Expense: Up to \$1,000 for X-ray examinations and laboratory tests, including professional fees; anesthesia; use of operating room; oxygen tent; drugs (excluding take home drugs); medicines; dressings and other necessary and prescribed miscellaneous hospital expense when the Covered Person is confined as a bed patient in a hospital, or as an outpatient for day surgery.

Pre-Admission Test Expense: Up to \$500 for hospital outpatient expense for tests ordered by a Doctor which are required prior to admission as an inpatient for surgery.

Surgeon Expense (in or out of hospital): Up to 80% of Reasonable and Customary charges to a maximum of \$1,500.

Anesthesia: not to exceed 20% of the amount payable for the surgery.

Assistant Surgeon: not to exceed 20% of the amount payable for the surgery.

Second Surgical Opinion Expense: Up to 5% of the surgical maximum will be paid for a second opinion consultation by a board certified specialist in the medical field related to the surgical procedure to be performed. Payable expense includes X-rays and diagnostic tests.

Doctor’s Expense (when hospital confined): Up to \$50 per visit for hospital visits, limited to one visit per day. The Doctor may not be the surgeon who operated on you.

Doctor’s Expense (when not hospital confined): Up to \$50 per visit for outpatient services, not to exceed 20 visits, limited to one visit per day. The Doctor may not be the surgeon who operated on you. Benefits begin with the first visit if: (1) the student is seen by

the Student Health Service and then referred, (2) the sickness is such that emergency treatment is necessary and the Student Health Service is closed or, (3) the student is away from the College for any reason. A \$5 per visit copay will apply to conditions 2 and 3. Only one visit per sickness is payable under condition 2. HPV vaccinations are covered at 100% of Reasonable and Customary at the Student Health Service only.

Consultant Expense: Up to \$125 for the services of a consultant or specialist when such services are deemed necessary and ordered by a Student Health Service Doctor, or Athletic Trainer for the purpose of confirming or determining a diagnosis. The attending Doctor must order such services for dependents.

Ambulance Expense: Up to \$250 for an ambulance when such transportation is required due to the emergency nature of a sickness.

Outpatient Expense: Up to \$500, subject to a \$25 deductible, for outpatient X-rays, laboratory tests and the use of an emergency or operating room used for non-scheduled surgeries (the \$25 deductible does not apply to the use of an emergency room; however, a \$50 per visit copay will apply). The \$25 deductible is waived when (1) services are provided at the Student Health Service; (2) a referral is made by a Student Health Service Doctor or by an attending Doctor for dependents and students when the College is not in session.

CAT Scan, MRI and Similar Procedures: Up to \$1,500 for CAT scans and Magnetic Resonance Imaging when recommended by an attending Doctor.

Prescribed Medicine Expense: Up to \$150 per sickness for prescribed drugs and medicines per semester. A \$5 per prescription copay will apply. However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug maximum.

Dental Expense: Up to \$100 per tooth on an inpatient basis or an outpatient basis for the removal of impacted wisdom teeth and dental abscesses. No other Policy benefits are payable.

Abortion Expense: Up to \$250 for expense resulting from an abortion, conception occurring during the term insured. No other Policy benefits are payable.

Outpatient Mental and Nervous Conditions Expense: Up to \$50 per visit for treatment by a Doctor while not hospital confined.

Wellness Services Expense: Benefits are payable for the expenses incurred by a Covered Person for Wellness Services that promote health and well-being and not otherwise covered under the Policy. The services must be conducted by a Doctor or conducted pursuant to the Doctor's supervision. The Company will pay the Reasonable and Customary expense up \$100 per Policy Year. "Wellness Services" include preventive services, immunizations, diagnostic tests and procedures, routine testing, screenings, and services related to routine physical examinations.

Accidental Death and Dismemberment Indemnity-If the Covered Person sustains any of the following losses as the result of a covered accident, within 26 weeks after the date of accident, the Company will pay the amount shown. "Member" means hand, foot or eye. Loss of a 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. Loss of a thumb or index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). The Principal Sum of \$7,500 is the largest amount payable under this benefit for all losses resulting from any one accident.

Loss of: Life.....	\$7,500	One member.....	\$3,750
Two or more members.....	\$7,500	Thumb and index finger of the same hand.....	\$1,500

Home Health Care Benefit-If the Covered Person requires any of the home health care services listed below as the result of a covered injury or sickness, directly and independently of all other causes, the Company will pay the benefits shown for expense incurred within the policy year. Part-time intermittent nursing care by (or supervised by) a Registered Nurse (R.N.); Part-time or intermittent patient care services by a home health care aide; Physical, occupational, speech, or respiratory therapy provided by a Home Health Care Agency; Medical supplies, drugs and medications, and laboratory services, but only to the extent these benefits would be covered if the patient was confined in a Hospital. The amount of this benefit is 75% of the reasonable charges for the above services made by a Home Health Care Agency, minus a deductible of \$50 per Policy year. This benefit is payable only if the home health care plan is set up and approved in writing by the attending Doctor. This benefit will not pay for more than 40 home health care visits in any period of 12 straight months. "Visit" means a maximum of four (4) continuous hours of home health service.

Outpatient Alcoholism and Substance Abuse Expense-The Company will pay for outpatient covered expenses incurred by the Covered Person for the diagnosis and treatment of alcoholism or substance abuse. This benefit covers up to 60 visits in any Policy year for the Covered Person, including up to 20 visits for a Covered Person's family members, if covered under the Policy as dependents. Only one outpatient visit a day is covered. Treatment or service must be provided by a certified alcoholism or substance abuse treatment facility.

Inpatient Care for Alcoholism and Substance Abuse-The Company will pay for the diagnosis and treatment of alcoholism or alcohol abuse and substance abuse or substance dependence, to the extent provided below: (1) For detoxification, inpatient service in a Hospital or Residential Treatment Facility, up to seven days of detoxification treatment in any Policy year, and; (2) For rehabilitation service, up to thirty days of inpatient care in any Policy year. Treatment or service must be provided by a Hospital or Residential Treatment Facility.

Diabetes Equipment, Supplies and Service-The Company will pay the Reasonable and Customary charges incurred for such supplies and service less a deductible of \$25 per Policy year. We will also pay the Reasonable and Customary charges for Diabetes self-management and education.

SUPPLEMENTAL ACCIDENT & SICKNESS BENEFITS

Payment will be made for eighty percent (80%) of covered medical expense incurred for an Injury or Sickness in excess of \$2,000, to a maximum payment of an additional \$23,000 payable under this Benefit for each Accident or Sickness. Covered medical expense are those expenses for Doctors, surgeons, dentists, hospital confinement, X-rays, laboratory tests, nurses, prescribed medicines, casts, surgical dressings, use of an ambulance, and other Reasonable and Customary medical expense incurred while insured under the Policy.

COORDINATION OF BENEFITS

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

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

DEFINITIONS

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

"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 medical or behavioral condition the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including, but not limited to, severe pain that a prudent lay person, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in: (a) placing the health or pregnancy of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (b) serious impairment to such person's bodily functions; (c) serious impairment or dysfunction of any bodily organ or part of such person; (d) serious disfigurement of such person. 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.

"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) 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" 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.

"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 cause are considered one Sickness.

"Totally Disabled" and "Total Disability" means Injury or Sickness which wholly and continuously keeps the Covered Person, (a) with respect to a student, from attending classes at the location where he or she is enrolled; and (b) with respect to a dependent, or a student if such classes are not in session, from doing those activities that are normal for a person in good health of the same age and sex.

EXCLUSIONS AND LIMITATIONS

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

1. illness, accident, treatment or medical condition arising out of: (i) war or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto; (ii) suicide, attempted suicide or intentionally self-inflicted injury; and (iii) aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
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 congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. However, if the policy provides hospital, surgical or medical expense coverage then coverage and determinations with respect to cosmetic surgery must be provided pursuant to New York Insurance Law 56 (Regulation 183);
3. foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.
4. treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), any state or Federal workers' compensation, employers' liability or occupational disease law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally

made. 5. eyeglasses, hearing aids, and examination for the prescription or fitting thereof. 6. rest cures, custodial care and transportation.

COVERAGE FOR STUDENT ON APPROVED LEAVE-A Covered Student may become eligible for a leave of absence when approved by the Policyholder. During the approved leave, coverage may continue until the earlier of: (1) the date the approved leave ends; or (2) the end of the period for which premium has been paid. In no event will the approved leave extend for more than 12 months from the approved date leave began.

EXTENSION OF BENEFITS-If, on the date coverage terminates, a Covered Person is Totally Disabled as a result of Sickness or Injury and is receiving treatment for such Sickness or Injury, benefits will be payable for the Eligible Expenses incurred for that Sickness or Injury after the date coverage terminates until the earliest of the following: (1) the end of the Sickness or Injury that caused the Total Disability; (2) the end of the 90 day period following the date coverage terminated; or (4) the date the applicable Maximum Amount is reached. **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.

If a Covered Person is Totally Disabled on the date the Policy terminates, Eligible Expenses shall include charges incurred after the date of such termination with respect to Hospital Confinement that begins or Surgery performed during the next 31 days for the Injury or Sickness causing the Total Disability, subject to the applicable Maximum Amounts of the Policy. The Hospital confinement or Surgery must be only for the care and treatment of the Injury or Sickness which caused the Total Disability.

CLAIM PROCEDURE In the event of Accident or Sickness the student should: If at the College, report immediately to Student Health Services so that proper treatment can be prescribed or approved; or if away from the College, consult a Doctor and follow his or her advice.

(1) Notify Student Health Services or Maksin Management Corp., within 30 days after the date of the covered accident or commencement of the covered sickness or as soon thereafter as is reasonably possible; (2) Secure a claim form from the Student Health Services or Maksin Management Corp.; (3) Complete the form; (4) Submit the claim form, complete with bills and receipts, to the Student Health Services or Maksin Management Corp.; (5) Submit only one claim form for each accident or sickness. **NOTE:** Notification of sickness or accident must be furnished within 30 days after the date of accident or commencement of sickness. Bills for which benefit are to be paid must be submitted within 90 days.

Questions regarding enrollment, benefits, a specific claim and periods of coverage should be directed to: Maksin Management Corp. PO Box 2647, Camden, NJ 08101-2647 (877) 440-6838 • www.maksin.com	<i>Local Representative</i> Marshall & Sterling 103 Executive Drive, Suite 300 New Windsor, NY 12553 (845) 567-1000
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Note: The time you were covered under this program may count as creditable coverage under State and Federal Law if you leave this program and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact the Local Representative listed in this document when you need such certification.

	FALL: 08/26/11* to 01/23/12	SPRING/SUMMER: 01/24/12 to 08/25/12
STUDENT	\$329	\$329
SPOUSE	\$733	\$1,092
CHILD(REN)	\$381	\$571
SPOUSE.CHILD(REN)	\$1,113	\$1,663

* 09/06/11 for Students maintaining continuous coverage from the previous Policy Year

**For all students and dependents enrolling for the Fall Semester, the enrollment period ends 09/26/11 and for the Spring Semester, the enrollment period ends 02/24/12. The cost includes a \$30 administrative fee.

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 Purchase College.

It is the Covered Student'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.

PLEASE VISIT THE WEBSITE AT WWW.MAKSIN.COM TO LEARN MORE ABOUT THE DENTAL & VISION DISCOUNT PLANS FOR 2011-2012.