

**STUDENT
ACCIDENT AND SICKNESS
INSURANCE PLAN**

2011-2012 YEAR

Designed for the Students of

SUNY Oswego



507 Culkin Hall
SUNY Oswego
Oswego, New York 13126
(315) 312-2107

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

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.

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

Administrator Policy Number: CHH0057792
Underwriter Reference Number: CAS9491911

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This brochure is a brief description of the Student Accident and Sickness Insurance Program available under policy series S30494NUFIC-NY designed for all full-time and part-time students of SUNY Oswego. The Master Policy issued to the University (the Policyholder) contains the complete details of coverage and is the governing document. It may be inspected during normal business hours at 507 Culkin Hall, SUNY Oswego, Oswego, NY 13126. The Student Accident and 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, and administered by Maksin Management Corp.

POLICY TERM

The insurance under SUNY Oswego's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 20, 2011. An eligible Student's coverage becomes effective on that date, or the day after the date the Enrollment Form and full premium are received by the Company (or their Plan Administrator), whichever is later. The Annual Policy terminates at 12:01 a.m. on August 20, 2012. The Covered Student's coverage terminates on the Policy termination date or at the end of the period through which the premiums are paid, whichever is earlier. The Spring Semester is effective 12:01 a.m. on January 20, 2012 and will terminate at 12:01 a.m. August 20, 2012.

Summer coverage is effective 12:01 a.m. May 16, 2012 and will terminate August 20, 2012.

ELIGIBILITY

All full-time students of SUNY Oswego are automatically covered for the Student Accident and Sickness and Supplemental Medical Expense Benefits described in this brochure. However, if you have other health insurance, please complete the Waiver Form which is available at Auxiliary Services and return it to Auxiliary Services, 507 Culkin Hall, SUNY Oswego, Oswego, NY 13126 no later than September 15, 2011. This coverage is in effect 24 hours a day.

All part-time students are eligible to enroll in the Student Accident and Sickness and Supplemental Accident and Sickness Medical Expense Benefits as described in this brochure. If you wish to purchase these benefits, please complete and return the

Enrollment Form available at Auxiliary Services to the Student Accounts Office, 408 Culkin Hall, SUNY Oswego, Oswego, NY 13126 with your check payable to SUNY Oswego, no later than September 20, 2011 for Fall coverage and February 20, 2012 for Spring coverage and no later than June 16, 2012 for Summer coverage.

LATE ENROLLMENT

Students will be able to enroll after the enrollment deadline only if they lose coverage under their parent’s plan or employer’s plan. The student will have to enroll within 63 days of loss of coverage. The Covered Student will be covered from the day after the date the Enrollment Form and premium are received by the Plan Administrator. Premiums will not be pro-rated.

IDENTIFICATION CARDS

The Student Identification Card is located on the inside back cover of this brochure. Please detach and retain this card in a safe place. No other card will be issued.

PREMIUM RATES

	<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
Full-time Student	\$315.00	\$315.00	\$229.00
Part-time Student	\$315.00	\$315.00	\$229.00

These rates include an administrative fee.

PREMIUM REFUND POLICY

Covered Students entering the Armed Forces of any country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to a pro-rata refund of premium upon written request. Premium received by the Company is fully earned upon receipt. **No other requests for a refund of premium will be considered.**

DEFINITIONS

“**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.

“**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.

“**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.

“**Elective Treatment**” means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person’s effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations.

“**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.

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.

"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.

"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" 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; (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.

PREFERRED PROVIDER NETWORK

The policy includes the voluntary utilization of Beech Street Nationwide Preferred Provider Network. Utilizing the Beech Street Nationwide Preferred Provider Network will decrease the Covered Person's

out of pocket costs under this Accident and Sickness Insurance Plan. The Beech Street Network consists of hospitals, Doctors and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. The Covered Person is not required to utilize a Beech Street Provider. In order to use the services of a participating provider the Covered Person must present his/her National Union Fire Insurance Company of Pittsburgh, Pa. Medical Identification Card found at the back of this brochure. A Covered Person may contact Beech Street at 1-800-432-1776, toll free number available Monday through Friday, 8 a.m. to 8 p.m. to receive information on participants in their area, or visit their web site at www.beechstreet.com.

DESCRIPTION OF BENEFITS

BASIC ACCIDENT MEDICAL EXPENSE BENEFITS

If as a result of an Injury, a Covered Person incurs Eligible Expenses, the Company will pay 100% of the Eligible Expenses incurred up to a maximum of \$2,500 per Injury per Policy Year. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthesiologist; (e) inpatient and outpatient Doctor visits; (f) inpatient and outpatient consultant; (g) hospital outpatient department; (h) emergency room; (i) diagnostic x-ray and laboratory tests; (j) pre-admission testing; (k) outpatient prescription drug; (l) ambulance; (m) second surgical opinion; (n) home health care; and (o) other Eligible Expenses incurred for the treatment of an Injury. The first Eligible Expense must be incurred within 180 days from the date of the Accident.

INTERCOLLEGIATE SPORTS ACCIDENT COVERAGE

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 the Eligible Expenses incurred up to a maximum of \$1,500 per Injury. The first Eligible Expense must be incurred within 180 days of the date of the Accident.

BASIC SICKNESS MEDICAL EXPENSE BENEFITS

If as the result of Sickness, a Covered Person incurs Eligible Expenses, the Company will pay the Covered

Percentage of the Eligible Expenses incurred, as allocated below, up to a maximum of \$2,500 per Sickness per Policy Year.

Hospital Room and Board Expense Benefit: If a Covered Person requires confinement in a hospital, the Company will pay the Eligible Expenses incurred up to \$400 per day, up to a maximum of 30 days per Sickness.

Miscellaneous Hospital Expense Benefit: If a Covered Person incurs Expense during a hospital confinement, or day surgery on an outpatient basis, the Company will pay the Eligible Expenses incurred up to a maximum of \$1,000 per Sickness. Such Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests, including professional fees; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs (excluding take home drugs) and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; (l) physical and occupational therapy; and (m) other necessary and prescribed hospital expenses.

Surgical Expense Benefit (Inpatient or Outpatient): The Company will pay the Eligible Expenses incurred for surgery performed by a licensed Doctor (In or Out of the Hospital).

Anesthesia Expense Benefit: If a Covered Person requires anesthesia during a surgical operation, the Company will pay the Eligible Expenses incurred up to a maximum of 20% of the Expenses paid under the Surgical Expense Benefit.

Assistant Surgeon Expense Benefit: If a Covered Person requires the services of an assistant surgeon for a surgical operation, the Company will pay the Eligible Expenses incurred up to a maximum of 25% of the Expenses paid under the Surgical Expense Benefit.

In-Hospital Doctor's Fees and Medical Expense Benefit: If a Covered Person, who is confined as a resident bed-patient in a Hospital, requires the services of a Doctor, who may or may not have performed the surgery on the Covered Person, the Company will

pay the Eligible Expenses incurred up to \$50 per visit, limited to one visit per day, up to a maximum of 30 visits per Sickness.

Specialist/Consultant Expense Benefit (Inpatient and Outpatient): If the services of a consultant or specialist are deemed necessary and are ordered by the attending Doctor, the Company will pay the Eligible Expenses incurred up to \$150 for the first visit and \$100 per visit thereafter.

Emergency Room Medical Expense Benefit: If a Covered Person requires the use of a hospital emergency room as a result of a Medical Emergency, the Company will pay the Eligible Expenses incurred.

Urgent Care Expense Benefit (facility charges only): If a Covered Person requires treatment for an urgent condition in an urgent care facility, the Company will pay the Eligible Expenses incurred.

“Urgent Condition” means a sudden illness, Injury, or condition, that: (a) is severe enough to require prompt medical attention to avoid serious deterioration of the Covered Person’s health; (b) includes a condition which would subject the Covered Person to severe pain that could not be adequately managed without urgent care or treatment; (c) does not require the level of care provided in the emergency room of a Hospital; and (d) requires immediate outpatient medical care that cannot be postponed.

Outpatient Doctor Visit Expense Benefit: If a Covered Person requires the services of a Doctor (other than services in an emergency room or urgent care facility), the Company will pay the Eligible Expenses incurred up to \$100 per visit, limited to one visit per day beginning with the second visit unless referred by the Mary Walker Health Center. Includes annual GYN and necessary follow-ups rendered outside of Oswego County Opportunities. The requirement for a referral will be waived when the Mary Walker Health Center is closed for vacations and holidays.

If a Covered Person requires the services of a Doctor in an emergency room or urgent care facility, the Company will pay the Eligible Expenses incurred up to \$1,000 per Sickness.

Seasonal Influenza Vaccination Benefit (Mary Walker Health Center Only): The Company will pay the Eligible Expenses for a seasonal flu vaccination when administered at the Mary Walker Health Center only.

Well Women’s Expense Benefit (Oswego County Opportunities Only): When referred by the Mary Walker Health Center, the Company will pay the Eligible Expenses incurred at Oswego County Opportunities for an annual GYN visit, including counseling and/or risk intervention and preventative medicine counseling; HPV vaccine; and lab work in connection with the annual GYN visit including hemoglobin, HIV I and HIV II assay.

Diagnostic X-ray & Laboratory Expense Benefit: If services for a Covered Person are prescribed by an attending Doctor for diagnostic x-ray and laboratory services on an outpatient basis, the Company will pay, after a \$25 deductible per Sickness, the Eligible Expenses. Lab work includes Pap smear, Chlamydia, and Gonorrhea in connection with annual GYN visit. Deductible for these tests will be waived if services are rendered at the Mary Walker Health Center.

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

Outpatient Prescription Drug Expense Benefit: If a Covered Person requires a prescription medicine prescribed by a Doctor, after a \$10 co-payment per prescription filled, the Company will pay the Eligible Expenses incurred up to a maximum of \$2,500 per Sickness. However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum.

Outpatient Mental, Nervous or Emotional Disorders Expense Benefit: The Company will pay \$150 for the first visit and \$100 per covered office visit thereafter per Sickness for covered outpatient services for the treatment of Mental, Nervous or Emotional Disorders. The Mental, Nervous or Emotional Disorder must, in the professional judgment of health care providers, be treatable, and the treatment must be Medically Necessary. Outpatient treatment and Doctor services include charges made in a facility operated by the Department of Mental Hygiene, or by a psychiatrist or psychologist licensed to practice in this state or a professional corporation or university faculty practice corporation.

For Biologically Based Mental Illness/Serious Emotional Disturbances: When the Covered Person is not hospital confined for treatment of a Biologically Based Mental Illness, the Company will pay the Covered Percentage of the Eligible Expenses for such outpatient care on the same basis as any other Sickness.

Ambulance Expense Benefit: If the Covered Person requires the use of a professional ambulance for an emergency condition, the Company will pay the Eligible Expenses incurred.

Abortion Expense Benefit: If a Covered Person incurs medical expense for an elective abortion, the Company will pay the Eligible Expenses incurred up to a maximum of \$500 per occurrence.

Second Surgical 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 up to a maximum of 5% of the Expenses paid under the Surgical Expense Benefit. The specialist must be board certified in the medical field relating to the surgical procedure being proposed.

Home Health Care Expense Benefit: If a Covered Person incurs Eligible Expenses for home health care services, the Company will pay, after a \$50 deductible, 75% of the Eligible Expenses incurred up to 40 visits per Policy Year.

BENEFITS FOR HOSPITAL CONFINEMENT

For Biologically Based Mental Illness: When the Covered Person is hospital confined for treatment of a Biologically Based Mental Illness, the Company will pay the Covered Percentage of the Eligible Expenses for such confinement on the same basis as any other Sickness.

For Mental or Nervous Disorders: When hospital confined, the Company will pay the Covered Percentage of the Eligible Expenses incurred in a Policy Year for active treatment in a Hospital defined by Section 1.03(10) of the Mental Hygiene Law on the same basis as any other Sickness but not less than 30 days. Benefits for partial hospitalization program services shall be provided as an offset to covered inpatient days at a ratio of two partial hospitalization visits to one inpatient day of treatment.

ALCOHOLISM AND SUBSTANCE ABUSE EXPENSE

If, by reason of alcoholism or alcohol abuse, substance abuse, chemical or substance dependency a Covered Person requires treatment, the Company will pay benefits for the inpatient Eligible Expenses incurred at a Hospital, Residential Treatment Facility, or Intermediate Care Facility for the Medically Necessary treatments subject to the following limits:

Inpatient Treatment

When the Covered Person is confined as an inpatient, the Company will pay the Eligible Expenses on the same basis as any other Sickness, limited to:

- (a) not more than 7 days of active detoxification treatment in any calendar year; and
- (b) not more than 30 days of inpatient rehabilitation services in any calendar year.

“Residential Treatment Facility” means a facility which provides 24 hour treatment for people with drug abuse, alcohol abuse on an inpatient basis. It must provide at least the following: room and board; medical services; nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and group counseling; and educational and support services. The Company will recognize a Residential Treatment Facility if it's accredited for its stated purpose by the Joint Commission, and carries out its stated purpose in compliance with all relevant state and local laws.

“Intermediate Care Facility” means a facility which provides for the use, in a full 24-hour residential therapy setting, or in a partial, less than 24-hour, residential therapy setting, any of the following therapeutic techniques, as identified in a treatment for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs:

- (a) chemotherapy;
- (b) counseling;
- (c) detoxification services;
- (d) other ancillary services, such as medical testing, diagnostic evaluation and referral to other services identified in the treatment plan.

Outpatient Treatment

When the Covered Person is not Hospital Confined, the Company will pay benefits for outpatient treatment services for alcoholism or alcohol abuse, substance abuse, chemical or substance dependency. Benefits are payable only for Eligible Expenses incurred at a facility in New York state certified by the office of alcoholism and substance abuse services or licensed by such office as outpatient clinics or medically supervised ambulatory substance abuse programs; or, in other states, those facilities accredited by the Joint Commission on accreditation of Hospitals as alcoholism or chemical dependence treatment programs.

Outpatient services consisting of consultant or treatment sessions will not be payable unless these services are furnished by a Doctor or a psychotherapist who is licensed by the state in which he or she practices.

Outpatient coverage is limited to one outpatient visit per day.

Eligible Expenses for outpatient coverage include up to 60 outpatient visits per Policy Year for the Covered Person in need of treatment.

SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFITS

If a Covered Person incurs Eligible Expenses in excess of the Basic Accident and Sickness Medical Expense Benefits of \$2,500 per Injury or \$2,500 per Sickness, the Company will pay, after a \$100 deductible per Injury or Sickness, 80% of the Eligible Expenses incurred, up to an Aggregate Maximum of \$25,000 per Injury or Sickness per Policy Year. The

most the Company will pay for any one Injury or Sickness is an Aggregate Maximum of \$27,500 under the Basic and Supplemental Plans combined.

The following Eligible Expenses will be paid under the Supplemental Accident and Sickness Expense Benefit: (a) average semi-private Hospital room and board; (b) miscellaneous Hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthesiologist; (e) inpatient and outpatient Doctor visits; (f) consultant; (g) hospital outpatient department; (h) emergency room; (i) diagnostic x-ray and laboratory tests; (j) pre-admission testing; (k) outpatient prescription drug; (l) ambulance; (m) second surgical opinion; (n) home health care; and (o) other Eligible Expenses incurred for the treatment of an Injury or Sickness.

EXTENSION OF BENEFITS

If the Covered Person is receiving treatment for a Sickness or Injury on the date his or her coverage terminates, Eligible Expenses shall include charges incurred for that Sickness or Injury, but only while they are incurred during the 12 month 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.

STATE MANDATED BENEFITS

New York mandates coverage for the following benefits:

Inpatient Mental, Nervous Disorders; Biologically Based Mental Illness; 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; Contraceptive Services; and Medical Foods Expense.

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

EXCLUSIONS

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: a. 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; b. (ii) suicide, attempted suicide or intentionally self-inflicted injury; and c. (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. 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.
6. eyeglasses, hearing aids, and examination for the prescription or fitting thereof.

COORDINATION OF BENEFITS

The Company will coordinate benefits with other health carriers when duplicate coverage exists. Total payment from this coverage and other health coverages under which the Covered Person is enrolled shall not exceed 100% of the R&C Charges for covered services.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Covered Person should: If at the University, report immediately to the Mary Walker Health Center so that proper treatment can be prescribed or approved; or if away from the University, consult a Doctor and follow his or her advice.

1. Notify the Mary Walker Health Center 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. Obtain a Claim Form from the Mary Walker Health Center or Maksin Management Corp.
3. Submit the completed and signed claim form, complete with itemized bills (claims cannot be processed from "Balance Due" statements) and receipts to Maksin Management Corp. Retain a copy for your records.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to the Plan Administrator, Maksin Management Corp., P.O. Box 2647, Camden, NJ 08101-2647. Office hours are 8:30 a.m. to 5:00 p.m. (EST) Monday through Thursday and 8:30 a.m. to 4:00 p.m. on Friday. The toll free number is 877-775-5430. Please refer to SUNY Oswego when making inquiries.

Conformity with State Statutes means any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is written is hereby amended to conform to the minimum requirement of such statutes.

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

The Plan is Underwritten By:

National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, New York
Policy Number: CHH0057792

Local Servicing Agent

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

Plan Administrator

Maksin Management Corp.
P.O. Box 2647
Camden, NJ 08101-2647
Toll-Free number: 1-877-775-5430

For a List of Beech Street Providers

1-800-432-1776
or visit the website: www.beechstreet.com

**NON-RENEWABLE ONE YEAR
TERM INSURANCE**

The Policy is a non-renewable one year term insurance. Similar coverage may be purchased for the following academic year. 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 detach and retain

National Union Fire Insurance Company of Pittsburgh, Pa.
SUNY Oswego - 2011-2012
Student Identification Card
Policy Number: CHH0057792

Covered Student: _____

Student ID No.: _____

Effective: _____ Expires: _____

Plan Administrator

Maksin Management Corp.

P.O. Box 2647 Camden, NJ 08101-2647 • (877) 775-5430

This card does not prove eligibility nor guarantee benefits

For a List of Beech Street Provi'

 **MultiPlan** **1-800-432-1776** **Beech Street.**
www.beechstreet.com A VIANT NETWORK

