For questions about this plan please use the following contact information:

Coverage, Eligibility and Premium:
The Allen J Flood Companies Inc.
2 Madison Ave.
Larchmont, NY 10538
1-800-734-9326
www.ajfusa.com

Claim Status and all other Claim Inquiries:
1867 West Market Street
Akron, OH 44313
1-800-331-1096
Website: www.klais.com
Group #s: SF708G2 – Accident
SF708H2 - Sickness
EDI Payor #: 34145

PPO Network Provider List:

MagnaCare
Online: www.magnacare.com
1-800-235-7267

First Health
Online: www.firsthealth.com
1-800-226-5116

When calling the above toll-free telephone numbers, please have the name of your school and the policy number (UFL4912 & UFL2827S) available.
It is the policy of the Faculty Student Association of Westchester Community College to sponsor an Accident Insurance Plan to all full-time and part-time students. At the same time, the Faculty Student Association has made arrangements to offer a Voluntary Sickness Insurance Plan to all full-time and part-time students enrolled for the 2012-2013 year. The following is a brief description of the Westchester Community College Student Accident and Sickness Insurance Plan for the 2012-2013 policy year. The exact provisions governing the insurance are contained in the Master Policy issued to Westchester Community College. This Plan is underwritten by United States Fire Insurance Company and administered by The Allen J. Flood Companies, Inc.

**POLICY TERM**
The insurance under Westchester Community College's Student Accident and Sickness Insurance Plan for the Annual Policy is effective at 12:01 a.m. on September 1, 2012. An Insured Student's coverage becomes effective on that date or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The Annual Policy terminates at 12:01 a.m. on September 1, 2013 or at the end of the period through which the premiums are paid. The Spring semester coverage is effective at 12:01 a.m. on January 1, 2013 and terminates at 12:01 a.m. on September 1, 2013 or at the end of the period through which premiums are paid.

**ELIGIBILITY**
All full-time students of Westchester Community College are automatically covered for Part I - Basic Accident Medical Expense Benefits described in this brochure. This coverage is in effect for full-time students 24 hours a day.

All part-time students of Westchester Community College are automatically covered for Part I - Basic Accident Medical Expense Benefits described in this brochure. This coverage is in effect for part-time students while participating in activities required of them by the College on and off campus.

All full-time students are eligible to enroll in Part II - Sickness Medical Expense Benefits. All part-time students taking 6 credits or more are eligible to enroll in Part II - Sickness Medical Expense Benefits described in this brochure. If you wish to purchase these benefits, you can do so using one of two methods. Students may enroll via the internet using the Program Administrator’s website at: [www.ajfusa.com/students](http://www.ajfusa.com/students). Under the caption “College & University Students”, select Westchester Community College from the drop down box and then Enrollment Form.” Visa, Mastercard and Discover are acceptable payment methods or Students may complete the enrollment form online, print and return the enrollment form with a check or money order to the Plan Administrator, The Allen J. Flood Companies, Inc. at 2 Madison Avenue, Larchmont, NY 10538 no later than October 17, 2012 for the annual coverage and no later than February 15, 2013 for the spring coverage. This coverage is in effect for full-time and part-time students 24 hours a day.

**DEPENDENT COVERAGE**
Students who are enrolled in the Student Accident and Sickness Insurance Plan may also enroll their Dependents. The term "Dependent" or “Eligible Dependent” means the Insured's Spouse under age 70; or Child who: (a) Is under 26 years of age; and (b) Is not provided coverage as a named subscriber, insured, enrollee, or coverage person under any other group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. section 1395 et seq.; or (c) A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured.

"Spouse” means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured. “Child” can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Covered Students who wish to purchase dependent coverage should do so via the internet using the Program Administrator’s website at: [www.ajfusa.com/students](http://www.ajfusa.com/students). Dependent coverage must be purchased at the same time that students enroll in the Student Accident and Sickness Plan.
PREMIUM

Full Time Students & Dependents Rates

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$956</td>
<td>$695</td>
</tr>
<tr>
<td>Spouse Only</td>
<td>$2,275</td>
<td>$1,600</td>
</tr>
<tr>
<td>Child (ren)</td>
<td>$1,635</td>
<td>$1,160</td>
</tr>
</tbody>
</table>

Part Time Students 6 Credits or more & Dependents Rates

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$1,156</td>
<td>$798</td>
</tr>
<tr>
<td>Spouse Only</td>
<td>$2,777</td>
<td>$1,932</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,985</td>
<td>$1,401</td>
</tr>
</tbody>
</table>

ENROLLMENT
The premium and enrollment for the Annual coverage must be submitted to the Plan Administrator no later than October 17, 2012. The next enrollment period will be for the Spring semester for which coverage will be effective at 12:01 a.m. on January 1, 2013 and terminate at 12:01 on September 1, 2013. The premium and enrollment form for the Spring semester should be submitted to the Plan Administrator no later than February 15, 2013.

LATE ENROLLMENT
Students will be able to enroll after the enrollment deadline if they lose coverage under their parent’s plan or employer plan. The student will have to enroll within 63 days in order to avoid a break in coverage (see Pre-existing Condition Limitation). The Insured Student will be covered from the date after the application and premium are received by the Plan Administrator. Premiums will not be pro-rated.

IDENTIFICATION CARDS
Identification Cards will be mailed to John Boyle, Executive Director at the FSA office. A temporary identification card can be printed at www.ajfusa.com/students. Please retain this card in a safe place. No other card will be issued to insured students. Identification cards for covered dependents will be provided by the Plan Administrator, The Allen J. Flood Companies, Inc. upon receipt of the completed enrollment form and the appropriate premium.

PREMIUM REFUND POLICY
Coverage for a Covered Student entering the Armed Forces of any country will terminate as of the date of such entry. Those Insured 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

Coinsurance means the percentage amount of Covered Expenses for which the Covered Person is responsible for any medical service or supply. The Coinsurance is shown in the Schedule. We will pay the remaining amount of Covered Expenses, subject to the maximum amount for specific services and the maximum benefit for all services.

Complications of pregnancy means:

a. Conditions whose diagnosis is distinct from but adversely affected or caused by pregnancy and which require a Hospital Stay (when pregnancy is not terminated). Such conditions include, but are not limited to, acute nephritis; nephrosis; cardiac decompensation; missed abortion; hyperemesis gravidarum; pre-eclampsia; and similar conditions of comparable severity; or
b. Non-elective cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy during a period of gestation when a viable birth is not possible.
Complications of pregnancy do not include:

- a. False labor;
- b. Occasional spotting;
- c. Doctor-prescribed rest during pregnancy;
- d. Morning sickness; or
- e. Similar conditions associated with a difficult pregnancy that are not classified as a Complication of Pregnancy.

**Covered Expense** means charges:

- a. Not in excess of Usual, Reasonable and Customary charge;
- b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
- c. Made for medical services and supplies not excluded under the policy;
- d. Made for services and supplies which are Medically Necessary; and
- e. Made for medical services specifically included in Schedule

**Covered Person** means the covered student and his eligible Dependents, if dependents coverage is available and the covered student has applied for such dependent’s coverage and paid the required premium.

**Deductible** means the amount of Covered Expenses paid by the Covered Person before benefits are payable under the policy. The Deductible amount is shown in the Schedule.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his license. Furthermore, Doctor includes any healthcare practitioner required under New York law providing a service covered under the policy. Doctor does not include:

- a. The Covered Person;
- b. The Covered Person’s spouse, dependent, parent, brother, or sister; or
- c. A person who ordinarily resides with the Covered Person.

**Home Country** means the country where the Covered Person permanently resides. Such country must be declared in advance with the United States Fire Insurance Company.

**Hospital** means a short-term, acute, general Hospital which:

- a. Is duly licensed by the agency responsible for licensing such Hospitals;
- b. 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 or sick persons;
- c. Has organized department of medicine and major surgery;
- d. Has a requirements that every patient must be under the care of a Doctor or dentist;
- e. Provides 24-hour nursing service by or under the supervision of a registered professional Nurse (R.N.);
- f. 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]; and is not, other than incidentally:
- g. 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; or
- h. A military or veterans Hospital or a Hospital contracted for or operated by a national government or its agency unless:
  - (1) The services are rendered on an emergency basis; and
  - (2) A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

**Hospital Stay** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided and a per diem charge is made by the Hospital.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All Injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of Injuries will be considered one Injury.
**Intensive Care means:**

a. A specifically designated facility of the Hospital that provides the highest level of medical care; and

b. Is restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. It must be:

a. Permanently equipped with special life-saving equipment for the care of the critically ill or injured; and

b. Under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

Intensive Care does not mean any of these step-down units:

a. Progressive care;

b. Sub-acute Intensive Care;

c. Intermediate care units;

d. Private monitored rooms;

e. Observation units; or

f. Other facilities not meeting the standards for Intensive Care.

**Medical Emergency** means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

a. Placing ones health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;

b. Serious impairment to bodily functions;

c. Serious dysfunction of any body organ or part; or

d. Serious disfigurement of such person.

**Expenses incurred for Medical Emergency will be paid only for an Injury fulfilling the above conditions. These expenses will not be paid for minor Injuries.**

**Medically Necessary** means those services or supplies provided or prescribed by a Hospital or Doctor:

a. Essential for the symptoms and diagnosis or treatment of the Injury or Sickness;

b. Provided for the diagnosis, or the direct care and treatment of the Injury or Sickness;

c. In accordance with the standards of good medical practice;

d. Not primarily for a Covered Person’s convenience or for that of the Doctor; and,

e. That are the most appropriate supply or level of service that can safely be provided.

**Natural Teeth** means Natural Teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

**Negative X-ray** means an X-ray that shows the absence of a fracture, pathology, or disease.

**Nurse** means either a professional, licensed, graduate registered Nurse (R.N.) or a professional, licensed practical Nurse (L.P.N.). Nurse also includes a midwife who is certified as such by the American College of Nurse Midwives and licensed as a Registered Nurse (RN).

**Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Doctor.

**Policyholder** means the entity to which the policy is issued and the college or university that the Covered Person attends during his or her Term of Coverage. The Policyholder is shown on the first page of the policy.

**Positive X-ray** means an X-ray that shows the presence of a fracture, pathology, or disease.

**Prescription** means any authorization, including authorized refills, issued by a Doctor for dispensing medication for the purpose and in the amount specified.

**Prescription drug** means:
a. A legend drug;
b. A compound medication when at least one ingredient is a Prescription legend drug;
c. Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or
d. Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.

**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 Insured Person’s Effective Date of coverage.

Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast implants; breast reduction; voluntary sterilization procedure or any sterilization reversal process; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; treatment for weight reduction; treatment of temporomandibular joint dysfunction and associated myofacial pain; radial keratotomy; learning disabilities or disorders, immunizations; treatment of infertility and routine physical examinations.

**Covered Student** means a student of the Policyholder who is eligible and insured for coverage under this Plan.

**Loss** means medical expense covered by this Plan as a result of Injury or Sickness as defined in the Plan.

**Per Condition Aggregate Maximum** means the total amount of benefits payable for each Injury or Sickness under the Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Plan.

**Usual, Reasonable and Customary** means:
1. Charges and fees for medical services or supplies that are the lesser of:
   a) The usually charge by the provider for the service or supply given; or
   b) The average charged for the service or supply in the area where service or supply is received; and
2. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

**Preventive Care** includes the following services when performed by a network provider.

**Covered Preventive Services for Adults**
- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
- **Alcohol Misuse** screening and counseling
- **Aspirin** use for men and women of certain ages
- **Blood Pressure** screening for all adults
- **Cholesterol** screening for adults of certain ages or at higher risk
- **Colorectal Cancer** screening for adults over 50
- **Depression** screening for adults
- **Type 2 Diabetes** screening for adults with high blood pressure
- **Diet** counseling for adults at higher risk for chronic disease
- **HIV** screening for all adults at higher risk
- **Immunization** vaccines for adults--doses, recommended ages, and recommended populations vary:
  - Hepatitis A
  - Hepatitis B
  - Herpes Zoster
  - Human Papillomavirus
  - Influenza
  - Measles, Mumps, Rubella
  - Meningococcal
  - Pneumococcal
  - Tetanus, Diphtheria, Pertussis
  - Varicella
Obesity screening and counseling for all adults
Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
Tobacco Use screening for all adults and cessation interventions for tobacco users
Syphilis screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women
Anemia screening on a routine basis for pregnant women
Bacteriuria urinary tract or other infection screening for pregnant women
BRCA counseling about genetic testing for women at higher risk
Breast Cancer Mammography screenings every 1 to 2 years for women over 40
Breast Cancer Chemoprevention counseling for women at higher risk
Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women*
Cervical Cancer screening for sexually active women
Chlamydia Infection screening for younger women and other women at higher risk
Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs*
Domestic and interpersonal violence screening and counseling for all women*
Folic Acid supplements for women who may become pregnant
Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes*
Gonorrhea screening for all women at higher risk
Hepatitis B screening for pregnant women at their first prenatal visit
Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women*
Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older*
Osteoporosis screening for women over age 60 depending on risk factors
Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
Sexually Transmitted Infections (STI) counseling for sexually active women*
Syphilis screening for all pregnant women or other women at increased risk
Well-woman visits to obtain recommended preventive services for women under 65*

Covered Preventive Services for Children
Alcohol and Drug Use assessments for adolescents
Autism screening for children at 18 and 24 months
Behavioral assessments for children of all ages
Blood Pressure screening for children
Cervical Dysplasia screening for sexually active females
Congenital Hypothyroidism screening for newborns
Depression screening for adolescents
Developmental screening for children under age 3, and surveillance throughout childhood
Dyslipidemia screening for children at higher risk of lipid disorders
Fluoride Chemoprevention supplements for children without fluoride in their water source
Gonorrhea preventive medication for the eyes of all newborns
Hearing screening for all newborns
Height, Weight and Body Mass Index measurements for children
Hematocrit or Hemoglobin screening for children
Hemoglobinopathies or sickle cell screening for newborns
HIV screening for adolescents at higher risk
**Immunization** vaccines for children from birth to age 18 — doses, recommended ages, and recommended populations vary:
- Diphtheria, Tetanus, Pertussis
- Haemophilus influenzae type b
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

**Iron** supplements for children ages 6 to 12 months at risk for anemia

**Lead** screening for children at risk of exposure

**Medical History** for all children throughout development

**Obesity** screening and counseling

**Oral Health** risk assessment for young children

**Phenylketonuria (PKU)** screening for this genetic disorder in newborns

**Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents at higher risk

**Tuberculin** testing for children at higher risk of tuberculosis

**Vision** screening for all children

**Sickness** means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

**We, Us or Our** means United States Fire Insurance Company.

**You, Your or Yours** means the Insured Student.

**PREFERRED PROVIDER NETWORK**

Utilizing the MagnaCare or Multiplan Nationwide Preferred Provider Networks may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. These Provider Networks consist of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a MagnaCare or Multiplan Provider. In order to use the services of a participating provider you must present your United States Fire Insurance Company Medical Identification Card.

Assignment of network Doctors does not guarantee eligibility or right to Injury and Sickness benefits under this plan. Providers may periodically add or deleted as participants in the MagnaCare or Multiplan Network. Not all physicians practicing at a hospital elect to participate in the MagnaCare or Multiplan Network. Insured’s are responsible to verify that a provider is a participating member prior to service being rendered.

A Covered Person may contact MagnaCare at 1-800-235-7267 toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at www.magnacare.com.

A Covered Person may contact First Health at 1-800-226-5116, toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at www.firsthealth.com.
DESCRIPTION OF BENEFITS

PART I - BASIC ACCIDENT
MEDICAL EXPENSE BENEFIT
(Full-time and Part-time Students)

If as a result of an Injury, a Covered Person incurs covered medical Expenses, We will pay 100% of the Covered Expenses incurred within 52 weeks from the date of the accident up to the Per Condition Aggregate Maximum of $7,500 per Injury. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient Doctor visits; (e) inpatient and outpatient consultant; (f) hospital outpatient department; (g) emergency room; (h) diagnostic x-ray and laboratory tests; (i) pre-hospital emergency medical services;(j) other Expenses incurred for the treatment of an Injury. The first eligible expense must be incurred within 180 days from the date of the accident.

Note: We will not cover any Illness, Accident, treatment or medical conditions arising out of the play or practice of or traveling in conjunction with participation in intercollegiate football.

INTERCOLLEGIATE SPORTS
ACCIDENT COVERAGE

Intercollegiate Sport injuries due to participation in practice or play of Intercollegiate Sports are covered under the Plan. We will pay 100% of the Covered Expenses incurred within 52 weeks from the date of the accident, up to a Per Condition Aggregate Maximum of $7,500 per Injury. The first eligible expense must be incurred within 180 days from the date of the accident.

ACCIDENTAL DEATH & DISMEMBERMENT EXPENSE BENEFIT*

When, because of Injury, the Covered Student suffers any of the following losses within 365 days from the date of the accident, We will pay as follows:

<table>
<thead>
<tr>
<th>For Loss of:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$5,000</td>
</tr>
<tr>
<td>Two hands or two feet or sight of two eyes</td>
<td>$5,000</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>$5,000</td>
</tr>
<tr>
<td>One foot and sight of one eye</td>
<td>$5,000</td>
</tr>
<tr>
<td>One hand and sight of one eye</td>
<td>$5,000</td>
</tr>
<tr>
<td>One hand or one foot or sight of one eye</td>
<td>$2,500</td>
</tr>
<tr>
<td>Thumb and index finger of the same hand</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed by: (1) physical or mental illness, medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan; (2) an infection, unless it is caused solely and independently by a covered accident; (3) participation in a felony; or (4) the Insured Person being intoxicated or under the influence of any drug unless taken as prescribed by a physician. In addition to the above, this provision is subject to the Exclusions and Limitations of this Plan.

*Dependents are not eligible for Accidental Death and Dismemberment Benefits.
PART II - SICKNESS MEDICAL EXPENSE BENEFIT

If as the result of Sickness, a Covered Person incurs covered medical Expenses, We will pay 80% of the Covered Expenses incurred, within 52 weeks from the date of the first medical treatment of the Sickness. This Plan does not cover Expenses for voluntary or elective termination of pregnancy.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>SICKNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Co-Insurance</strong></td>
<td>80% of Usual, Reasonable and Customary Charges, URC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maximum Benefit</th>
<th>$100,000 Per Policy Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Condition Deductible</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Room and Board Expense</th>
<th>Services include semi-private room, nursing services, special care unit</th>
<th>Usual, Reasonable and Customary Charges, URC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous Inpatient Hospital Expense</td>
<td>We will pay the Covered Expenses incurred. Such Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed 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.</td>
<td>Usual, Reasonable and Customary Charges, URC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In Hospital Doctor's Fees and Medical Expense</th>
<th>Services include visits by a doctor who may or may not have performed surgery</th>
<th>Usual, Reasonable and Customary Charges, URC</th>
</tr>
</thead>
</table>

| Surgical Expense Benefit                     | Usual, Reasonable and Customary Charges, URC                                  |
|-----------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|
| Hospital Outpatient Expense Benefit: If the Covered Person requires services while not hospital confined for the use of the Hospital Outpatient Department or Emergency Room, We will pay the Covered Expense. | Usual, Reasonable and Customary Charges, URC                                  |
| Emergency Room Expense Benefit: If the Covered Person requires the use of a hospital emergency room as a result of a Medical Emergency, We will pay the Covered Expense. | Usual, Reasonable and Customary Charges, URC                                  |
| Outpatient Doctor Visit Expense Benefit: If a Covered Person incurs Expenses in a Doctor’s office, We will pay the Covered Expenses incurred beginning with the second visit, limited to one visit per day. | Usual, Reasonable and Customary Charges, URC                                  |
| Diagnostic X-ray & Laboratory Expense Benefit: If a Covered Person is prescribed by an attending Doctor for diagnostic x-ray and laboratory services on an outpatient basis, We will pay, after a $25 deductible, the Covered Expenses incurred. | Usual, Reasonable and Customary Charges, URC                                  |
| Prescription Drug Expense Benefit: If a Covered Person requires a prescription medicine prescribed by a Doctor, we will pay the Covered Expenses incurred. | 80% of Covered Charges                                                                                                           |
| Contraceptives | 100% of Covered Charges                                                                                                          |
| Consultant Expense Benefit (Inpatient or Outpatient): If a Covered Person requires the service of a Consultant or Specialist, when they are deemed necessary and ordered by an attending physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Expense incurred. | Usual, Reasonable and Customary Charges, URC                                  |
| Ambulance Expense Benefit: Ambulance expenses are paid for under the Pre-Hospital Medical Emergency Services Expense Benefit. If a Covered Person requires the use of a community or hospital ambulance for a Medical Emergency, We will pay the Covered Expenses incurred. | Usual, Reasonable and Customary Charges, URC                                  |
**Preventative Care Expense:** 100% of Covered Expenses

**ADDITIONAL BENEFITS**

**MENTAL ILLNESS EXPENSE**

<table>
<thead>
<tr>
<th>Biologically Based Mental Illness</th>
<th>Includes Inpatient, Outpatient</th>
<th>30 days Inpatient and 20 days Outpatient  Usual, Reasonable &amp; Customary Charges, URC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Mental &amp; Nervous (non-biological)</td>
<td></td>
<td>Usual, Reasonable and Customary Charges, URC</td>
</tr>
<tr>
<td>Outpatient Mental &amp; Nervous (non-biological)</td>
<td></td>
<td>Usual, Reasonable and Customary Charges, URC</td>
</tr>
<tr>
<td>Pre-Hospital Medical Emergency Services Expense, provided by a licensed ambulance service</td>
<td></td>
<td>Usual, Reasonable and Customary Charges, URC</td>
</tr>
</tbody>
</table>

**ADDITIONAL BENEFITS**

| Accident Dental Expense, Injury to sound natural teeth |                               | Usual, Reasonable and Customary Charges, URC                                       |
| Home Health Care Expense |                               | Usual, Reasonable and Customary Charges, URC                                       |
| Licensed Nurse Expense |                               | Usual, Reasonable and Customary Charges, URC                                       |
| Accidental Death & Dismemberment | Principal Sum: $5,000 | |
| Attention Deficit Disorder |                               | Usual, Reasonable and Customary Charges, URC                                       |

**ADDITIONAL BENEFITS**

**Mental, Nervous, or Emotional Disorder Benefit:** Benefits will be payable for Active Treatment of mental, nervous, eating disorders, or emotional disorders as follows.

Benefits are payable for inpatient hospital care for thirty days of active treatment per policy year in a hospital defined by Section 1.03(10) of the Mental Hygiene Law and twenty visits of active treatment per policy year for outpatient care in a facility issued an operating certificate by the commissioner of mental health, a facility operated by the office of mental health, a psychiatrist or psychologist, or a professional corporation or university faculty practice corporation.

Benefits are payable the same as any other Sickness for inpatient hospital treatment for adults and children with biologically based mental illness, eating disorders, and children with serious emotional disturbances.

Partial hospitalization days shall be covered with two partial hospitalization days equal to one covered inpatient day.

**Definitions:**

“Active treatment” means treatment furnished in connection with inpatient confinement for mental, nervous, or emotional disorders or ailments that meet the standards prescribed pursuant to the regulations of the commissioner of mental health. Active treatment for outpatient visits for biologically based mental illness or children with serious emotional disturbances will not require inpatient confinement to be eligible for outpatient treatment.

“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. Under the law, the following disorders satisfy the definition of biologically based mental illness: schizophrenia/psychotic disorders; major depression; bipolar disorder; delusional disorders; panic disorder; obsessive compulsive disorders, anorexia and bulimia.
“Children with serious emotional disturbances” means those persons under the age of eighteen years who have a diagnosis of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders and one or more of the following: serious suicidal symptoms or other life-threatening self-destructive behaviors; significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

“Eating Disorder” means conditions such as anorexia nervosa, bulimia and binge eating disorder, identified as such in the ICD-9-CM International Classification of Disease or the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, or other medical and mental health diagnostic references generally accepted for standard use by the medical and mental health fields.

“Comprehensive care centers for eating disorders” or "comprehensive care centers" means a provider-sponsored system of care, organized by either corporate affiliation or clinical association for the common purpose of providing a coordinated, individualized plan of care for an individual with an eating disorder that includes all necessary non-institutional, institutional and practitioner services and treatments, from initial patient screening and evaluation, to treatment, follow-up care and support.

Exceptions to Coverage

Benefits do not apply to:

1. individuals who are incarcerated, confined or committed to a local correctional facility or prison, or a custodial facility for youth operated by the office of children and family services;
2. services solely because such services are ordered by a court; or
3. services determined to be cosmetic on the grounds that changing or improving an individual's appearance is justified by the individual's mental health needs.

Benefits provided will be subject to the same deductibles and coinsurance as any other Sickness. Benefits will be subject to the same network limitations, if any, as applicable to the other benefits provided under the Policy.

Inpatient Chemical Abuse and Chemical Dependence Expense Benefit: If on account of Chemical Abuse or Chemical Dependence, a Covered Person requires inpatient treatment, We will pay for such treatment as follows:

When the Covered Person is confined as an inpatient in a Hospital or a Detoxification Facility, We will pay benefits for detoxification on the same basis as any other Sickness. But, We will not cover more than seven (7) days of active treatment in any one calendar year.

When the Covered Person is confined in a hospital or Chemical Abuse Treatment Facility, We will pay benefits for rehabilitation services on the same basis as any other Sickness. But, We will not cover more than thirty (30) days of inpatient care for such services in any one calendar year.

As used in this provision, the term “Chemical Abuse Treatment Facility” means a facility: (a) in New York State, which is certified by the Office of Alcoholism and Substance Abuse Services; or (b) in other states, which is accredited by the Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse, or chemical dependence treatment programs.

Outpatient Chemical Abuse and Chemical Dependence Expense Benefit: If on account of Chemical Abuse or Chemical Dependence, a Covered Person is not so hospital confined as an inpatient, We will pay the Covered Percentage of the Covered Expenses incurred for up to 60 visits during any one calendar year, for the diagnosis and treatment of Chemical Abuse and Chemical Dependence. Coverage will be limited to facilities in New York State, which are certified by the Office of Alcoholism and Substance Abuse Services as outpatient clinics or medically supervised ambulatory substance programs. In other states, coverage is limited to those facilities, which are accredited by the Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse, 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 Psychotherapist who: (a) is licensed by the state or territory where the person practices; and (b) devotes a substantial part of his or her time treating intoxicated persons, substance abusers, alcohol abusers, or alcoholics. Outpatient coverage includes up to 20 outpatient visits during any one calendar year, for covered family members, even if the Covered Person in need of treatment has not received, or is not receiving treatment for Chemical Dependence and Chemical Abuse provided that the total number of such visits, when combined with those of the Insured Person in need of treatment, do not exceed 60 outpatient visits in any one calendar year, and provided further that the 60 visits shall be reduced only by the number of visits actually utilized by the covered family members. We treat such charges
the same way We treat Covered Expenses for any other Sickness.

“Chemical Abuse and Chemical Dependence” means an illness characterized by a physiological or psychological dependency, or both, on a controlled substance and/or alcoholic beverages. It is further characterized by a frequent or intense pattern of pathological use to the extent the user exhibits a loss of self-control over the amount and circumstances of use; develops symptoms of tolerance or physiological and/or psychological withdrawal if the use of the controlled substance or alcoholic beverage is reduced or discontinued; and the user’s health is substantially impaired or endangered or his or her social or economic function is substantially disrupted.

**Mammography Examination Expense Benefit:** We will pay the Covered Percentage of the Covered Charges incurred for a Mammographic exam. The charges must be incurred while the Insured Person is insured for these benefits. Benefits will be paid for the following: (a) one Mammogram at any age for an Insured Person who has a prior history of breast cancer or who has a first degree relative with a prior history of breast cancer, upon recommendation of a Doctor; (b) one baseline Mammogram for an Insured Person age thirty-five through thirty-nine; and (c) one Mammogram annually for an Insured Person age forty years or older. We cover such charges the same way We treat Covered Charges for any other Sickness.

**Cytologic Screening Expense Benefit:** We cover charges for Expenses incurred for an annual Cytologic Screening (Pap smear) for cervical cancer for women eighteen and older. We treat such charges in the same way We treat Covered Charges for any other Sickness. Cytologic Screening means collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear. Cervical cytology screening also includes an annual pelvic examination.

**Chiropractic Care Expense Benefit:** We will pay for an Insured Person’s Covered Charges for non-surgical treatment to remove nerve interference and its effects, which is caused by or related to Body Distortion. Body Distortion means structural imbalance, distortion, or incomplete or partial dislocation in the human body which: (a) is due to or related to distortion, misalignment, or incomplete or partial dislocation of or in the vertebral column; and (b) interferes with the human nerves. We treat such charges in the same way We treat Covered Charges for any other Sickness.

**Cancer Second Opinion Expense Benefit:** We cover charges for a second medical opinion by an appropriate specialist, including but not limited to, a specialist affiliated with a specialty care center, in the event of a positive or negative diagnosis of cancer, or a recurrence of cancer, or a recommendation of a course of treatment for cancer. If this Plan requires the use of Network Providers, the Insured Person is entitled to a second medical opinion from a non-participating specialist, at no additional cost beyond that which the Insured Person would have paid for services from a participating specialist, provided the Insured Person’s attending Doctor provides a written referral. A second medical opinion provided by a non-participating specialist absent a written referral will be covered subject to the payment of additional coinsurance. We treat such charges the same way We treat Covered Charges for any other Sickness.

**Reconstructive Breast Surgery Expense Benefit:** We cover charges for inpatient hospital care for an Insured Person undergoing: (a) a lumpectomy or a lymph node dissection for the treatment of breast cancer; or (b) a mastectomy which is covered under this Plan. Coverage is limited to a time frame determined by the Insured Person’s Doctor to be medically appropriate.

We also cover charges for breast reconstruction surgery after a mastectomy including: (a) all stages of reconstruction of the breast on which the mastectomy has been performed; and (b) surgery and reconstruction of the other breast to produce symmetry. Surgery and reconstruction will be provided in a manner determined by the attending Doctor and the Insured Person to be appropriate. We treat such charges the same way We treat any other Covered Charges for any other Sickness.

**Diagnostic Screening For Prostatic Cancer Expense Benefit:** We cover charges for Diagnostic Screening for Prostatic Cancer as follows: (a) standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and (b) an annual standard diagnostic examination including, but not limited to, a digital rectal examination prostate-specific antigen test for men: (1) age fifty and over who are asymptomatic; and (2) age forty and over with a family history of prostate cancer or other prostate cancer risk factors. We treat such charges the same way We treat Covered Charges for any other Sickness.

**Diabetes Treatment Expense Benefit:** We cover charges for the following Medically Necessary diabetes equipment services and supplies for the treatment of diabetes, when recommended by a Doctor or other licensed health care provider. We treat such charges the same way We treat any other Covered Charges for a Sickness. Such supplies include: blood glucose monitors, blood glucose monitors for the legally blind, data management systems, test strips for glucose monitors and visual reading, urine test strips, insulin,
injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices or oral agents for controlling blood sugar. We also cover charges for expenses incurred for diabetes self-management education.

Coverage for self-management education and education relating to diet shall be limited to Medically Necessary visits upon the diagnosis of diabetes, where a Doctor diagnoses a significant change in the Covered Person’s symptoms or conditions which necessitates changes in a patient’s self-management or upon determination that reeducation or refresher education is necessary. Diabetes self-management education may be provided by a Doctor or other licensed healthcare provider, the Doctor’s office staff, as part of an office visit, or by a certified diabetes nurse educator, certified nutritionist, certified dietician registered dietician. Education may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet includes Medically Necessary home visits.

**Enteral Formulas Expense Benefit:** We will pay for a Covered Person’s Covered Expenses for enteral formulas when prescribed by a Doctor or licensed health care provider. The prescribing Doctor or health care provider must issue a written order stating that the enteral formula is Medically Necessary and has been proven as a disease-specific treatment for those individuals who are or will become malnourished or suffer from disorders, which if left untreated will cause chronic physical disability, mental retardation or death.

We cover enteral formulas and food products required for persons with inherited diseases of amino acid and organic acid metabolism, Crohn’s Disease, gastroesophageal reflux with failure to thrive, disorders of the gastrointestinal motility such as chronic intestinal pseudo-obstruction, and multiple severe food allergies, which if left untreated will cause malnourishment, chronic physical disability, mental retardation or death. We also cover modified solid food products that are low protein or which contain Medically Necessary modified protein in an amount not to exceed $2,500 per calendar year or for any continuous period of twelve months. We treat such charges the same way We treat Covered Expenses for any other Sickness.

**Maternity Expense Benefit:** We will pay benefits for a Covered Person’s Covered Expenses for maternity care, including hospital, surgical and medical care. We treat such charges in the same way We treat Covered Expenses for any other Sickness.

We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a healthcare facility. Covered services may be provided by a certified-nurse midwife, under qualified medical direction, affiliated or practicing in conjunction with a licensed facility, unless the attending Doctor, in consultation with the mother, makes a decision for an earlier discharge from the Hospital. If so, we will cover charges for one home health care visit. The visit must be requested within 48 hours of the delivery (96 hours in the case of a cesarean section) and the services must be delivered within 24 hours: (a) after discharge; or b) of the time of the mother’s request, whichever is later. Charges for the home health care visit are not subject to any deductible, coinsurance or co-payments. Covered Expenses include at least two payments, at reasonable intervals, for prenatal care and one payment for delivery and postnatal care provided. We also cover charges for parent education, assistance and training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments. Newborn infant care is covered when the infant is confined in the hospital and has received continuous hospital care from the moment of birth. This includes: (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures, except circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth. Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility.

**End of Life Care Expense Benefit:** If a Covered Person is diagnosed with Advanced Cancer, We will cover services provided by a facility or program specializing in the treatment of terminally ill patients if the Covered Person's attending health care practitioner, in consultation with the medical director of the facility or program determines that the Insured Person's care would appropriately be provided by such a facility or program.

If We disagree with the admission of the Covered Person into the facility, or the provision or continuation of care by the facility, We will initiate an expedited external appeal. Until a decision is rendered, We will continue to provide coverage for care provided in the facility. The decision of the external appeal agent will be binding on both Us and the Covered Person.
"Advanced Cancer" means a diagnosis of cancer by the Covered Person's attending health care practitioner certifying that there is no hope of reversal of primary disease and that the person has fewer than sixty days to live. We treat such charges the same way We treat Covered Expenses for any other Sickness.

**Pre-Hospital Medical Emergency Services Expense Benefit:** When, by reason of Injury or Sickness, a Covered Person requires the use of a community or Hospital ambulance in a Medical Emergency, We will pay benefits for the Covered Percentage of the Covered Expenses incurred in excess of the deductible shown in the Plan of Insurance. Covered Expenses include Pre-Hospital Medical Emergency Services provided by a licensed ambulance service.

As used in this provision, Pre-Hospital Medical Emergency Services means the prompt evaluation and treatment of a Medical Emergency condition, and/or non-airborne transportation of an Insured Person to a Hospital. Reimbursement for non-airborne transportation will be based on whether a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in: (1) placing the health of the person affected 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; (2) serious impairment to such person’s bodily functions; (3) serious dysfunction of any bodily organ or part of such person; or (4) serious disfigurement of such person.

Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, scene of accident or Medical Emergency to a Hospital or between Hospitals.

Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area. Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness. Air ambulance is air transportation by a vehicle designed, equipped, and used only to transport the sick and injured to and from a Hospital for inpatient care.

**Bone Mineral Density Measurements and Tests Expense Benefit:** If by reason of Injury or Sickness, an Insured Person requires Bone Mineral Density Measurements or Tests, We will pay the Covered Percentage of the Covered Expense, which is subject to annual deductibles and coinsurances. Individuals obtaining these services must meet the following criteria: (a) previously diagnosed as having osteoporosis or having a family history of osteoporosis; (b) symptoms or conditions indicative of the presence, or the significant risk of osteoporosis; (c) are on a prescribed drug regimen posing a significant risk of osteoporosis; (d) lifestyle factors to such a degree as posing a significant risk of osteoporosis; and (e) age, gender and/or other physiological characteristics, which pose a significant risk for osteoporosis.

**Early Intervention Services Benefit:** Benefits will be payable for Early Intervention Services for children up to three years of age who are disabled or at risk of disability on the same basis as any other Sickness. Benefits paid for Early Intervention will not decrease benefits payable for other conditions

**Autism Spectrum Disorder Benefit:** Benefits will be payable for a Covered Person’s Covered Expense on the same basis as any other Sickness for treatment of Autism Spectrum Disorder. “Autism Spectrum Disorder” means a neurobiological condition that includes autism, Asperger syndrome, Rett's syndrome, or pervasive developmental disorder.

**Eating Disorders:** If a Covered Person requires treatment for an Eating Disorder Condition such as: binge eating disorder including anorexia nervosa, and bulimia nervosa, and treatment has been provided by a state identified Eating Disorder Center or a Comprehensive Health Care Center, We will pay the Covered Percentage of the Covered Expenses incurred by the Covered Person for such treatments, subject to the Deductible shown in the Plan of Insurance.

**EXCLUSIONS**

The Plan does not cover nor provide benefits for:
1. Expense incurred as the result of dental treatment. This exclusion does not apply to treatment resulting from Injury to natural teeth.
2. Services normally provided without charge by the Westchester Community College's infirmary, or hospital, or by health care providers employed by Westchester Community College.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore.
4. Injury due to participation in a riot.
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.

6. Injury or Sickness resulting from declared or undeclared war; or any act thereof.

7. Injury or Sickness for which benefits are paid under any Workers Compensation or Occupational Disease Law.

8. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Covered Person.

9. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.

10. Elective treatment or elective surgery, except as specifically provided.

11. Cosmetic surgery, except as the result of an Injury occurring while this Plan is in force as to the Covered Person. This exclusion shall also not apply to cosmetic surgery, which is reconstructive surgery, when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect.

12. Expenses covered by any other medical, health or accident insurance provided on a group basis. This exclusion shall only apply if the entire premium for the coverage under this Plan is paid by the College, with no contributions from the Covered Student.

13. Injuries sustained as the result of a motor vehicle accident to the extent that benefits are recovered or recoverable under mandatory no-fault benefits insurance.

14. For International Students, expenses incurred within the Covered Person’s Home Country or Country of regular domicile.

15. Pre-existing Conditions, subject to the provision entitled “Continuous Coverage”

16. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature.

17. For expenses as a result of participation in a felony.

18. While the Covered Person is intoxicated or under the influence of any drug unless taken as prescribed by a Doctor.

19. Injury sustained while participating in interscholastic sports contest or competition, unless specifically listed in the Schedule or provided by rider, and including: (a) traveling to or from such sport, contest or competition as a participant; or (b) during participation in any practice or conditioning program for such sport, contest, or competition.

PRE-EXISTING CONDITIONS LIMITATION

A “Pre-existing Condition” is a Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Doctor during the 6 consecutive months prior to the effective date of the Insured Person’s coverage under this Plan.

The Pre-existing Condition Waiting Period is 12 months. Coverage will not be provided for a Pre-existing Condition until the Waiting Period has elapsed. The Pre-existing Condition Waiting Period applies to all persons covered under this Plan and begins on the Insured Person’s effective date. If the Insured Person receives treatment for a service for a Pre-existing Condition, We will not pay benefits for a Pre-existing Condition until: (a) the day after a 12 consecutive month period has passed from the Insured Person’s Effective Date; or (b) with respect to a pregnancy, the day after a 10 consecutive month period has passed from the Insured Person’ Effective Date; and (c) We will pay only for Loss or Expense incurred after such 12 consecutive month period. A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Payment will be made in accordance with the provisions of this Plan.

With respect to Covered Persons who are under 19 years of age, notwithstanding the Preexisting Condition Limitations of Your Policy, no health care service or treatment will be denied, limited, or excluded based on the fact that a medical condition was present before the effective date of Your Policy, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before that day. With respect to Covered Persons who are under 19 years of age, any provision previously attached to the Policy excluding coverage for a specific condition is removed and shall be considered null and void."

**Continuous Coverage** - If a Covered Person is continuously covered under the policy offered through the Policyholder, or any other group health plan, he will be covered for an Injury sustained or sickness first manifested while so covered. If You enroll for coverage offered through Your Policyholder within 63 days of the end of any preceding company’s policy, You will be considered to have
maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 63 days occurs.

**COORDINATION OF BENEFITS PROVISION**

New York State Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with Westchester Community College.

**REIMBURSEMENT & SUBROGATION**

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our right.

**APPEAL PROCEDURE**

**Internal Appeal**

If Your claim is denied You will be notified of the reason with a description of any additional information necessary to appeal the denial.

If You or Your provider would like additional information or have a complaint concerning the denial, please contact Our Claims Administrator, Klais & Company Inc., at 1-800-331-1096. Klais will address concerns and attempt to resolve the complaint. If Klais is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to Klais. Please include Your name, student identification number, home address, policy number and any other information or documentation to support the appeal.

The appeal must be submitted within 60 days of the event that resulted in the complaint. Klais will acknowledge your appeal within 10 working days of receipt or within 72 hours if the appeal involves a life-threatening situation. A decision will be sent to You within 30 days. If there are extraordinary circumstances involved, Klais may take up to an additional 60 days before rendering a decision.

**External Appeal**

Under New York State Law, You have the right to an External Appeal ONLY when a claim is denied because services are not Medically Necessary or the services are Experimental or Investigational AND You or Your provider must have received a Final Adverse Determination on Your internal appeal OR You and the Plan must have agreed to waive the internal appeal process. A “Final Adverse Determination” means written notification that an otherwise covered health care service has been denied through the internal appeal process.

If a service was denied as Experimental or Investigational, You must have a life-threatening or disabling condition or disease to be eligible for an external appeal AND Your attending physician must submit an Attending Physician Attestation form. An external appeal may only be requested if the denied service is a covered benefit under the plan.

Instructions, forms and the fee required for an External Appeal may be found at [http://www.ins.state.ny.us/extappqa.htm](http://www.ins.state.ny.us/extappqa.htm). You must file an External Appeal within 45 days of receipt of a notice of Final Adverse Determination or within 45 days of receiving notice that the internal appeal procedure has been waived. An expedited external appeal will be decided within 3 days of receiving a request from the state. A standard external appeal will be decided within 30 days of receiving the request from the state.

**CLAIM PROCEDURES**

In the event of an Injury or Sickness:

1. A Covered Student should report at once to the Nurse’s Office for treatment or advice. If away from Westchester Community College secure treatment from your Doctor or from the nearest hospital.

Mail the following items to the Claims Administrator at the address below:

- Completed claim form including Insured’s name, address, student identification number, and the name of the University under which the student is insured.

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• All itemized medical and hospital bills.
• Drug bills (not cash register receipts) showing prescription number, name of drug, date prescribed and name of person for whom the drug was prescribed.

3. A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be considered.

TO SUBMIT A CLAIM:
All MagnaCare Providers must submit bills directly to: MagnaCare, P.O. Box 1001, Garden City NY 11530. Web ID# 11303

Send all other provider bills, claim forms, prescription to: Klais & Company Inc., 1867 West Market Street, Akron OH 44313
Web ID# 34145

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND REQUIRES A SEPARATE CLAIM FORM.

Conformity with State Statutes means any provision of this 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.

PRIVACY STATEMENT
We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at 800-331-1096.

Complaints
If you believe your privacy rights have been violated, you may file a complaint with Us. When filing a complaint, include your name, address and telephone number and We will respond. All complaints must be submitted in writing to United States Fire Insurance Company, C/O The Allen J. Flood Companies, Inc. 2 Madison Avenue, Larchmont, NY 10538 Attn: HIPAA Privacy Office. You may also contact the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

LIMITED BENEFITS HEALTH INSURANCE
The insurance evidenced in this brochure provides limited benefits health insurance Only. It does NOT provide basic hospital, basic medical, major medical insurance, Medicare supplement, long-term care insurance, nursing home insurance only, home care insurance only, or nursing home and home care insurance as defined by the New York State Insurance Department.

The Plan is Underwritten By:
United State Fire Insurance Company
Policy Number: UFL2827S
Form #: AH 27261-NY
Disclaimer

"Your student health insurance coverage, offered by United States Fire Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: $100,000 per policy year for your Medical Coverage. If you have any questions or concerns about this notice, contact The Allen J. Flood Companies. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.”