

Student Accident and Sickness Insurance Plan

2011-2012



“The Policyholder”

Ravine Parkway
Oneonta, NY 13820

**Administrator Policy Number: CHH0076712
Underwriter Reference Number: CAS9491891**

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

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

The insurance described in this brochure provides limited benefits only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

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.

INTRODUCTION

The plan outlined in this brochure provides maximum coverage at an economical cost, and we urge all students to carefully consider participation in the plan.

This plan covers students of the State University of New York, College at Oneonta who have enrolled in this plan, at home, at the College, or wherever he or she may be, 24 hours a day.

The plan is administered by Maksin Management Corp in Camden, NJ. Students may visit Maksin Management Corp's website at: www.maksin.com

For additional information, students may contact: Jackie Tripp, Student Health Insurance Liaison, Counseling Health & Wellness Center, Room #140, phone (607) 436-3636.

ELIGIBILITY

All full-time and part-time undergraduate and graduate students are automatically enrolled in this insurance plan. The premium for coverage is added to the student's tuition bill; however the student may opt out of the plan during the first 30 days at the beginning of the semester.

Covered Students may enroll their spouse and/or dependent children (unmarried children under age 19). Newborn Children: A child born to a Covered Student is automatically covered from the moment of birth until such child is 31 days old. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. However, the Covered Student must enroll the child within 31 days of such birth and pay the required additional premium in order to have coverage for the newborn child continue beyond such 31 days period.

Students enrolled in the Basic Accident and Sickness Insurance Plan may also enroll in the Optional Increased Supplemental Plan as well. Students who elect this option must complete and submit the enclosed enrollment form, with additional premium, to Maksin Management Corp. Please make check or money order payable to National Union Fire Insurance Company. Maksin Management Corp must receive the completed enrollment form and additional premium prior to the effective date of coverage, August 12, 2011.

Eligibility requirements must be met each time a premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been and continue to be met. If the Company discovers that the eligibility requirements have not been or are not being met, its only obligation is refund of premium less any claims paid.

Covered Students interested in enrolling their spouse and/or dependent children must complete and submit the enclosed dependent enrollment form, with premium, to Maksin Management Corp. Please make check or money order payable to National Union Fire Insurance Company.

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

An eligible student may enroll for coverage for his or her dependents only during the first 30 days at the beginning of the semester, or within 31 days of marriage, birth, or adoption, for which proof is required.

NOTE: Except as noted under Termination or as specifically provided under the Extension of Benefits, Dependent coverage expires concurrently with that of the Covered Student.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective August 1, 2011 at 12:01 a.m., and it expires August 12, 2012 at 12:01 a.m.

Covered Students and their eligible Dependents will be effective on: a) the Policy effective date (8/1/2011 (new student athletes only)); the Effective Date of the coverage period elected; or b) the day after the date the enrollment form and correct premium are received, whichever is later. Insurance will end for the Covered Person on the earliest of: a) the date the Policy terminates; b) the last day for which premium has been paid; or c) the date he or she enters the armed forces.

Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed. Should a Covered Student graduate or withdraw from the College, the insurance shall remain in effect until the end of the period for which the premium has been paid.

Eligible Students may opt out of this insurance plan during the first 30 days at the beginning of the semester.

PREMIUM RATES

	ANNUAL Coverage Period 8/12/11-8/12/12**	SPRING* Coverage Period 1/17/12-8/12/12
Student	\$214.00***	\$144.00***
Spouse	\$396.00	\$266.00
Child(ren)	\$396.00	\$266.00
Spouse and Child(ren)....	\$792.00	\$532.00

*Only for new students to the college

**8/1/11-8/1/12 for new student athletes to the college

***Includes college administrative fee

DEFINITIONS

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

“**Covered Person**” means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

“**Deductible/Deductible Amount**” means the dollar amount of Eligible Expenses a Covered Person must pay before benefits become payable.

“**Doctor**” means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of

such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's immediate family member.

"Eligible Expense" means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person 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; or
- (e) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

"Experimental/Investigational" means a drug, device or medical care or treatment that meets the following:

- (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;

- (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law;
- (c) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;
- (d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or
- (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis.

Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

"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 of dentistry;
- (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.

“Injury” means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person’s effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

“Medical Necessity/Medically Necessary” means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
- (b) it is not the appropriate treatment for the Covered Person’s diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or

- (d) it is Experimental/Investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient’s condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
- (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

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

“Reasonable and Customary” means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

“Geographic area” means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date.

“**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.

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.

DESCRIPTION OF BENEFITS

SECTION I

BASIC ACCIDENT BENEFITS

When an Injury requires: (a) treatment by a Doctor; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) x-ray service; (e) use of an operating room, anesthesia, including the administration thereof, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Doctor, prescription medicines, drugs, or any other therapeutic services or supplies; or (i) home health care expenses,

the Company will pay Eligible Expenses up to an aggregate maximum of \$2,000 per Injury per Policy Year. This benefit includes coverage for treatment of Injury to sound, natural teeth.

Interscholastic/Intercollegiate Sports Expense:

If a Covered Person requires treatment for an Injury as the result of the practice or play of interscholastic or intercollegiate sports, the Company will pay Eligible Expenses as shown above, up to an aggregate maximum of \$1,500 per Injury per Policy Year.

SECTION II

BASIC SICKNESS BENEFITS

When the Covered Person suffers a loss from Sickness, the Company will pay Eligible Expenses up to an aggregate maximum of \$2,000 per Sickness per Policy Year. Maternity expense and complications of pregnancy (conception occurring during the term insured) and biologically based mental illness/*serious emotional disturbances are covered on the same basis as any other Sickness.

*applicable only to children under age eighteen (18)

Pre-Admission Tests Expense: The Company will pay the hospital Eligible Expenses for use of outpatient facilities as needed for tests before a Covered Person is admitted to the Hospital, provided that: a) tests are required for diagnosis and treatment of the ailment for which the Covered Person is hospitalized; b) a hospital bed and operating room have been reserved before the tests are made; c) Hospital confinement occurs within seven (7) days after the tests; and d) the Covered Person is physically present for tests.

Hospital Room and Board Expense: When Sickness requires Hospital confinement, the Company will pay the Hospital room and board Expense up to the average semi-private rate, not to exceed \$400 per day.

Miscellaneous Hospital Expense: The Company will pay the Eligible Expenses incurred during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center up to a maximum of \$500. Included are: anesthesia, operating room, laboratory tests and x-rays (including professional fees), oxygen, drugs (excluding take-home

drugs), medicines, dressings, and other necessary non-room and board Hospital expenses.

Surgical Expense: When a Sickness requires surgery, the Company will pay 80% of the Eligible Expenses, subject to the maximum surgical benefit of \$750. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthesiologist who is not employed or retained by the Hospital in which the surgery is performed, the Company will pay the Eligible Expense up to a maximum of 25% of the amount paid for surgery.

If the surgery requires the services of an assistant surgeon, the Company will pay the Eligible Expense up to a maximum of 25% of the amount paid for surgery.

In-Hospital Doctor's Fee Expense: If, while confined to a Hospital, the Covered Person requires the services of a Doctor, the Company will pay the Eligible Expense for such services, up to \$50 per day, to a maximum of 30 days.

Consultant or Specialist Expense: When a Sickness requires the services of a consultant or specialist, as requested by the attending Doctor, the Company will pay the Eligible Expense up to a maximum of \$100.

Ambulance Expense: When a Sickness requires the use of an ambulance (including air ambulance), the Company will pay the Eligible Expenses up to a maximum of \$500.

Outpatient Doctor Fees Expense: When a Sickness requires the services of a Doctor, while not confined to a Hospital, the Company will pay the Eligible Expense up to a maximum of \$50 per visit, up to a maximum of 10 visits.

Outpatient Diagnostic X-ray and Laboratory Expense: When a Sickness requires diagnostic x-ray, including ultrasound, MRI and CAT Scan, or laboratory services, under the Doctor's direction, the Company will pay the Eligible Expense up to a maximum of \$300. Coverage also includes STD testing, including Chlamydia, GC, and HIV.

Durable Medical Equipment and Supplies: When a Sickness requires the use of durable medical equipment or supplies, the Company will pay the Eligible Expense.

Home Health Care Expense: If, as a result of a

covered Sickness, a Covered Person incurs home health care expenses, the Company will pay 75% of such Reasonable and Customary expenses within 12 months from the date of the first home health care visit. Such reimbursement is subject to a per Policy Year Deductible of \$50 and the maximum number of covered visits is limited to 40 per Policy Year. Four hours of home health aide service shall be considered as one home care visit.

Hospital Emergency Room Expense: When a Sickness requires the use of an emergency room, the Company will pay the Eligible Expense, up to a maximum of \$300. The Company will not pay such expenses unless the care is given within: a) 12 hours after the illness begins, or b) 72 hours after the Accident.

Outpatient Mental Nervous Disorders Expense: If a Sickness requires the services of a licensed psychiatrist, licensed psychologist, or certified clinical social worker, the Company will pay the Eligible Expense up to \$50 per visit, up to 20 visits per Policy Year.

Inpatient Mental Nervous Disorders Expense: If, while confined to a Hospital, the Covered Person's Sickness requires services for mental and nervous disorders, the Company will pay the Eligible Expense as any other Sickness.

Inpatient Alcohol and Substance Abuse Expense: The Company will pay for the diagnosis and treatment of alcoholism or alcohol abuse and substance abuse or substance dependence, on the same basis as Sickness: 1) up to seven days per Policy Year for active detoxification, and; 2) up to thirty days per Policy Year for inpatient rehabilitation services. Benefits will be paid on the same basis as any other Sickness.

Second Surgical Opinion Expense: If, as a result of a covered Sickness, non-emergency surgery is recommended, the Company will pay the Eligible Expense for a second opinion consultation by a board certified specialist in the field relating to the surgical procedure proposed. Eligible Expense includes x-rays and diagnostic tests done in connection with the consultation. Benefits will be paid on the same basis as any other Sickness.

Autism Spectrum Disorder Expense: The

Company will pay the Eligible Expense on the same basis as any other Sickness for the diagnosis and treatment of an autism spectrum disorder. "Autism spectrum disorder" means a neurobiological condition that includes autism, Asperger syndrome, Rett's syndrome, or pervasive developmental disorder.

Outpatient Prescription Drug Expense: When a Sickness requires prescribed medicines, the Company will pay the Eligible Expense up to a Policy Year maximum of \$500, after the applicable co-pay: \$10 generic, \$25 formulary brand, \$40 non-formulary brand. However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum. Coverage includes Expenses for enteral formulas and any prescribed drug or device that is FDA approved as a contraceptive or generic equivalents approved as substitutes or for outpatient services such as consultations, examinations, procedures and medical services related to contraceptive methods, insertion or removal and Medically Necessary examination associated with the use of such FDA approved contraceptive drug or device.

This plan includes a drug benefit through Express Scripts for prescription services throughout the United States. For a list of participating pharmacies, go to www.expressscripts.com or call toll-free 1-800-451-6245. An additional benefit to students utilizing Express Scripts pharmacies is the ability to pay only the applicable co-pay for eligible prescriptions, with any balance directly billed to the claims administrator by the participating pharmacy.

Until your ID card is received, eligible prescriptions will be paid on a reimbursement basis, and a claim form will need to be filed per the standard claim procedures. No patient Alcohol and Substance Abuse coverage is provided under the Supplemental Expense Benefit.

SECTION III

SUPPLEMENTAL EXPENSE BENEFIT

If the Eligible Expenses for a Covered Person's Injury or Sickness exceeds the aggregate maximum the Company paid under the Basic Accident or Basic Sickness benefits, the Company will pay 80% of the Eligible Expense up to a maximum of \$5,000 per Injury or Sickness per Policy Year. Eligible Expenses for daily Hospital room and board will not be more than the average semi-private room charge. No Inpatient Alcohol and Substance Abuse coverage is provided under the Supplemental Expense Benefit.

OPTIONAL INCREASED SUPPLEMENTAL PLAN (Students Only)

Students who purchase the "Basic Plan" are eligible to purchase the Optional Increased Supplemental Plan by paying the appropriate additional premium shown on the enrollment form enclosed in this brochure. Each policy year purchase is available only at the time of initial enrollment in the Basic Plan during Fall semester.

If the Eligible Expenses for a Covered Person's Injury or Sickness exceeds the aggregate maximum the Company paid under the Basic Accident or Basic Sickness and Supplemental Expense Benefits, the Company will pay 80% of the Eligible Expenses up to a maximum of \$250,000 per Injury or Sickness. The combined maximums under the Basic Plan, Supplemental Expense Benefit, and Optional Increased Supplemental Plan will not exceed an aggregate lifetime maximum of \$250,000 per Injury or Sickness.

No Inpatient Alcohol and Substance Abuse coverage is provided under the Optional Increased Supplemental Plan.

PRE-EXISTING CONDITION LIMITATION

(only applies to Optional Increased Supplemental Plan) Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if the Covered Person has been covered under the Policyholder's prior Policy for 12 consecutive months immediately preceding the effective date of coverage under the current Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If the Covered Person sustains any of the following losses as a result of a covered Accident, the Company will pay the amount shown. The most the Company will pay for all Losses to a Covered Person as the result of one Accident is \$1,000.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight must be entire or irrecoverable.

For Loss of	Amount
Life	\$1,000
Both hands or both feet or sight of both eyes	\$1,000
One hand and one foot.....	\$1,000
One hand and sight of one eye	\$1,000
One foot and sight of one eye	\$1,000
One hand or one foot or sight of one eye	\$500

STATE MANDATED BENEFITS

New York Mandates coverage for the following benefits to be paid as any other Sickness:

Biologically based Mental Illness/Serious Emotional Disturbances and Mental and Nervous Disorders; Breast Cancer Treatment; Breast Reconstruction; Clinical Trials Expense; Outpatient Chemical Abuse and Chemical Dependence; Mammographic Examination; Cytologic Screening; Cancer Second Opinion; Diagnostic Screening for Prostate Cancer; Diabetes Treatment; End of Life Care; Pre-Hospital Medical Emergency Services; Bone Mineral Density Measurements and Tests; and Contraceptive Services. Please see the Policy on file with the College for complete details and any other applicable mandates.

CONFORMITY WITH STATE STATUTES

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

BEECH STREET PPO NETWORK

Covered Persons may choose to be treated within or outside of the Beech Street PPO Network. This network consists of hospitals, doctors and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Therefore, when a Covered Person uses a Beech Street Participating Provider, his or her fee may be reduced. A complete listing of providers is available on the Beech Street website link accessible at: <http://www.maksin.com/oneonta.aspx>.

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 Reasonable and Customary Charges for covered services.

Any Expense not specifically listed in the preceding sections is not covered.

EXCLUSIONS

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

1. dental care or treatment, except for such care or treatment due to accidental Injury to sound natural teeth within 12 months of the Accident and except for dental care or treatment necessary due to congenital disease or anomaly.
2. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of a congenital disease or anomaly of a covered

Dependent child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy. This exclusion shall not apply to cosmetic surgery determined, as a result of utilization review and External Review, to be Medically Necessary.

3. suicide, attempted suicide or intentionally self-inflicted Injury.
4. travel as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
5. care or treatment provided in a government Hospital; benefits provided under Medicare or other governmental program (except Medicaid).
6. care or treatment for which benefits are provided under any state or Federal Workers' Compensation, employers' liability or Occupational Disease Law.
7. a motor vehicle Accident for which benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
8. services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
9. any services rendered by a Covered Person's immediate family member.
10. services for which no charge is normally made.
11. for eyeglasses and examination for the prescription or fitting thereof or replacement of eyeglasses.
12. hearing aids and examination for the prescription or fitting thereof.
13. custodial care and transportation.
14. rest cures.
15. war or act of war (whether declared or undeclared).

16. service in the Armed Forces or units auxiliary thereto.
17. participation in a felony, riot or insurrection.

CLAIM PROCEDURE

To file a claim under the Accident and Sickness Insurance Plan, the Covered Person should:

1. Complete a claim form, which is available online at www.maksin.com
2. The claim form must be completed and signed. Attach all itemized medical and Hospital bills.
Itemized bills must be furnished with the claim form within 90 days from the date of expense.
3. Questions should be referred to Maksin Management Corp or the Student Health Center (if applicable).
4. Preauthorization and precertification of benefits to providers of medical service are not required.

Send claim form and all itemized bills to:

Maksin Management Corp
P.O. Box 2647
Camden, NJ 08101-2647
1-877-440-6838

Travel Guard

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

How to Contact Travel Guard:

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
 - Request an international operator.
 - Request the operator to place a collect call to the USA at 715-295-9625.
- Our fax number is 01-262-364-2203.

When to Contact Travel Guard:

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

Travel Guard is available 24-hours-a-day/7-days-a-week/ 365-days-a-year.

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Guard Services Medical Staff consists of full-time, onsite Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide to Travel Guard when you call:

- Advise Travel Guard who you are insured by.
- Provide your Policy number.
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

Description of Services

Information/General: These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political Warnings

Technical: These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Legal Referral
- Embassy/Consulate Information
- Lost/Stolen Luggage & Personal Effects Assistance
- Lost Document Assistance & Cash Transfer Assistance
- Enroute Travel Assistance
- Claims-related Assistance
- Telephone Interpretation

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

Medical Assistance:

- Medical Referral
- Out-patient Assistance
- In-patient Assistance

Medical Transport:

- Evacuation - \$25,000 Maximum Benefit
- Repatriation of Mortal Remains - \$25,000 Maximum Benefit

**AMERICAN HEALTH HOLDING, INC.
24-HOUR STUDENT EMERGENCY CARE
HOTLINE**

(American Health Holding, Inc. is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)

For confidential health care advice and information, 24 hours a day, 365 days a year, call toll-free 866-315-8756.

• Comprehensive Resources and Advice from Registered Nurses

- Direct access to an extensive Health Information Library, covering issues ranging from women’s health to pediatrics. Detailed directories with topic codes and instructions for access to health-related topics.
- Choose to talk directly with a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
- Integrated phone access to specially trained personnel, trained to provide referral services for a number of health related concerns including mental health and/or substance abuse.

**SUNY ONEONTA
ACCIDENT AND SICKNESS INSURANCE
DEPENDENT ENROLLMENT FORM – 2011-2012
ANNUAL COVERAGE / BASIC PLAN
Administrator Policy #CHH0076712**

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

Student Name (Print) _____ (Last) _____ (M.I.) _____ Phone # _____
 Student Identification Number (required) _____ (First) _____ Date of Birth _____
 Home Address (Print) _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____

I am electing coverage for my spouse and/or my dependent children (unmarried children under age 19) and have completed the bottom section of this Enrollment Form. The Master Policy becomes effective at 12:01 a.m. on August 1, 2011 and terminates at 12:01 a.m. on August 12, 2012. Coverage will be effective on: a) the Policy effective date (8/1/2011 (dependents of new student athletes only)); the Effective Date of the coverage period elected; or b) the date after the date the enrollment form and correct premium are received, whichever is later. Insurance will end for the Covered Person on the earliest of: a) the date the Policy terminates; b) the last day for which premium has been paid; or c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed. Should a Covered Student graduate or withdraw from the College, the insurance shall remain in effect until the end of the period for which the premium has been paid.

COVERAGE TYPE
 Spouse \$396.00 \$266.00
 Child (ren) \$396.00 \$266.00
 Spouse & Children \$792.00 \$532.00

Annual **Spring** (for dependents of only New Students to the College)
08/12/11* to 08/12/12 **01/17/12 to 08/12/12**

Please note: Dependent coverage is only available if the student is also insured. Dependent coverage expires concurrently with that of the Covered Student.

*August 1, 2011 for dependents of new student athletes.
 Please select the box for the coverage chosen and complete the enrollment form (front and back) and attach a check or money order payable to National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC). Total amount of Payment Enclosed: _____ . Please return this form with your check or money order to: Maksin – Premium Payments, P.O. Box 71322, Philadelphia, PA 19176-1322.

**SUNY ONEONTA
 OPTIONAL INCREASED SUPPLEMENTAL PLAN
 STUDENT ENROLLMENT FORM – 2011-2012
 ANNUAL COVERAGE**

Administrator Policy #CHH0076712

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

Student Name (Print) _____ (Last) _____ (M.I.) _____ (First) _____ (City) _____ (State) _____ (Zip Code) _____
 Phone # _____
 Student Identification Number **(required)** _____ Date of Birth _____
 Home Address (Print) _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____

I am electing coverage as indicated below. The Master Policy becomes effective at 12:01 a.m. on August 1, 2011 and terminates at 12:01 a.m. on August 12, 2012. Coverage will be effective on:
 a) the Policy effective date (8/1/2011 (new student athletes only)); the Effective Date of the coverage period elected; or b) the day after the date the enrollment form and correct premium are received, whichever is later. Insurance will end for the Covered Person on the earliest of: a) the date the Policy terminates; b) the last day for which premium has been paid; or c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed. Should a Covered Student graduate or withdraw from the College, the insurance shall remain in effect until the end of the period for which the premium has been paid.

COVERAGE TYPE
 Annual
08/12/11* to 08/12/12 **Please Note:** This coverage is only available to Students and must be purchased simultaneously and in conjunction with the Basic Accident and Sickness Plan during Fall Semester.
 \$540.00
 \$810.00

*August 1, 2011 for new student athletes.

Please select the box for the coverage chosen and complete the enrollment form (front and back) and attach a check or money order payable to National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC). Total amount of Payment Enclosed: _____ . Please return this form with your check or money order to: Maksin – Premium Payments, P.O. Box 71322, Philadelphia, PA 19176-1322. Please note: Maksin Management Corp must receive the completed enrollment form and premium prior to the effective date of coverage, August 12, 2011*.

STUDENT NOTE: By placement of your signature hereon, acknowledgement is made that: 1) you have carefully read, understand, and agree to the terms and conditions of the coverage as detailed in the brochure; 2) your covered family member meets the eligibility requirement as described within the insurance brochure; 3) if at any time your covered family member did not meet the eligibility requirements for this coverage, the only liability the Company has is the refund of premium, subject to any claims for which benefits has been paid prior to discovery of the ineligibility; 4) the Company assumes no responsibility for notification to the Covered Person prior to or at the termination of coverage for any insured period.

Student Signature _____ Date _____

My signature below authorizes National Union Fire Insurance Company of Pittsburgh, Pa. to change my Visa/MasterCard in the amount of \$ _____

Name of Cardholder: Last _____ First _____ M.I. _____ Expiration Date: ____/____/____

Credit Card # _____ Visa MasterCard Signature of Cardholder: (Line must be signed for change to be processed) _____

STUDENT NOTE: By placement of your signature hereon, acknowledgement is made that: 1) you have carefully read, understand, and agree to the terms and conditions of the coverage as detailed in the brochure; 2) you meet the eligibility requirement as described within the insurance brochure; 3) if at any time you did not meet the eligibility requirements for this coverage, the only liability the Company has is the refund of premium, subject to any claims for which benefits has been paid prior to discovery of the ineligibility; 4) the Company assumes no responsibility for notification to the Covered Person prior to or at the termination of coverage for any insured period.

Student Signature _____

Date _____

My signature below authorizes National Union Fire Insurance Company of Pittsburgh, Pa. to charge my Visa/MasterCard in the amount of \$ _____

Name of Cardholder: Last _____ First _____ M.I. _____ Expiration Date: ____/____/____

Credit Card # _____ Visa MasterCard

Signature of Cardholder: (Line must be signed for charge to be processed) _____

It is the Covered Person's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

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

**Submit all Claims or Inquiries to:
 Maksin Management Corp
 P.O. Box 2647
 Camden, NJ 08101-2647
 1-877-440-6838**

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.

This brochure is a brief description of the Student Accident and Sickness Insurance Plan available under policy series S30494NUFIC. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and Policy, the Policy will govern in all cases.