



2009 - 2010

Dear Full Time Student:

Manhattan School of Music, concerned about the health of its students and their protection against the high cost of medical care, will continue to assist students in their efforts to obtain adequate health care. Part of that effort involves providing a Student Accident and Sickness Insurance Plan.

The enclosed brochure describes the Student Accident and Sickness Insurance Plan for Manhattan School of Music students. The plan provides up to \$50,000 of medical expense benefits for each covered Injury or Sickness. Coverage is provided twenty-four hours a day and is valid worldwide. The Manhattan School of Music Student Accident and Sickness Insurance "Base Plan" benefits described in the brochure are provided to all full-time students while enrolled at MSM. ***The brochure provides benefit information and should be retained.***

The School has an arrangement for students to see physicians of The University Medical Practice Associates, located on the fourth floor of 1090 Amsterdam Avenue, St. Luke's - Roosevelt Hospital Center. Students insured under the Student Accident and Sickness Insurance Plan will be charged a \$5.00 co-payment for these covered office visits. Students enrolled in the Plan visit a doctor of the University Medical Practice Associates and if further care is needed, obtain a referral to see a Beech Street Network doctor for optimal benefits.

Students who have other health insurance may waive enrollment under the Plan by completing the enclosed Student Insurance Waiver Form. Those who do not return the Student Insurance Waiver Form by April 30, 2009 for returning students, and by July 31, 2009 for new students, will be automatically enrolled in the Base Plan. The completed Student Insurance Waiver Form, accompanied by documentation of outside coverage ***MUST*** be returned to The Office of Student and Residence Life by the due dates. The outside coverage must be: comparable to this plan, valid in New York state, written in English, and cover the student continually through an entire academic year. Clear copies of the front and back of the insurance card or a letter from the insurance provider detailing the policy and coverage dates must be submitted with the waiver each year in order to have the charge deleted.

Students enrolling in the Base Plan may also choose to upgrade their coverage from \$50,000 to \$100,000. Upgrade Forms are available in this packet (see the green card) or in the Office of Student and Residence Life. Students may also add dependents or partners and purchase additional coverage for dental, vision, travel abroad, personal, and property insurance through Collegiate Insurance Resources 1-800-322-9901 or [www.cirstudentheath.com/msmnyc](http://www.cirstudentheath.com/msmnyc). Part-time students and doctoral students may obtain insurance coverage by contacting Collegiate Insurance Resources directly.

Students who waive benefits for Fall Semester will automatically be waived for Spring Semester. Students who waive coverage for the Fall Semester may purchase coverage only for the Spring Semester by contacting the Office of Student and Residence Life before December 4, 2009.

Sincerely,

Cathy Raynis Meeker, PhD  
Director of Student and Residence Life

**IMPORTANT NUMBERS**

THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES

**▶ GENERAL INSURANCE QUESTIONS**



172 Bechtel Road, Collegeville, PA 19426

Phone.....800-322-9901  
Fax.....610-489-9325  
Website.....www.cirstudenthealth.com/msmnyc

DIRECT CONTACT INFORMATION

**REFERRAL REQUIREMENT** page 2

Insured students will be required to pay a \$5 per visit copayment at the time of the office visit. All students must make an appointment with:

**University Medical Practice Associates**.....877-420-4209  
1090 Amsterdam Avenue, 4th Floor  
114th Street at Amsterdam Avenue  
Hours: Monday through Friday.....9 a.m. - 5 p.m.  
Please call for an appointment.

**PARTICIPATING PROVIDER** page 8

For a list of Beech Street participants:



Monday - Friday, 8:00 a.m. to 8:00 p.m.  
Toll Free.....800-432-1776  
Website.....www.beechstreet.com

**PARTICIPATING PHARMACY** page 9

You will need your current ID number and insurance card to use the pharmacy benefits and to access information about participating pharmacies.

*medco* .....800-400-0136  
Website.....www.medco.com

**INTERNATIONAL ASSISTANCE PROGRAM** page 20

**ON CALL INTERNATIONAL**  
Medical Evacuation, lost passports or luggage, etc.  
Toll Free from U.S. and Canada.....800-850-4556  
Dial Direct or Call Collect Worldwide.....603-898-9159  
Website.....www.oncallinternational.com

**CLAIM ADMINISTRATOR** page 22

For claim and benefit questions:  
**ADMINISTRATIVE CONCEPTS, INC.**  
994 Old Eagle School Road, Suite 1005  
Wayne, PA 19087-1802  
Toll Free.....888-293-9229  
Website.....www.visit-aci.com

**STUDENT  
ACCIDENT & SICKNESS  
INSURANCE**



Office of Student and Residence Life  
120 Claremont Avenue  
New York, New York  
10027-4698

**2009-2010**

**Policy Number CUH201667**

**Underwritten By  
Combined Life Insurance Company of New York**

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## INTRODUCTION

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This brochure is a brief description of the Student Accident and Sickness Insurance Plan for students at Manhattan School of Music. The exact provisions governing this insurance are contained in the Master Policy issued to the School. The Master Policy shall control in the event of any conflict between the Policy and this brochure.

We suggest that you retain this brochure so you will have a ready reference to the benefits of the Plan. Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of such state statutes.

Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your insurance ID card. If, at anytime, you wish to request a copy of Combined Life Insurance Company of New York's Privacy Notice, write to 5050 Broadway, Chicago, IL 60640 Attn: HIPAA Privacy Office, call 1-800-951-6206, select HIPAA or online at <http://www.combinedinsurance.com/customer-center/hipaa-insurance.html>.

**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.

## ELIGIBILITY

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### ■ Base Plan

#### Accident and Sickness Medical Expense Benefit

All full-time students, while enrolled at the School, are automatically covered in the Base Plan as described under the Plan Summary (Page 10, Section I) of this brochure.

#### ▶ Waiver

Those who have comparable coverage under another policy may waive such coverage by completing a Student Insurance Waiver Form available at the Office of The Bursar and included with this packet. The Student Insurance Waiver Form with documentation of outside coverage must be returned to the Office of Student and Residence Life by April 30, 2009 for returning students and by July 31, 2009 for new students and for Fall Semester (or for new incoming students for Spring Semester by December 4, 2009). Waiver Forms must be completed annually. The outside coverage must be: comparable to this plan, valid in NY State, written in English, and cover the student continuously through an entire academic year. Clear copies of the front and back of the insurance card or a letter from the insurance provider, detailing the policy and coverage dates, must be submitted with the waiver each year.

#### ▶ Part-Time Students

Voluntary enrollment is available to part-time students. To enroll, follow the instructions on the Enrollment Form available from the Office of Student and Residence Life.

Annual coverage becomes effective on August 18, 2009 (or January 1, 2010 for new incoming students for Spring Semester) or the day after the postmark date of premium payment, whichever is later. The last date to enroll for Fall Semester is September 11, 2009 and for the Spring Semester for newly enrolled students is January 22, 2010.

■ **Supplemental Plan**

**Accident and Sickness Medical Expense Benefit**

Students who enroll in the Base Plan may enhance coverage by adding the Supplemental Plan (Page 10, Section II). To purchase the Supplemental Plan, return the Upgrade Form with payment to Collegiate Insurance Resources. Contact the Office of Student and Residence Life or Collegiate Insurance Resources for an Upgrade Form.

**POLICY TERM**

**Base Plan**

**Accident and Sickness Medical Expense Benefit**

The insurance coverage under the Base Plan becomes effective at 12:01 a.m. on August 18, 2009 and continues until 12:01 a.m. on August 18, 2010 for eligible students.

**Supplemental Plan**

**Accident and Sickness Medical Expense Benefit**

The insurance coverage under the Supplemental Plan becomes effective at 12:01 a.m. on August 18, 2009, or the day after the postmark date of payment, whichever is later, and continues until 12:01 a.m. on August 18, 2010. Only those students enrolled in the Base Plan may enroll for the Supplemental Plan. The last date to add the Supplemental Plan for Fall Semester is September 11, 2009 and for the Spring Semester for newly enrolled students is January 22, 2010. The general terms and conditions of this Plan apply to this optional coverage.

**REFERRAL REQUIREMENT**

When at school, in the absence of a Medical Emergency, and during regular office hours, the student's first visit must be with University Medical Practice Associates, which is affiliated with St. Luke's-Roosevelt Hospital Center, in order to avoid a deductible per Injury or Sickness. Insured students will be required to pay a \$5 per visit copayment at the time of the University Medical Practice Associates office visit. See page 23 for physician's address, office hours, and the number to call for appointments.

If you are referred by University Medical Practice Associates to a Beech Street Network provider, no deductible will be required. If you are referred by University Medical Practice Associates to a provider who is outside of the Beech Street Network, a \$100 deductible will be required.

In the case of an emergency, there are no extra charges for treatment performed outside the Beech Street provider network of doctors.

Non-Medical Emergency conditions treated without referral from St. Luke's-Roosevelt Hospital Center are subject to a \$200 deductible per Injury or Sickness, whether treatment is rendered within or outside of the Beech Street Network.

When Manhattan School of Music is not in session and if the student is at a home located outside the metropolitan New York City area, the referral requirement will not be enforced. The referral requirement does not apply to Maternity, to female students with acute gynecological conditions, or the treatment of Mental and Nervous Conditions.

Dependents are not required to meet the referral requirement.

**PREMIUM REFUND POLICY**

Except for medical withdrawal due to an Injury or Sickness, any student withdrawing from the school during the first 31 days of the period for which coverage is purchased shall not be covered under this Plan and a full refund of the premium will be made. Students withdrawing after 31 days will remain covered under this Plan for the full period for which the premium has been paid and no refund will be made available. Premiums received by the Company are fully earned upon receipt.

Coverage for an Insured 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 within 90 days. Contact Collegiate Insurance Resources for more information.

**DEPENDENTS**

Students enrolled in the Base Accident and Sickness Medical Expense Benefits of this Plan may also enroll their dependent children up to and including 19 years, spouses or domestic partners who reside with the Insured Student. Dependents must enroll by September 11, 2009 for Fall Semester or by January 22, 2010 for Spring Semester.

Coverage for newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent child(ren) coverage when the child is born. If the Insured Student does not have dependent child(ren) coverage when the child is born, We cover the newborn child for dependent benefits for the first 31 days from and after the moment of birth, or any minor child placed with an Insured Student for adoption for dependent benefits for the first 31 days from and after the moment the child is placed in the physical custody of the Insured Student for adoption.

To continue the newborn child's dependent benefits past the first 31 days, the Insured Student must complete the Dependent Enrollment Form and pay the necessary premium within 31 days of the child's birth. Contact Collegiate Insurance Resources for a Dependent Enrollment Form and pro-rated rates.

## **OTHER COVERAGE OPTIONS**

Insured Students (and their Insured Dependents) who are not eligible to re-enroll in the Student Accident and Sickness Insurance Plan after coverage expires should contact Collegiate Insurance Resources for possible options prior to the expiration date under the Student Insurance Plan.

Students in need of specialized coverage (International Travel) should contact Collegiate Insurance Resources for possible options.

## **ENROLLMENT PERIOD**

To purchase the Upgrade or coverage for Dependents, you must enroll during the open enrollment period at the beginning of the Fall Semester. The Spring Semester open enrollment period is available only for new students (and their eligible dependents) first entering MSM for the Spring Semester.

Late enrollment is considered only if a change has occurred in your insured status regarding coverage that was in-force during the open enrollment period. Late enrollment must be completed within 30 days of the termination of other coverage. Contact Collegiate Insurance Resources for rates and forms.

## **DEFINITIONS**

**Autism Spectrum Disorder** means a neurobiological condition that includes autism, asperger syndrome, rett's syndrome or pervasive development disorder.

**Biologically Based Mental Illness** means a mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia, and anorexia.

**Covered Charge or Expense** as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred within 52 weeks of the date of an Accident or within 52 weeks from the date of the first medical treatment for a Sickness.

**Doctor** as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (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 residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

**Injury** means bodily injury caused by an accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

**Insured Person** means an Insured Student and their covered Dependent(s) while insured under this Plan.

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

**Medical Emergency** means the sudden onset of an Injury or Sickness which arises out of a medical or behavioral condition which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in: (a) placing the health of the person afflicted with such condition in serious jeopardy; or in the case of a behavioral condition placing the health of such person or others in serious jeopardy; or (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

**Mental, Nervous, or Emotional Disorders** means those conditions listed in the standard nomenclature of the American Psychiatric Association.

**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.

**Preferred Allowance** means the amount a Network Provider will accept as payment in full for Covered Charges.

**Reasonable and Customary Expenses** means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

**Serious Emotional Disturbances of a Child** means a diagnosis of attention deficit disorder, disruptive behavior disorder, or pervasive development disorder, and where one or more of the following: (a) serious suicidal symptoms or other life threatening self destructive behaviors; (b) significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); (c) behavior caused by emotional disturbances that placed the child at risk of causing permanent injury or significant property damage; or (d) behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household for a person under the age of eighteen years.

**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 Combined Life Insurance Company of New York.

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

## **COORDINATION OF BENEFITS**

Expenses for an Injury and for a Sickness will be paid according to the New York State Coordination of Benefits Provision as outlined in the Master Policy.

## **REIMBURSEMENT & SUBROGATION**

If the Insurer pays 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 the Insurer for the expenses paid. The Insurer may also take subrogation action directly against the third party. The Insurer's Reimbursement rights are limited by the amount You recover.

The Insurer's 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 the Insurer in exercising the Insurer's rights under this provision and do nothing to prejudice the Insurer's rights.

## **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 the Insurer's Third Party Administrator, Administrative Concepts, Inc. (ACI) at 1-888-293-9229. ACI will address concerns and attempt to resolve the complaint. If ACI is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to ACI. Please include Your name, social security 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. ACI 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, ACI 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/extapp/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.

## **PRE-EXISTING CONDITION**

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

The Pre-existing Condition Waiting Period is twelve (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 an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured Person's effective date; (b) with respect to a pregnancy, the day after a ten (10) consecutive month period has passed from the Insured Person's effective date; and (c) We will pay only for Loss or Expense incurred after such twelve (12) consecutive month period or ten consecutive months with respect to pregnancy.

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 in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage, the Pre-existing Condition Waiting Period will have to be satisfied again.

### **Creditable Coverage**

This term means the following coverage an Insured Person had prior to the Effective Date under this Plan: (a) a group health plan; (b) health insurance or Health Maintenance Organization coverage; (c) Medicare; (d) Medicaid; (e) Military health care; (f) a medical care program of the Indian Health Services or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under the Federal Employee Health Benefits Program; (i) a public health plan as defined under Federal regulations; (j) a health benefit plan under Section 5 of the Peace Corps Act; or (k) any other similar coverage permitted under State/Federal law or regulations.

### **Exceptions**

The Pre-existing Conditions exclusion does not apply to any of the following: (a) genetic information, in the absence of a diagnosis of a condition related to such information; (b) a covered newborn dependent child who, as of the last day of the 31-day period beginning with the date of birth, is covered under Creditable Coverage; or (c) a covered adopted dependent child under the age of 18, who, as of the last day of the 31-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage.

## **BEECH STREET NETWORK**

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**Please see Important Numbers on page 23.**

Covered Persons may choose to be treated within or outside of the Beech Street Network. The Beech Street 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. Reimbursement will vary according to the source of care as described under the Plan Summary on page 10. In order to use the services of a Network provider, you must present an Identification Card that must be obtained from the Office of Student and Residence Life.

Assignment of a Network Doctor does not guarantee eligibility or right to Injury and Sickness benefits under this Plan. Providers may be periodically added or deleted as participants in the Beech Street Network. Not all Doctors practicing at a hospital elect to participate in the Beech Street Network. Covered Persons are responsible to verify that a provider is a participant prior to services being rendered, except in case of an emergency.

A complete listing of the Beech Street Network participants is available at the MSM Office of Student and Residence Life, or call Beech Street at 1-800-432-1776, a toll-free service, operating Monday through Friday, 8:00 a.m. to 8:00 p.m.; or by **accessing Beech Street on the World Wide Web, [www.beechstreet.com](http://www.beechstreet.com)**.

While living in the New York city area, if the situation is not an emergency, You make initial appointments with the University Medical Practice Associates and obtain referrals, if appropriate, to Beech Street Network participants.

## **PRESCRIBED MEDICINES EXPENSE**

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**Please see Important Numbers on page 23.**

After a co-payment of \$5.00 for generic or \$10.00 for a brand name drug per prescription, the cost of prescription drugs is payable in full, up to a maximum of \$1,000.00 per the policy year.

Prescriptions must be filled at a Medco participating pharmacy. Covered Persons will be given an insurance ID card to show to the pharmacy as proof of coverage. A directory of participating pharmacies is available at the Office of Student and Residence Life, online at [www.medco.com](http://www.medco.com) or by calling Collegiate Insurance Resources at 800-322-9901.

***Before*** you receive your insurance ID card, and if you need to have a prescription filled, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID card will include instructions on how to file for reimbursement for prescriptions filled before you received your card. Reimbursement will be at the Medco contracted discount rate and will probably be less than the rate charged by the pharmacy.

***After*** you receive your insurance ID card, no claim forms need to be completed. After you receive the card you may call the toll-free customer service number listed on your card for assistance with pharmacy locations at 1-800-400-0136. This number is effective for enrolled members only. You will need the group number and member number printed on the card.

Not all medications are covered. For a list of covered medications and exclusions, before you receive your insurance ID card, contact Collegiate Insurance Resources. For a list of covered medications and exclusions after you receive your insurance ID card, contact Medco at 1-800-400-0136.

Home Delivery Pharmacy Service is available for medication for the treatment of ongoing health conditions. Instructions will be included with your insurance ID card.

## PLAN SUMMARY

When an Insured Person uses the services of the Beech Street Network, the Covered Medical Expenses incurred will be payable at 100% of the Preferred Allowance and no deductible will be required. The student must obtain a referral from University Medical Practice Associates.

When treatment is rendered by providers outside the Beech Street Network, after satisfying a \$100 deductible per Injury or Sickness if referred by University Medical Practice Associates, the Covered Medical Expenses will be payable at 70% of the Reasonable and Customary Expense incurred.

Covered Medical Expenses must be incurred within 52 weeks from the date of the Covered Accident or first medical treatment of the Covered Sickness. Covered Medical Expenses are those expenses for: (a) hospital room & board; (b) hospital miscellaneous; (c) inpatient and outpatient surgery; (d) anesthesia; (e) assistant surgeon; (f) inpatient and outpatient Doctor visits; (g) emergency room; (h) hospital outpatient department; (i) consultant visit; (j) licensed nurse; (k) inpatient prescription drug; (l) ambulance; and (m) other Reasonable and Customary medical expenses incurred for the treatment of an Injury or Sickness.

Coverage	Benefit In Beech Street Network	Benefit Out of Beech Street Network	Maximum Policy Benefit
<b>I. BASE PLAN: BASE ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS</b>  DEDUCTIBLE per Injury or Sickness, if referred by the University Medical Practice Associates <i>or</i> Deductible per Injury or Sickness, For non-emergency conditions treated without referral by the University Medical Practice Associates	100%	70%	\$50,000
	\$0.00	\$100	
		\$200	\$ 200
<ul style="list-style-type: none"> <li>In the case of a Medical Emergency, if an Insured Person goes to a Non-Network Provider, We will waive the \$100 Out-of-Network Deductible. Covered Expenses will be payable at 100% of the Reasonable and Customary Expense incurred.</li> </ul> Payment will be made for Covered Medical Expenses incurred up to a Per Condition Lifetime Aggregate Maximum of \$50,000 per Injury or Sickness under this benefit for Covered Medical Expenses incurred per Injury or Sickness.			
<b>Please see REFERRAL REQUIREMENT on page 2.</b>			

<b>II. SUPPLEMENTAL PLAN SUPPLEMENTAL ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT (OPTIONAL)</b>	100%	70%	\$50,000*
<b>This Benefit may be added to Section I above by paying an additional premium.</b>			
<ul style="list-style-type: none"> <li>Only those enrolled in the Base Plan: Base Accident and Sickness Medical Expense Benefits may enroll for the Supplemental Plan: Supplemental Accident and Sickness Medical Expense Benefits.</li> <li>Payment will be made for Covered Medical Expenses incurred in excess of \$50,000 per Injury or Sickness up to an additional \$50,000 per Injury or Sickness under this benefit.</li> </ul>			
* This benefit brings the Per Condition Lifetime Aggregate Maximum per Injury or Sickness to \$100,000.			

## **COVERED MEDICAL EXPENSES**

Covered Medical Expenses consist of the following subject to the benefit limits described in this brochure.

**Autism Spectrum Disorder Expense Benefit:** We will pay the Covered Percentage of the Covered Charges incurred by an Insured Person for diagnosis or treatment of Autism Spectrum Disorder. Diagnosis or treatment for medical services, drugs and supplies must be Medically Necessary and prescribed by a Doctor. We cover such charges the same way We treat covered charges for any other sickness.

**Bone Mineral Density Measurements and Tests Expense Benefit:** We will pay the Covered Percentage of the Covered Charges incurred for Bone Mineral Density Measurements or Tests for the prevention, diagnosis, and treatment of osteoporosis when requested by a health care provider for a Qualified Individual. A Qualified Individual means an Insured Person who meets the following criteria: (1) previously diagnosed as having osteoporosis or having a family history of osteoporosis; (2) symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; (3) on a prescribed drug regimen posing a significant risk of osteoporosis; (4) with lifestyle factors to such a degree as posing a significant risk of osteoporosis; and (5) with age, gender, and/or other physiological characteristics which pose a significant risk for osteoporosis. Coverage includes bone mineral density measurements or tests as covered under the Federal Medicare program as well as those in accordance with the criteria of the National Institute of Health, including dual-energy x-ray absorptiometry. If this Policy includes coverage for outpatient prescription drugs, then We also will cover drugs and devices for bone mineral density that have been approved by the United States Food and Drug Administration or generic equivalents as approved substitutes in accordance with the above criteria. We cover such charges 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 is entitled to a second medical opinion from a non-participating specialist, at no additional cost beyond that which the Insured would have paid for services from a participating specialist, provided the Insured'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.

**Chemical Abuse and Chemical Dependence Inpatient Expense Benefit:** If on account of Chemical Dependence or Chemical Abuse, an Insured Person requires inpatient treatment, We will pay for such treatment as follows: (a) when the Insured 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; (b) when the Insured 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.

**Chemical Abuse and Chemical Dependence Outpatient Expense Benefit:** If on account of Chemical Abuse or Chemical Dependence, an Insured Person requires outpatient treatment, We will pay for diagnosis and treatment of Chemical Abuse and Chemical Dependence on the same basis as any other Sickness. But, We will not cover more than 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 Insured Person in need of treatment has not received, or is not receiving treatment for Chemical Abuse and Chemical Dependence 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 Charges 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.

**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 the same way We treat Covered Charges for any other Sickness.

**Contraceptive Services Expense Benefit:** We will pay the Covered Percentage of the Covered Charges for Contraceptive Drugs and Devices. Such Drugs and Devices must be approved by the United States Food and Drug Administration and prescribed legally by an authorized health care provider. Covered services are subject to applicable co-payments under the Prescription Drug Benefit Plan.

**Cytological Screening Expense Benefit:** We cover charges for Expenses incurred for an annual Cytological Screening (Pap Smear) for cervical cancer for women eighteen and older. We cover such charges the same way We treat Covered Charges for any other Sickness. Cytological 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.

**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 Insured 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, or 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.

**Diagnostic Screening for Prostate Cancer Expense Benefit:** We cover charges for Diagnostic Screening for Prostate 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.

**Doctor Expense:** If an Insured Person, requires care and treatment by a Doctor, both in and out of the hospital, for non-surgical services, We will pay the Covered Charges incurred, limited to one visit per day.

**Early Intervention Services:** We cover charges for Medically Necessary Early Intervention Services. We will cover 70% of Reasonable and Customary incurred up to \$100 per visit, limited to \$1,000 per policy year for the prevention of repetitive stress disorders. Visits used for Early Intervention Services shall not reduce the number of visits otherwise available under the policy.

**Eating Disorders:** If an Insured 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 Charges incurred by the Insured Person for such treatment. Covered treatment includes psychological services, and inpatient medical and surgical treatment. We cover such charges the same way We treat covered Charges for any other Sickness.

**Emergency Room Expense:** Treatment of a Medical Emergency. If an Insured Person goes to the Emergency Room at a Non-Network Provider in the case of a Medical Emergency as defined in this Policy, We will waive the \$100 Out-of-Network deductible. Covered Expenses will be payable at 100% of the Usual and Customary Expense incurred.

**End of Life Care Expense Benefit:** If an Insured 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 Insured 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 Insured 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 Insured Person. "Advanced Cancer" means a diagnosis of cancer by the Insured 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 cover such charges the same way We treat Covered Charges for any other Sickness.

**Enteral Formulas Expense Benefit:** We will pay for an Insured Person's Covered Charges 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 Charges for any other Sickness.

**Hospital Miscellaneous Expense Benefit:** If an Insured Person incurs Expense during a hospital confinement, or day surgery on an outpatient basis, We will pay the Covered Charges 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) inpatient 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.

**Hospital Room and Board Expense:** If an Insured Person requires confinement in a hospital, We will pay the Covered Charges incurred up to the daily semi-private room rate.

**Initial Diagnostic Psychological Interview:** We will pay 70% of the Covered Charges incurred up to a maximum of \$600 per policy year, limited to one visit per day.

**Mammographic 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.

**Maternity Expense Benefit:** We will pay benefits for an Insured Person's Covered Charges for maternity care, including hospital, surgical, and medical care. We treat such charges the same way We treat Covered Charges for any other Sickness.

We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 96 hours of inpatient care following an uncomplicated cesarean section for an Insured Person and her newborn child in a health care 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 Charges include at least two payments, at reasonable intervals, for prenatal care and one payment for the 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. 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. We cover such charges the same way We treat Covered Charges for any other Sickness.

**Newborn Infant Care:** 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.

**Mental Illness, Biologically Based and Serious Emotional Disturbances of Children Expense Benefit:** If an Insured Person requires treatment for Biologically Based Mental Illness, We will pay for such treatment of a person of any age and for Serious Emotional Disturbances of a Child under the same terms and conditions applied to other medical conditions. The benefits shall include the following: (a) inpatient Hospital services; (b) outpatient services; (c) prescription drugs, if this Policy includes the Prescription Drug Expense Benefit. We cover such charges the same way We treat Covered Charges for any other Sickness.

**Mental, Nervous, or Emotional Inpatient Hospital Confinement Expense Benefit:** If an Insured Person requires treatment for a Mental, Nervous or Emotional Disorders, We will pay for such treatment as follows: When the Insured Person requires Hospital Confinement for treatment of a Mental, Nervous or Emotional Disorder, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness, Hospital Room and Board Expense of the Hospital Expense Benefit. However, We will not cover more than thirty (30) days of inpatient care for such services in any one calendar year. Such confinement must be in a licensed or certified facility, including Hospitals. What We pay is shown in the Plan of Insurance.

**Mental, Nervous, or Emotional Outpatient Expense Benefit:**

When an Insured Person is not so Hospital confined, We will pay the Covered Percentage of the Covered Charges incurred for at least 30 days of active treatment in any calendar year, as shown in the Plan of Insurance, for covered outpatient services for the treatment of Mental, Nervous, or Emotional Disorders.

The Mental, Nervous, or Emotional Disorder must, in the professional judgment of health care providers, be treatable, and the treatment must be Medically Necessary.

Outpatient Treatment and Doctor services include charges made in a facility operated by the Office of Mental Health, or by a psychiatrist or psychologist licensed to practice in this state or a professional corporation or university faculty practice corporation. We cover such charges the same way We treat Covered Charges for any other Sickness. What We pay is shown in the Plan of Insurance.

**Miscellaneous Outpatient Expense:** If an Insured Person incurs expenses for the cost of diagnostic x-rays and laboratory tests, and other reasonable expenses for services or supplies, necessary for treatment of the Injury or Sickness as required by the attending Doctor for which no other policy benefits are payable, We will pay the Covered Charges incurred.

**Multiple Surgical Procedures Expense Benefit:** When Injury or Sickness requires multiple Surgical Procedures through the same incision, We will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Charge for these procedures.

**Nurse Expense:** If by reason of Injury or Sickness, an Insured Person requires the service of a licensed nurse or licensed practical nurse during a Hospital Confinement, We will pay the Covered Charges incurred.

**Pre-Hospital Medical Emergency Services Expense Benefit:** When, by reason of Injury or Sickness, an Insured 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 Charges incurred in excess of the deductible shown in the Plan of Insurance. Covered Charges 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.

**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 Covered Charges for any other Sickness.

**Surgical Expense:** We will pay the Covered Charges incurred for surgery performed by a licensed Doctor (In or Out of the Hospital) and expenses in connection with a surgery and the Insured Person requires the services of an anesthesiologist or assistant surgeon. Benefits will be paid in accordance with the MDR Schedule (Medical Data Research) survey of surgical fees, valued at the 80th percentile for Reasonable and Customary Expense.

**Second Surgical Opinion Expense Benefit:** We will pay the Covered Percentage of the Covered Charges incurred for a Second Surgical Opinion consultation by a board certified specialist on the need for non-emergency surgery, which has been recommended by the Insured Person's Doctor. The specialist must be board certified in the medical field relating to the surgical procedure being proposed.

**ACCIDENTAL DEATH & DISMEMBERMENT**

If an Injury sustained while insured results in any of the following losses within 365 days after the date of the accident, a benefit will be paid in accordance with the schedule below. If two or more losses occur as a result of one accident, only one benefit will be paid. That benefit will be for the loss to which the largest Benefit Amount applies.

<u>For Loss Of:</u>	<u>Benefit Amount:</u>
Life .....	\$ 10,000
Two Hands or Two Feet or Sight of Two Eyes.....	\$ 10,000
One Hand and One Foot.....	\$ 10,000
One Hand and Sight of One Eye .....	\$ 10,000
One Foot and Sight of One Eye .....	\$ 10,000
One Hand or One Foot or Sight of One Eye .....	\$ 5,000

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.

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) or participation in felony.

**MEDICAL EVACUATION & REPATRIATION**

**Emergency Medical Evacuation**

We will pay for benefits for the Covered Expenses incurred, up to \$10,000 if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or b) for International Students after being treated at a local Hospital; the Insured Person's medical condition warrants transportation to his/her Home Country to obtain further medical treatment to recover. All transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured

Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

**Repatriation of Remains**

In the event of the death of an Insured Person, We will pay the actual charges up to a maximum of \$7,500 for preparation and transportation of the Insured Person's remains to his or her home country. This will be in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

**International Assistance Program**

The International Assistance Program provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center collect (see Important Numbers on page 23). The multilingual staff will provide assistance. The following services are included:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and Insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriation of remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

**EXCLUSIONS AND LIMITATIONS**

The Policy does not cover nor provide benefits for:

1. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth;
2. Services normally provided without charge by the Policyholder health service, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;

3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore;
4. 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;
5. Injury due to participation in a riot;
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 Insured Person;
9. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of insurance;
10. Cosmetic surgery, except as the result of an Injury occurring while this Policy is in force as to the Insured 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;
11. Elective Treatment or elective surgery, except as specifically provided;
12. 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;
13. Treatment of mental or nervous disorders except as specifically provided;
14. Treatment of alcohol and substance abuse except as specifically provided;
15. Routine physicals, preventive medicines, serums, or vaccines, unless prescribed by a Doctor for treatment of an Injury or Sickness covered under this Policy;
16. Pre-Existing Conditions as defined in this Policy;
17. Expense incurred more than 52 weeks from the date of the accident or the date of the first treatment of the Sickness;
18. 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;
19. For expenses as a result of participation in a felony;
20. Suicide, attempted suicide, or intentionally self-inflicted Injury;
21. Expense incurred for: topical acne treatments, fertility medication; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a rest home or hospital, except as provided under the hospital Expense Benefit unless medically necessary;
22. Illness, accident, treatment or medical condition arising out of interscholastic or intercollegiate sports;
23. Voluntary or elective abortion, except in the case pregnancy is resulting from rape or incest;
24. Services or supplies rendered by a close relative of the Insured Person or by a home health aide who is a member of your household. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters.
25. Services not Medically Necessary;
26. An amount of a charge in excess of the Reasonable and Customary Expense;
27. Mental health benefits or services for individuals who are presently incarcerated, confined or committed to a local correctional facility or a prison, or a custodial facility for youth operated by the Office of Children and Family Services;
28. Mental health benefits or services solely because such services are ordered by a court;
29. Benefits or services deemed cosmetic in nature on the grounds that changing or improving an individual's appearance is justified by the individual's mental health needs.

## CLAIM PROCEDURE

In the event of an Injury or Sickness the Insured Person should:

1. Obtain a claim form from:
  - the MSM Office of Student and Residence Life,
  - St. Luke's-Roosevelt Hospital Center, or
  - contact Administrative Concepts, Inc., ACI, the Claim Administrator at 888-293-9229 or [www.visit-aci.com](http://www.visit-aci.com). Claim Forms may be down loaded from ACI's website.
2. The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to the address below.
3. Complete a claim form and mail it to ACI within 30 days of the date of the Injury or commencement of the Sickness, or as soon thereafter as possible. Mail the claim form to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim, or payment of a claim to ACI. Online claim status is available at [www.visit-aci.com](http://www.visit-aci.com) or by calling 888-293-9229. Select option "2" for Customer Service.
5. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to ACI. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.
6. We strongly encourage you to make copies of all bills, invoices, and claim forms you submit.



Manhattan School of Music  
Student Health Insurance Waiver Form  
Academic Year 2009-2010

Return to the Office of Student & Residence Life  
**By April 30, 2009 for returning students**  
**By July 31, 2009 for new students**

Health insurance coverage is required for all FULL-TIME MSM students. **All students who wish to waive the Accident & Sickness Insurance Plan offered through MSM for 2009-2010 must complete this form, submit proof of insurance, and adhere to the due date.** Full-time students for whom a waiver form is **not received** will be enrolled in the insurance plan offered through MSM. **New waiver forms must be completed for each academic year.** All insurance information MUST be in English. You must contact the office of Student and Residence Life by email at studentlife@msmny.edu to verify receipt of documents.

There will be a substantial late fee of \$150 for students who do not submit this waiver form by the deadline. Late applicants will be required to pay for insurance coverage through December 31, 2009. Please complete all sections below.

**SECTION A** – Required Personal Information

\_\_\_\_\_

**Last Name, First Name** **Social Security Number**

(\_\_\_\_) \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**Phone Number** **Date of Birth** **Student ID Number**

\_\_\_\_\_

**Home Address** **City** **State** **Zip**

\_\_\_\_\_

**E-Mail Address** **Date**

**Acknowledgment:** By submitting this form I acknowledge that as a FULL-TIME student, my health insurance is comparable to MSM’s health insurance and is valid in New York State for the entire academic year. I also understand all students enrolled for a FULL-TIME program of study at Manhattan School of Music are required to be covered by a sickness and accident (medical) insurance program. By signing this form I am not purchasing the Student Accident & Sickness Insurance Plan. I am responsible for any medical expense incurred during my enrollment at Manhattan School of Music and the school will not be responsible for any accident or sickness medical expense.

**SECTION B** – Private Insurance Information

**Name of Insurance Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **Coverage Period:** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Attach Proof of Coverage – A front and back copy of your valid insurance card is required!**

\_\_\_\_\_

**Signature of Student or Policy Holder** **OFFICE USE:**  
**Date Received** \_\_\_\_\_

MANHATTAN SCHOOL OF MUSIC

2009-2010 STUDENT INSURANCE  
UPGRADE FORM

Please read instructions on reverse side.

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Home (U.S.) Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fall 2009 Address: Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Student ID # \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Expected Graduation (Month/Year) \_\_\_\_ / \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Annual (8/18/09 to 8/18/10)

Spring Semester - New Students Only (1/1/10 to 8/18/10)

Supplemental Accident and Sickness Benefit (Additional) .....  \$ 240.00

\$240.00

**OVER →**

MSM UG (7/09)

**INSTRUCTIONS**

I am covered under the Base Accident and Sickness Medical Expense Benefit of the Student Accident and Sickness Insurance Plan. I wish to upgrade my coverage by purchasing the additional optional benefit(s) checked on the reverse side.

- Mail this completed Upgrade Form with payment to: **Collegiate Insurance Resources, 172 Bechtel Road, Collegeville, PA 19426.**
- Make your check or money order payable to **Combined Life Insurance Company of New York.**
- Upgrade coverage becomes effective for Fall Semester on August 18, 2009 (or January 1, 2010 for Spring Semester) or day after the postmark date of premium payment, whichever is later and continues until August 18, 2010.
- Students wishing to purchase the optional benefits must enroll during the open enrollment period at the beginning of the Fall Semester. The Spring Semester open enrollment period is available only for new students starting academic programs at MSM for the Spring Semester.
- The last date to upgrade for Fall Semester is September 11, 2009. The last date to upgrade for Spring Semester is January 22, 2010.
- To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, We will ask you for written authorization to disclose information about you.
- My signature below certifies that I have read and understand the Student Accident and Sickness Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_