

STUDENT
ACCIDENT AND
SICKNESS
INSURANCE PLAN

2004-2005

Designed Especially for

insert logo

Farmingdale, New York

Please keep this outline of coverage
for future reference.

Policy No.: CUH200713

The following is a brief description of Farmingdale State University's Student Accident and Sickness Insurance Plan. The Master Policy issued to the Farmingdale State University is the governing document and contains the complete details of the Plan. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by Combined Life Insurance Company of New York and administered by The Allen J. Flood Companies, Inc.

POLICY TERM

The insurance under Farmingdale State University's Student Accident and Sickness Plan for the Annual Policy is effective 12:01 a.m. on August 27, 2004. An Insured Person's coverage becomes effective on that date, or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The Annual Policy terminates at 12:01 a.m. on August 27, 2005 or at the end of the period through which the premium is paid. The Spring Semester is effective 12:01 a.m. on January 25, 2005 and will terminate at 12:01 a.m. August 27, 2005. However, students or athletes who may be on campus for respective activities prior to August 27, 2004 will be covered as of the date they arrive on campus.

ELIGIBILITY

All full-time resident students of Farmingdale State University are automatically covered in Part I - Accident Medical Expense Benefits and Part II - Sickness Medical Expense Benefits unless they furnish evidence of comparable health insurance. If a resident student has comparable health insurance and does not need Farmingdale State University's Sickness Medical Expense coverage, the accompanying Waiver Form must be returned to the school no later than September 12, 2004, or the student will automatically be enrolled and the premium will be charged to their account. **Sickness coverage is in effect for full-time student's 24 hours a day.**

All full-time and part-time commuter students of Farmingdale State University are eligible to enroll in Part I - Accident Medical Expense Benefits and Part II - Sickness Medical Expense Benefits. If you wish to purchase these benefits, please complete and return the accompanying Enrollment Form to The Student Accounts Office, Laffin Hall, with payment payable to Farmingdale State University no later than October 17, 2004. The Annual cost of insurance is \$470.00 and the Spring Semester cost is \$314.00.

LATE ENROLLMENT

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

DEPENDENT COVERAGE

Students who are enrolled in the Student Accident and Sickness Insurance Plan may also enroll their Dependents under the Sickness Insurance Plan. **Dependents are not eligible for coverage under the Part I - Accident Medical Expense Benefits.**

The term "Dependent" means: (a) the Insured Student's spouse residing with the Insured Student; or (b) the Insured Student's unmarried children under the age of nineteen years; or (c) a child born to an Insured Student while this Plan is in force will be covered by this Plan from the moment of birth. Coverage for such 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 coverage when the child is born. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child, for dependent benefits, for the first 31 days from the moment of birth. To continue the child's dependent benefits past the first 31 days, the Insured Student must notify the Plan Administrator in writing within 31 days of the child's birth.

The term children includes an Insured Student's biological children; step-children; adopted children from the date of placement in the Insured Student's home and who depend on the Insured Student for their full support. A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.

If the insured Student wishes to purchase Dependent coverage, please complete the Dependent Enrollment Form at the back of this brochure, and return it to The

Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538 with your check or money order payable to The Allen J. Flood Companies, Inc. no later than October 18, 2004 for the annual coverage; February 15, 2005 for the Spring Semester. **Dependent coverage must be purchased at the same time that students enroll in the Student Accident and Sickness Insurance Plan.**

DEPENDENT COSTS

	Annual (8/27/04- 8/27/05)	Spring (1/25/05- 8/27/05)
Spouse	\$850.00	\$568.00
Child(ren)	\$850.00	\$568.00

PREMIUM REFUND POLICY

Except for medical withdrawal due to an Injury or Sickness, any student withdrawing from the school during the first 7 days of the period for which coverage is purchased shall not be covered under the Plan and a full refund of the premium will be made. Students withdrawing after 7 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. This is true for students on leave for medical or academic reasons and graduating students.

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.

Premium received by the Company is fully earned upon receipt. **No other requests for a refund of premium will be considered.**

DEFINITIONS

Covered Charge or Expense as used herein means those charges for any treatment, services or supplies: (a) not in excess of the charges of the actual expense therefore; and (b) not in excess of the charges that would have been made in the absence of this insurance; and (c) incurred while this Plan is in force as to the Insured Person.

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 or 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 related cause are considered one Injury.

Insured Person means an Insured Student.

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

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

Medical Emergency means 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 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. A Medical Emergency does not include elective or routine care.

Medically Necessary means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time service, drug or supply is provided. A service, drug or supply shall be considered "needed" if it: (a) is ordered by a Doctor; and (b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it is ordered. A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

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.

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.

PREFERRED PROVIDER NETWORK

This policy includes the voluntary utilization of Beech Street Nationwide Preferred Provider Network. Utilizing the Beech Street Nationwide Preferred Provider Network will decrease your out of pocket costs under this Accident and Sickness Insurance Plan. The Beech Street Network consists of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a Beech Street Provider. In order to use the services of a participating provider you must present your Combined Life Insurance Company of New York Medical Identification Card found at the back of this brochure. An Insured Person may contact Beech Street at 1-800-432-1776, toll free number available Monday through Friday, 8 a.m. to 8 p.m. to receive information on participants in their area, or visit their web site at www.beechstreet.com.

DESCRIPTION OF BENEFITS

<p>PART I - ACCIDENT MEDICAL EXPENSE BENEFITS</p>
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This coverage is in effect while the student is participating in school-sponsored activities, including travel directly to and from such activities. This coverage is not in effect 24 hours a day. If as a result of an Injury, an Insured Person incurs covered medical Expenses, We will pay 100% of the Covered Charges incurred within 52 weeks from the date of the accident up to a Per Condition Aggregate Maximum of \$5,000 per Injury. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthetist; (e) inpatient and outpatient Doctor visits; (f) consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) ambulance/taxi; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury.

The first eligible expense must be incurred within 180 days from the date of the accident. All intercollegiate sport injuries except Football and Hockey are covered on the same basis as any other Injury.

**ACCIDENTAL DEATH &
DISMEMBERMENT EXPENSE BENEFIT**

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

<u>For Loss of:</u>	<u>Amount</u>
Life	\$2,500
Two hands or two feet or sight of two eyes	\$2,500
One hand and one foot	\$2,500
One hand and sight of one eye	\$2,500
One foot and sight of one eye	\$2,500
Either hand or foot or sight of one eye	\$1,250

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

This provision does not cover the loss if it in any way results from or is caused or contributed by: (1) physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan; (2) an infection, unless it is caused solely and independently by a covered accident; (3) for Expenses for which a contributing cause was the Insured Person's commission of, or attempt to commit a felony, or for which an Insured Person's engagement in an illegal occupation was the contributing cause (4) the Insured Person being intoxicated or under the influence of any drug unless taken as prescribed by a Doctor. .

**PART II - SICKNESS
MEDICAL EXPENSE BENEFITS**

Coverage for the Sickness Medical Expense Benefits is in effect 24 hours a day. If as the result of Sickness, an Insured Person incurs covered medical Expenses, We will pay the Covered Percentage of the Covered Charges incurred, as allocated below, within 52 weeks from the date of the first medical treatment of the Sickness up to a Per Condition Aggregate Maximum of \$25,000 per Sickness.

Hospital Room and Board Expense Benefit: If an Insured Person requires confinement in a hospital, We will pay the Covered Charges incurred up to \$200.00 per day.

Miscellaneous Hospital Expense Benefit: If an Insured Person incurs Expenses during a hospital confinement, or day surgery on an outpatient basis We will pay the Covered Charges incurred up to \$300.00 per day. Such Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; (l) physical and occupational therapy; and (m) other necessary and prescribed hospital expenses.

Surgical Expense Benefit (Inpatient & Outpatient): We will pay the Covered Charges incurred up to a maximum of \$1,500 per Sickness for surgery performed by a licensed Doctor (In or Out of the Hospital). Out of network benefits will be paid in accordance with the PHCS Schedule for Reasonable and Customary Expense.

Anesthetist Expense Benefit: If an Insured Person requires the services of an anesthetist for a surgical operation, We will pay the Covered Charges incurred up to a maximum of 25% of the Expenses payable under the Surgical Expense Benefit.

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

In-Hospital Doctor's Fees and Medical Expense Benefit: If an Insured Person, who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have performed the surgery on the Insured Person, We will pay the Covered Charges incurred up to \$50.00 per visit, limited to one visit per day.

Consultant Expense Benefit (Inpatient and Outpatient): If an Insured Person requires the service of a

Consultant or Specialist, when they are deemed necessary and ordered by an attending physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Charges incurred up to a maximum of \$150.00 per Sickness for the initial visit and \$75.00 per each additional three visits per Sickness if medically required.

Outpatient Expense Benefit: If an Insured Person requires the use of or services for the Hospital Outpatient Department, Emergency Room, Diagnostic X-ray or Laboratory Tests, We will pay the Expense incurred, up to a maximum of \$300.00 per Sickness, provided such expenses are not covered under any other benefit in this Plan.

Outpatient Doctor Visit Expense Benefit: If an Insured Person requires the services of a Doctor, We will pay the Covered Charges incurred up to \$50.00 per visit, beginning with the second visit, limited to one visit per day, up to a maximum of 20 visits. A visit to the Health and Wellness Center must serve as the first visit, unless the College is in recess or the student is away from campus.

Emergency Room Expense Benefit: If an Insured Person requires the use of a hospital emergency room as a result of a Medical Emergency, We will pay the Covered Charges incurred up to a maximum of \$200.00 per Sickness.

Outpatient Diagnostic X-ray and Laboratory Expense Benefit: If an Insured Person is prescribed by an attending Doctor for diagnostic x-ray and laboratory services on an outpatient basis, We will pay the Covered Charges incurred, up to a maximum of \$300.00 per Sickness.

Abortion Expense Benefit: If an Insured Person incurs medical expense for an elective abortion, We will pay the Covered Charges incurred up to a maximum of \$400.00, limited to one per calendar year.

Home Health Care Expense Benefit: If an Insured Person requires home health care services, We will pay, after a \$50.00 deductible, 75% of the Covered Charges incurred, up to 40 visits per calendar year.

Ambulance/Taxi Expense Benefit: If an Insured Person requires the use of an ambulance, air ambulance or taxi that is approved or recommended by the Student Health and Wellness Center, We will pay the Covered Charges incurred up to a maximum of \$100.00 per Sickness. If the Student Health and Wellness Center is closed,

transportation to the hospital may be authorized by Residence Life or Campus Police. Covered Charges include Pre-Hospital Medical Emergency Services provided by a licensed ambulance service.

Emergency Dental Sickness Expense Benefit: If an Insured Person requires emergency dental treatment as shown below, We will pay the maximum benefit as follows:

Extraction of impacted tooth	\$150.00
Initial endodontic visit	\$100.00
Emergency extraction per tooth	\$100.00
Emergency filling - per surface	\$ 25.00

(Policy year maximum \$200.00)

Outpatient Mental, Nervous or Emotional Disorders Expense Benefit: We will pay the Covered Charges incurred up to \$125.00 for the first visit, and \$100.00 per visit for the next three visits, up to a maximum of \$425.00 per policy year for covered outpatient services for the treatment of Mental, Nervous or Emotional Disorders. The Mental, Nervous or Emotional Disorder must, in the professional judgment of health care providers, be treatable, and the treatment must be Medically Necessary. Outpatient Treatment and Doctor services include charges made in a facility operated by the Department of Mental Hygiene, or by a psychiatrist or psychologist licensed to practice in this state or a professional corporation or university faculty practice corporation.

Please note: We will not cover any expense incurred for which the Insured Person independently received care at an outside medical facility, without the prior referral of the Health and Wellness Center. However, if the Health and Wellness Center was closed, care for a Medical Emergency would be paid. Also, We will not cover any expense incurred for which the Insured Person left a facility against medical advice (AMA). Lastly, any accident on campus or at a campus related activity sponsored by a group or entity that is required to maintain their own liability insurance, will not be considered a covered medical expense.

STATE MANDATED BENEFITS

Inpatient Mental, Nervous or Emotional Disorders Expense Benefit: 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 for a maximum of 30 days per Sickness or not exceeding a maximum of \$5,000 per Sickness. Such confinement must be in a licensed or certified facility, including Hospitals.

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

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. 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.

Outpatient Chemical Abuse and Chemical Dependence Expense Benefit: If on account of Chemical Abuse or Chemical Dependence, an Insured Person is not so hospital confined as an inpatient, We will pay the Covered Percentage of the Covered Charges incurred for up to 60 visits during any one calendar year, for the diagnosis and treatment of Chemical Abuse and Chemical Dependence. Coverage will be limited to facilities in New York State, which are certified by the Office of Alcoholism and Substance Abuse Services as outpatient clinics or medically supervised ambulatory substance programs. In other states, coverage is limited to those facilities, which are accredited by the Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse, or chemical dependence treatment programs. Outpatient Services consisting of consultant or treatment sessions will not be payable unless these services are furnished by a Doctor or Psychotherapist who: (a) is licensed by the state or territory where the person practices; and (b) devotes a substantial part of his or her time treating intoxicated

persons, substance abusers, alcohol abusers, or alcoholics. Outpatient coverage includes up to 20 outpatient visits during any one calendar year, for covered family members, even if the 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 in 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.

Mammography Examination Expense Benefit: Benefits will be paid for mammographic exam charges incurred for the following: (a) one baseline Mammogram for a woman thirty-five through thirty-nine years of age; (b) one Mammogram every two years for a woman forty through forty-nine years of age, inclusive, or more frequently upon recommendation of a Doctor; (c) one Mammogram every year for a woman fifty years of age or older; and (d) when recommended by a Doctor, a mammogram at any age for an Insured Person with a prior history of breast cancer or whose mother or sister has a prior history of breast cancer. We treat such charges in the same way We treat Covered Charges for any other Sickness.

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

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

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

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

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

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

Diagnostic Screening For Prostatic Cancer Expense

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

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

We also cover charges for expenses incurred for diabetes self-management education. Coverage for self-management education and education relating to diet shall be limited to Medically Necessary visits upon the diagnosis of diabetes, where a Doctor diagnoses a significant change in the 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 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. We treat such charges in 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. 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 in 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 in 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 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a healthcare facility. Covered services may be provided by a certified-nurse midwife, under qualified medical direction, affiliated or practicing in conjunction with a licensed facility, unless the attending Doctor, in consultation with the mother, makes a decision for an earlier discharge from the Hospital. If so, We will cover charges for one home health care visit. The visit must be requested within 48 hours of the delivery (96 hours in the case of a cesarean section) and the services must be delivered within 24 hours: (a) after discharge; or b) of the time of the mother's request, whichever is later. Charges for the home health care visit are not subject to any deductible, coinsurance or co-payments. Covered Charges include at least two payments, at reasonable intervals, for prenatal care and one payment for delivery and postnatal care provided. We also cover charges for parent education, assistance and training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments. Newborn infant care is covered when the infant is confined in the hospital and has received continuous hospital care from the moment of birth. This includes: (a) nursery charges; (b) charges for

routine Doctor's examinations and tests; and (c) charges for routine procedures, except circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth. Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility.

End of Life Care Expense Benefit: If 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. "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 treat such charges in the same way We treat Covered Charges for any other Sickness.

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.

Bone Mineral Density Measurements and Tests

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

EXCLUSIONS

The Plan does not cover nor provide benefits for:

1. Expense incurred as the result of dental treatment. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth or as specifically provided.
2. Services normally provided without charge by Farmingdale State University's Student Health and Wellness Center, or by health care providers employed by Farmingdale State University.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore.
4. Injury due to participation in a riot.
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except if campus related or as a fare paying passenger in an aircraft operated by a

- scheduled airline maintaining regular published schedules on a regularly established route.
6. Injury or Sickness resulting from declared or undeclared war; or any act thereof.
 7. Injury or Sickness for which benefits are paid under any Workers Compensation or Occupational Disease Law.
 8. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such 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. Elective treatment or elective surgery, except as specifically provided.
 11. Cosmetic surgery, except as the result of an Injury occurring while this Plan is in force as to the 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.
 12. Expenses covered by any other medical, health or accident insurance provided on a group basis. This exclusion shall only apply if the entire premium for the coverage under this Plan is paid by the College, with no contributions from the Insured Student.
 13. Injuries sustained as the result of a motor vehicle accident to the extent that benefits are recovered or recoverable under mandatory no-fault benefits insurance.
 14. Treatment of mental or nervous disorders except as specifically provided.
 15. Treatment of alcohol and substance abuse except as specifically provided.
 16. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile.
 17. Routine physical, preventive medicines, serums, or vaccines, unless prescribed by a Doctor for treatment of an Injury or Sickness covered under this Plan.
 18. Pre-existing conditions as defined in this Plan.
 19. 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.

20. For expenses as a result of participation in a felony.
21. Suicide, attempted suicide, or intentionally self-inflicted Injury.
22. While the Insured Person is intoxicated or under the influence of any drug unless taken as prescribed by a Doctor.
23. Illness, accident, treatment or medical condition arising out of practice or play of intercollegiate football and hockey.

PRE-EXISTING CONDITIONS LIMITATION

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

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

Creditable Coverage: means coverage under: (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(e) 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 30-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 30-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage.

CONTINUOUS INSURANCE

Any Insured Person who has continuous coverage under this Plan or any Prior Plan from one year to the next shall be covered for conditions first manifesting themselves while Continuously Insured, except for benefits payable under prior policies in the absence of this Plan. Prior Plan means the Student Health Insurance Policy or policies issued to Farmingdale State University immediately before this Policy or any Credible Coverage as defined in this Plan. Also, the total amount of benefits payable for such Injury or Sickness under this Plan and the Prior Plan cannot exceed the Aggregate Maximum of this Plan.

COORDINATION OF BENEFITS PROVISION

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

REIMBURSEMENT & SUBROGATION

If We pay covered expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our 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 Our Plan Administrator at 1-800-972-7629. The Plan Administrator will address concerns and attempt to resolve the complaint. If the Plan Administrator is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to Our Plan Administrator. 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. The Plan Administrator 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, the Plan Administrator may take up to an additional 60 days before rendering a decision.

External Appeal

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

If a service was denied as Experimental or Investigational, You must have a life-threatening or disabling condition or disease to be eligible for an external appeal AND Your attending physician must submit an Attending Physician Attestation form. An external appeal may only be requested if the denied service is a covered benefit under the plan. Instructions, forms and the fee required for an External Appeal may be found at <http://www.ins.state.ny.us/extappqa.htm>.

You must file an External Appeal within 45 days of receipt of a notice of Final Adverse Determination or within 45 days of receiving notice that the internal appeal procedure has been waived. An expedited external appeal will be decided within 3 days of receiving a request from the state.

A standard external appeal will be decided within 30 days of receiving the request from the state.

CLAIM PROCEDURES

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

1. In the event of a Medical Emergency seek medical attention immediately.
2. If at Farmingdale State University you must report to the Student Health and Wellness Center, except in the event of a Medical Emergency, before seeking medical care at an outside facility (including gynecology examination). If you do not report there first, you will be liable for any bills related to that Injury or Sickness.
3. If away from Farmingdale State University, consult a Doctor and follow his/her advice.
4. Notify the Student Health and Wellness Center within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
5. Obtain a Claim Form from the Student Health and Wellness Center or Plan Administrator. Complete the Claim Form in full and sign it.
6. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Plan Administrator, The Allen J. Flood Companies, Inc., at the address below.
7. Itemized medical bills must be attached to the claim form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to the Plan Administrator at the address below. No additional claim forms are needed as long as the Insured Person/Student's name and identification number are included on the bill.
8. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to the Plan Administrator, The Allen J. Flood Companies, Inc., at the address below. Office hours are 8:30 a.m. to 4:30 p.m. (EST) Monday through Friday.

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

HIPAA Privacy Rule

Under HIPAA Privacy Rule we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You may view this notice on the internet at www.Farmingdale.edu. 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 or call 1-800-951-6206, select HIPAA.**

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

The Plan is Underwritten By:

Combined Life Insurance Company of New York
Policy Number: CUH200713

Plan Administrator

The Allen J. Flood Companies, Inc.
2 Madison Avenue
Larchmont, NY 10538
914-834-9326
800-972-7629