It is suggested that students keep this description of coverage with them at all times because no individual certificates will be issued. The Master Policy is maintained by the University.

Note: The time you were covered under this plan may count as creditable coverage with a different insurance plan. Therefore, it is suggested that you contact Wells Fargo Insurance Services at 1-800-228-6768 when you need such verification.

2009-M3A67 (Bro)
Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal must include exactly why they disagree with the way the claim was processed. The request must include any additional information that may support their request for appeal. This includes medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator below.

Underwritten by SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK BINGHAMTON, NY as policy form # SML-SHMI-02

Serviced by

Wells Fargo Insurance Services
P.O. Box 276 • Columbus, Ohio 43216-0276 800-228-6768 • wfis.wellsfargo.com/colleges

Claims Administered by

Special Risk Claims
Commercial Travelers Mutual Insurance Company
70 Genesee Street, Utica, NY 13502

Toll Free: 800-758-3702 • www.studentclaimcenter.com

For a copy of the Company’s Privacy Notice, or to Request one, please go to www.commercialtravelers.com/privacy.html or request one from:

Commercial Travelers Mutual Insurance Company
c/o Privacy Officer • 70 Genesee St. • Utica, NY 13502

(please indicate school you attend with your written request.)

Network Provider

Beech Street • 800-432-1776

Alternative Coverage

For a copy of the Company’s Privacy Notice, or to Request one, please go to www.commercialtravelers.com/privacy.html or request one from:

Commercial Travelers Mutual Insurance Company
c/o Privacy Officer • 70 Genesee St. • Utica, NY 13502

(please indicate school you attend with your written request.)

It is suggested that students keep this description of coverage with them at all times because no individual certificates will be distributed.

The Master Policy is maintained by the University.

Note: The time you were covered under this plan may count as creditable coverage under other Federal Law if you leave this plan and go to an employer’s plan within 63 days thereafter.

You are eligible to receive verification from the Company regarding the periods you were covered. Please contact Wells Fargo Insurance Services at 1-800-228-6768 when you need such verification.

2009-M3A67 (Bro)
BASIC PLAN BENEFITS

When hospital or medical care is employed on account of a covered or sustained injury or sickness contracted or treated during the period for which the Student or dependent is insured, the Student or dependent, unless customarily incurred will be subject to the following provisions.

Usual and Customary means usual in terms of services, care or treatment provided and customarily incurred that is usual and customary for the geographic area with similar professional standing and providing similar care or treatment.

DESCRIPTION OF BENEFITS

PART I—STUDENT ONLY

A. Accident and Sickness Medical Expense

Payment for usual and customary charges will be made up to $500.00 for each covered accident or sickness incurred within 52 weeks of the date of accident and the first eligible accident incurred within 90 days from the date of the first acceptance of any covered injury. The reasonable charges of a qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory service, surgical dressings, medicines, plaster casts, use of wheelchair or crutches or ambulance. Dental payment will be made up to $500.00 for each covered accident incurred while at School.

Hospital Miscellaneous Expense—X-ray examinations, dental, X-rays, use of operating room, temporary surgical appliances, when the insured is confined as a bedpatient therein (including outpatient surgery) up to $400.00.

Surgical Expense—The amount listed in the Surgery Fee Schedule of the Policy, up to the maximum of $500.00. In addition, anesthesiologists, other than hospital employees, will be paid up to 75% of the usual and customary charge for the applicable surgical procedure.

Consultants’ Fees—When confined as a bedpatient, will be paid by the provider of same.

Exclusions

No reimbursement will be made for medical expenses in connection with:

1. Dental treatment or dental X-rays except as otherwise provided and approved by the attending physician.
2. Treatment of conditions (other than Biologically Based) that were pre-existing or latent at the date of the covered accident or the date of the beginning of the first loss for which benefits are payable.
3. Cost of eyeglasses, routine eye examinations.
4. Voluntary termination of pregnancy.
5. Declared or undeclared war or any act of war.
6. Injuries or sickness for which benefits are paid under Worker’s Compensation, Occupational Disease Act or Law or similar legislation.
7. Medical expenses incurred as the result of an injury or sickness covered by the Workers’ Compensation Act or similar legislation.
8. Services provided as a result of the insured being involved in any illegal act, illegal drug activity, or the use of illegal drugs.
9. Part II benefits for injury or sickness to the insured’s parents.
10. Injury sustained during the play or practice of a sport at school.
11. Treatment for a condition not covered by the Policy.
12. Injury sustained while flying, except as a fare paying passenger in a regularly scheduled commercial flight.
13. Elective surgery, except cosmetic surgery, except as otherwise provided and approved by the attending physician.
14. Preventive medicines, serums, vaccines, and routine examinations.
15. Riot or civil strife in which the Insured Person participated.
16. Expense incurred after 52 weeks from the date of the accident or from the date of the first medical treatment for any one accident or any one sickness.
17. Mental or nervous disorders, except as provided for in the Policy.

A. Accident and Sickness Medical Expense

IN CONJUNCTION WITH A PERSONAL ACCIDENT

Payment for usual and customary charges will be made up to $500.00 for each covered accident or sickness incurred within 52 weeks of the date of accident and the first eligible accident incurred within 90 days from the date of the first acceptance of any covered injury. The reasonable charges of a qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory service, surgical dressings, medicines, plaster casts, use of wheelchair or crutches or ambulance. Dental payment will be made up to $500.00 for each covered accident incurred while at School.

Hospital Miscellaneous Expense—X-ray examinations, dental, X-rays, use of operating room, temporary surgical appliances, when the insured is confined as a bedpatient therein (including outpatient surgery) up to $400.00.

Surgical Expense—The amount listed in the Surgery Fee Schedule of the Policy, up to the maximum of $500.00. In addition, anesthesiologists, other than hospital employees, will be paid up to 75% of the usual and customary charge for the applicable surgical procedure.

Consultants’ Fees—When confined as a bedpatient, will be paid by the provider of same.

Exclusions

No reimbursement will be made for medical expenses in connection with:

1. Dental treatment or dental X-rays except as otherwise provided and approved by the attending physician.
2. Treatment of conditions (other than Biologically Based) that were pre-existing or latent at the date of the covered accident or the date of the beginning of the first loss for which benefits are payable.
3. Cost of eyeglasses, routine eye examinations.
4. Voluntary termination of pregnancy.
5. Declared or undeclared war or any act of war.
6. Injuries or sickness for which benefits are paid under Worker’s Compensation, Occupational Disease Act or Law or similar legislation.
7. Medical expenses incurred as the result of an injury or sickness covered by the Workers’ Compensation Act or similar legislation.
8. Services provided as a result of the insured being involved in any illegal act, illegal drug activity, or the use of illegal drugs.
9. Part II benefits for injury or sickness to the insured’s parents.
10. Injury sustained during the play or practice of a sport at school.
11. Treatment for a condition not covered by the Policy.
12. Injury sustained while flying, except as a fare paying passenger in a regularly scheduled commercial flight.
13. Elective surgery, except cosmetic surgery, except as otherwise provided and approved by the attending physician.
14. Preventive medicines, serums, vaccines, and routine examinations.
15. Riot or civil strife in which the Insured Person participated.
16. Expense incurred after 52 weeks from the date of the accident or from the date of the first medical treatment for any one accident or any one sickness.
17. Mental or nervous disorders, except as provided for in the Policy.

A. Accident and Sickness Medical Expense

IN CONJUNCTION WITH A PERSONAL ACCIDENT

Payment for usual and customary charges will be made up to $500.00 for each covered accident or sickness incurred within 52 weeks of the date of accident and the first eligible accident incurred within 90 days from the date of the first acceptance of any covered injury. The reasonable charges of a qualified physician or dentist or surgeon, hospital confinement at semi-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, laboratory service, surgical dressings, medicines, plaster casts, use of wheelchair or crutches or ambulance. Dental payment will be made up to $500.00 for each covered accident incurred while at School.

Hospital Miscellaneous Expense—X-ray examinations, dental, X-rays, use of operating room, temporary surgical appliances, when the insured is confined as a bedpatient therein (including outpatient surgery) up to $400.00.

Surgical Expense—The amount listed in the Surgery Fee Schedule of the Policy, up to the maximum of $500.00. In addition, anesthesiologists, other than hospital employees, will be paid up to 75% of the usual and customary charge for the applicable surgical procedure.

Consultants’ Fees—When confined as a bedpatient, will be paid by the provider of same.

Exclusions

No reimbursement will be made for medical expenses in connection with:

1. Dental treatment or dental X-rays except as otherwise provided and approved by the attending physician.
2. Treatment of conditions (other than Biologically Based) that were pre-existing or latent at the date of the covered accident or the date of the beginning of the first loss for which benefits are payable.
3. Cost of eyeglasses, routine eye examinations.
4. Voluntary termination of pregnancy.
5. Declared or undeclared war or any act of war.
6. Injuries or sickness for which benefits are paid under Worker’s Compensation, Occupational Disease Act or Law or similar legislation.
7. Medical expenses incurred as the result of an injury or sickness covered by the Workers’ Compensation Act or similar legislation.
8. Services provided as a result of the insured being involved in any illegal act, illegal drug activity, or the use of illegal drugs.
9. Part II benefits for injury or sickness to the insured’s parents.
10. Injury sustained during the play or practice of a sport at school.
11. Treatment for a condition not covered by the Policy.
12. Injury sustained while flying, except as a fare paying passenger in a regularly scheduled commercial flight.
13. Elective surgery, except cosmetic surgery, except as otherwise provided and approved by the attending physician.
14. Preventive medicines, serums, vaccines, and routine examinations.
BASIC PLAN BENEFITS
When hospital or medical care is employed on account of a covered sickness or sustained injury, sickness contracted or treated during the period for which the Student or dependent is insured, the policy provides medical expenses covered by the University’s Student Health plan. If the medical care is incurred within 52 weeks of the date of accident or the date of sickness contracted or treated during the period for which the Policy is issued include, but are not limited to, the cost of injury occurs to sound, natural teeth.

Physicians’ Visits Expense (Non-Surgical) — When sickness or injury is confined, requires the services of the University Physician, the Company will pay for usual and customary charges up to $32.00 for the first visit, then $22.00 for subsequent visits. If the student is attended by any non-University Physician, the Company will pay up to $20.00 beginning with the second visit, then $10.00 per visit thereafter. The maximum amount payable under this benefit is $250.00, each covered sickness.

MEDICAL EVACUATION EXPENSE
If the Insured requires medical evacuation to his/her home country as the result of a covered injury or Sickness, the Company will pay the charges for not to exceed $10,000.00. Benefits are payable for the transportation of the Insured Person from the place of Injury or Sickness to the nearest Hospital where appropriate treatment can be obtained, and/or return of the Insured Person from the place of Injury or Sickness to the nearest Hospital where appropriate treatment can be obtained, and/or from there to his/her home country for further medical treatment or recovery.

If one or more of the Services covered under Workers’ Compensation, then the Insured Person will assign to Us his rights to those benefits to the extent that benefits have been provided under this benefit.

REPATRIATION EXPENSE (STUDENT ONLY)
In the event of the death of the Insured as the result of a covered Injury or Sickness, The Company will pay, at the request of the Beneficiary, funeral expenses, including, but not limited to, the cost of a morbidly ill or injured Patient, or by reason of covered Injury or Sickness. No reimbursement will be made for medical expenses incurred due to self-inflicted injury, suicide or attempted suicide, while sane or insane, except that treatment specifically excluded. Treatment specifically excluded includes, but is not limited to, the cost of injury occurs to sound, natural teeth.

Hospital Miscellaneous Expense—X-ray examination, use of operating room, temporary surgical appliances, when the Insured is confined as a bedpatient therein (including outpatient surgery) up to $400.00.

Surgical Expense—The amount listed in the Schedule of Benefits for Surgical Services, up to a maximum of $500.00. In addition, anesthesiologists, other than hospital employees, will be paid up to 25% of the usual and customary charge for the applicable surgical procedure.

Consultants’ Fees—When confined as a bedpatient, amount will be made for medical expenses in connection with:
- Dental treatment or dental X-rays except as otherwise provided herein when injury occurs to sound, natural teeth.
- Services rendered or medical supplies provided by a legally qualified physician by reason of covered Injury or Sickness, the maximum amount payable for such services when hospital confined will be paid not to exceed $20.00 beginning with the first visit and thereafter up to a maximum of $365.00.
- Ambulance Expense—Up to $75.00.

B. Major Medical Expense
When the costs of medical treatment required from covered accident or sickness exceed the amounts paid under Parts I and IIA by $100.00, then any eligible usual and customary charges in excess of the $100.00 will be paid at 80% until a maximum of $50,000.00 has been reached, those benefits payable under Part I and Part IIA. The maximum amount payable for mental health conditions in that it is equal to the charge usually made by those providers in the same geographic area with similar professional standing and providing similar care or treatment.

DESCRIPTION OF BENEFITS

PART I—STUDENT ONLY

A. Accident and Sickness Medical Expense
Payment for usual and customary charges will be made up to $500.00 for each covered accident incurred within 52 weeks of the date of accident and the first eligible expense incurred within 90 days from the date of accident. Payment for usual and customary charges by a legally qualified physician or dentist or surgeon, hospital confinement at private-private room rate, the services of a registered graduate nurse, X-ray service, use of operating room, anesthesia, hospital room and board up to the aver-

D.生动性
When hospital or medical care is employed on account of a sustained injury, sickness contracted or treated during the period for which the Student or dependent is insured, in the event of the death of the Insured as the result of a covered Injury or Sickness, except that treatment specifically excluded. Treatment specifically excluded includes, but is not limited to, the cost of injury occurs to sound, natural teeth.