

STUDENT ACCIDENT AND HEALTH INSURANCE PROGRAM

GROUP POLICY # 11257

Designed for the Students of:
**MOHAWK VALLEY
COMMUNITY COLLEGE**

2008-2009

Protecting Students of
Mohawk Valley Community College At
Home, At College or
While Traveling
24 Hours A Day for 12 Months

Please keep this outline of coverage
for future reference

CLAIM PROCEDURES

In the event of accident or sickness the student should:

1. If at Mohawk Valley Community College, report immediately to the Student Health Center so that proper treatment can be prescribed or approved.
2. If away from Mohawk Valley Community College, consult a Doctor and follow his advice. Notify Student Health Center within 20 days after the date of the covered sickness or as soon thereafter as is reasonably possible.

Always obtain a claim form from the Student Health Center in order to process your claim. Aon Consulting has provided an "on-campus" service representative located at: Student Health Center, Mohawk Valley Community College, 1101 Sherman Drive, Utica, New York 13501

Always obtain an itemized bill for expenses incurred.

ON CAMPUS SERVICE

For your convenience, an on campus service representative has been provided who is able to answer questions and to service your claims. All questions concerning the insurance and claims should be directed to her office located at the Student Health Center. Telephone 315-792-5451.

All insured Students will be provided with a student identification card as soon after enrollment as practical.

As directed by the New York State Insurance Department, American Medical and Life Insurance has instituted a policy of accepting only those claim forms signed by the provider and the patient. AMLICO is in complete compliance with all regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please refer to our website, www.usamli.com, for our complete privacy statement.

TIMOTHY'S LAW

On December 22, 2006, legislation known as "Timothy's law" was signed into law in New York State. The law changes the coverage requirements for the diagnosis and treatment of mental, nervous or emotional disorders including, but not limited to, coverage for the diagnosis and treatment of mental, nervous or emotional disorders or ailments as follows:

Inpatient: not less than 30 days of active treatment per calendar year.

Outpatient: not less than 20 days of active treatment per calendar year.

For a complete description of Timothy's Law, please see the master policy on file with the college.

**YOUR SERVICE REPRESENTATIVE FOR
QUESTIONS AND CLAIMS IS:**
Candace Miller • 1-315-792-5451

MAIL CLAIMS TO:
Mohawk Valley Community College
ATTN: Candace Miller
Student Health Care Center, College Center 104
1101 Sherman Drive, Utica, NY 13501

FOR ADDITIONAL ASSISTANCE:
Aon Consulting Customer Service
1-800-847-8454

THIS PLAN IS UNDERWRITTEN BY:
American Medical and Life Insurance Company
1-800-822-0004

EXCLUSIONS

The Policy does not cover loss nor provide benefits for:

- Expenses incurred as a result of dental treatment except as specifically provided for treatment resulting from injury to sound, natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the Policy.
- Services normally provided without charge by your Policyholder's Health Service, infirmary or hospital, or employees of the Policyholder.
- Replacing eyeglasses or prescription therefor.
- Suicide, attempted suicide or intentionally self-inflicted injury.
- Injury due to participation in a riot.
- Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; and reconstructive surgery because of congenital disease or deformity or anomaly of a covered dependent child; provided, however, that cosmetic surgery will be covered for newborn children if necessitated by congenital defect.
- Accident occurring in consequent of riding as a passenger of 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.
- Injury or sickness resulting from declared or undeclared war or any act thereof.
- Injury or sickness for which benefits are payable under Worker's Compensation or Occupational Disease law.
- Injury sustained or sickness contracted while in the service of the armed forces in any country. Upon the Insured Person entering the armed forces of any country, The Company will refund the unearned pro-rate premium to such Insured Person.
- Treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of any insurance.
- Injury resulting from the practice or play of intercollegiate football.
- Loss for which mandatory Automobile No-Fault Benefits are recovered or recoverable.

THIS OUTLINE OF COVERAGE IS INTENDED ONLY FOR QUICK REFERENCE AND DOES NOT LIMIT OR AMPLIFY THE COVERAGE AS DESCRIBED IN THE MASTER POLICY WHICH CONTAINS COMPLETE TERMS AND PROVISIONS.

THE MASTER POLICY IS ON FILE AT THE UNIVERSITY.

RATES FOR STUDENT INSURANCE Based Upon Insurance Enrollment Dates

SEMESTER		1		2	
Rates	Entrance Date	August 23, 2008		January 16, 2009	
	Mandatory Accident	\$7.00 per semester		\$7.00 per semester	
Optional Sickness	Effective Date	August 23, 2008	\$208.00	January 16, 2009	\$135.00
	Expiration Date	August 23, 2009		August 23, 2009	
Enrollment Deadline		September 30, 2008		February 28, 2009	

**MOHAWK VALLEY
COMMUNITY COLLEGE**
1101 Sherman Drive
Utica, New York 13501-5394

**INFORMATION ABOUT YOUR
HEALTH SERVICES**

To Mohawk Valley Students and Their Parents:

The Staff of the Health Center welcomes all students. The Health Center services, maintained by registered professional nurses, are available to students at MVCC.

The main objective of the Student Health Center is to help maintain good health. It is much easier to correct minor ills than to wait until serious illness has developed. Please seek the assistance of the staff early. Whenever possible, each student desiring medical care should report to the Health Office first so that the nurse can advise on the kind of medical help that is needed.

**STUDENT'S MEDICAL EXPENSE
INSURANCE PROGRAM**

Following is a brief description of the Mohawk Valley Community College student insurance plan for the 2008-2009 year.

The premium rates and broad coverage provided are based on the concept that students, Health Center personnel and the College Administration cooperate to avoid nonessential use of the policy.

All full-time undergraduate students are covered for Accidental Death and Dismemberment Benefits and Medical Benefits due to accident as outlined below. The cost is \$7.00 per semester and is included on your tuition bill.

IN ADDITION, each student may apply for OPTIONAL SICKNESS and MAJOR MEDICAL BENEFITS as outlined (in Part II and III) below at an annual cost of \$208.00. To apply for sickness Benefits complete the enclosed enrollment card and return it with your tuition check including premium payment to Mohawk Valley Community College. Part-time matriculated students are also eligible to enroll in these plans.

The plan affords coverage 24 hours per day whether or not college is in session, and the coverage is for a full year, August 23, 2008 to August 23, 2009.

Should the student graduate or leave school for any reason, except to enter military service, the coverage will continue in effect to the expiration date of the coverage. If the student enters military service, coverage will terminate immediately and a pro-rated premium refund will be made on request.

STUDENT ENROLLMENT PERIOD

For all students enrolling in the Fall Semester the enrollment period ends on September 20, 2008, and for all students enrolling in the Spring Semester the enrollment period ends on February 26, 2009.

DEFINITIONS

"Injury" means accidental bodily injury which is the sole cause of the Loss and is sustained while the Policy is in force.

"Sickness" means sickness or disease resulting in loss covered by this Policy which is the sole cause of the loss and first manifesting itself while the Policy is in force as the Insured Person whose sickness is the basis of the claim. In the event 75% of the eligible students of the Insured, reaching a minimum of 300 students, are insured, then Sickness means sickness or disease resulting in loss covered by the Policy which is the sole cause of the loss.

"Physician" means a physician licensed by the state in which he practices.

"Expense" means those charges for any treatment, service or supplies not in excess of the usual and customary charges therefor, or not in excess of such charges as would have been made in the absence of this insurance.

PART I: ACCIDENT

Payment will be made for expense incurred within 52 weeks of the date of accident up to a maximum of \$1,000 for EACH COVERED ACCIDENT. Covered expenses include services of a physician, surgeon, registered graduate nurse, hospital confinement, ambulance service, operating room, anesthetic, including the administration thereof, x-ray examinations or any other therapeutic service or supplies and dental injuries to sound natural teeth. (Sound Natural Teeth means natural teeth, the major portion of the individual tooth which is present regardless of fillings, and is not carious, abscessed or defective. Sound Natural Teeth shall not include capped teeth).

**ACCIDENTAL DEATH AND
DISMEMBERMENT BENEFITS**

If any Insured while insured under this Policy for Accidental Death and Dismemberment Benefits, shall have sustained bodily injuries caused directly or exclusively by accident, and within 90 days after such injuries, shall have sustained any of the following losses, the company will pay:

\$1,000.00 for loss of (1) life, or (2) two hands, or (3) two feet, or (4) sight of two eyes, or (5) one hand and one foot, or (6) one hand and sight of one eye, or (7) one foot and sight of one eye.

\$500.00 for loss of (1) one hand or one foot, or (2) sight of one eye.

If an insured shall sustained more than one of the aforesaid losses as a result of any one accident, payment shall be made only for that one loss which is the largest amount payable.

**OPTIONAL SICKNESS AND
MAJOR MEDICAL
PART II: SICKNESS AND PREVENTATIVE CARE**

Payment will be made under this Part II for routine physical examinations and immunizations and actual medical expenses incurred within 52 weeks from the date of the first medical treatment for any one covered sickness, up to an aggregate maximum of \$1,000 as allocated below:

A. HOSPITAL: Room and board up to \$125.00 per day beginning with the first day of confinement.

B. IN-HOSPITAL MISCELLANEOUS EXPENSE: Pays the expense incurred for the operating room, anesthetic, including the administration thereof, x-ray examination or treatments, laboratory tests, drugs, medicines, therapeutic services or supplies, up to \$300.00 when confined in a hospital as a resident patient.

PHYSICIAN'S BENEFIT: Pays up to \$25.00 per office, house or hospital visit (limit one per day up to aggregate maximum of \$200.00 for diagnosis or treatment of any one sickness).

SURGICAL BENEFIT: Pays the fee actually charged for a surgical operation performed but not to exceed the maximum amount specified for such operation as shown in the "Schedule of Operations" not to exceed the maximum surgical benefit of \$300.00.

MISCELLANEOUS NON-CONFINED SERVICES: pays up to \$50.00 for x-ray examinations, laboratory tests, use of operating room and emergency room when not confined to a hospital in excess of a \$10.00 deductible.

AMBULANCE: Pays up to \$50.00 for a community or hospital ambulance.

MENTAL AND NERVOUS CONDITION EXPENSES: 100% of charges for out-patient treatment will be covered, to a maximum of \$250.00 per sickness.

PREGNANCY: Maternity care is covered to the same extent that coverage is provided for Hospital, Surgical and Medical Benefits for any other illness or disease, limited to the terms, conditions and amounts indicated in the Policy, except that Hospitalization Benefit is limited to the first four consecutive days of hospitalization that includes the day of delivery and;

No benefits will be paid under this provision if pregnancy commenced prior to the effective date of Insurance.

No Benefits are payable for voluntary abortion.

PART III: MAJOR MEDICAL BENEFIT

Provides payment of 80% of the charges for Covered Medical Expenses incurred within the 52 week Benefit Period that are in excess of the Aggregate Maximum paid or payable under the base ACCIDENT and SICKNESS portions of the Policy and a \$100.00 deductible. The maximum payment for any one covered incident under this portion of the coverage is \$5,000.00.

The total maximum combined benefit payable under all above part is \$6,000.00 for any one accident or any one period of sickness.

HOME HEALTH CARE EXPENSE BENEFITS:

The benefits provided in this brochure also apply to Home Health Care expenses provided by a Home Health Care Agency. The details of this coverage are included in the Policy on file at the College.

MOHAWK VALLEY COMMUNITY COLLEGE
Utica, New York

STUDENTS' OPTIONAL SICKNESS INSURANCE PLAN

STUDENT'S NAME

HOME ADDRESS

Please enroll the above named student in the Optional Sickness Insurance Program. My payment of \$208.00 annual premium is included with my tuition payment.

Signature of Student or Parent

For your convenience, we ask that you include your premium payment with your tuition check. Please return this card with your tuition check to Mohawk valley Community College.