ACCIDENT AND SICKNESS INSURANCE PLAN

2013-2014 YEAR

Designed Especially for the Students of

Please keep this summary of coverage for future reference.

Policy No: UGL2777S

Form# MC13
For questions about this plan please use the following contact information:

**Coverage, Eligibility and Premium:**

**Program Manager**  
The Allen J Flood Companies Inc.  
2 Madison Ave.  
Larchmont, NY 10538  
1-800-734-9326  
www.ajfusa.com

**Claim Status and all other Claim Inquiries**

**Claims Administrator**  
Klais & Company, Inc.  
1867 West Market Street  
Akron, OH 44313  
1 800-331-1096  
www.klais.com  
Group No. SF707E3  
EDI# 34145

**PPO Network Provider**

**Emblem Health/GHI**  
Online at: www.emblemhealth.com  
1-800-861-7153  
PPO Network Access in NY

**First Health**  
Online at: www.firsthealth.com  
1-800-226-5116  
PPO Access Outside the Primary Service Area

When calling the above toll-free telephone numbers, please have the name of your school, the group number (SF707E3) and the policy number (UGL2777S) available.
STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This brochure is a brief description of the Student Accident and Sickness Insurance Plan for students of Marist College. The exact provisions governing this insurance are contained in the Master Policy issued to Marist College. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by United States Fire Insurance Company and administered by The Allen J. Flood Companies, Inc. The Policy Number for this Plan is UGL2777S.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the school becomes effective at 12:01 a.m., August 1, 2013. Coverage becomes effective on that date or the date application and full premium is received by the Company, whichever is later. The Master Policy terminates at 12:01 a.m., August 1, 2014 or at the end of the period through which the premium is paid. The spring semester is effective 12:01 a.m. on January 15, 2014 and will terminate at 12:01 a.m. on August 1, 2014. Coverage is in effect 24 hours a day.

ELIGIBILITY

All Full-time undergraduate students are automatically charged for the Accident and Sickness Insurance on their tuition bill.

If you have existing medical insurance coverage under another policy (self, parent, spouse, etc.) – you may have the charge for the Marist College Accident and Sickness Insurance removed from your tuition bill. Please refer to the Marist College web site at www.marist.edu/financialaid/insurance for the waiver instructions. Please note in order to waive the insurance premium the student must show proof of other health coverage. The Deadline to file a Waiver is August 31, 2013.

Students enrolled in the plan must actively attend classes for the first 31 calendar days after the date for which coverage is purchased.

Annual Rates

<table>
<thead>
<tr>
<th></th>
<th>08/01/13-08/01/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>$1,335</td>
</tr>
<tr>
<td>Part-time &amp; Graduate</td>
<td>$2,615</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,535</td>
</tr>
<tr>
<td>Per Child</td>
<td>$1,930</td>
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</table>

Fall Rates

<table>
<thead>
<tr>
<th></th>
<th>08/01/13-01/15/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>$  615</td>
</tr>
<tr>
<td>Part-time &amp; Graduate</td>
<td>$1,195</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,160</td>
</tr>
<tr>
<td>Per Child</td>
<td>$  885</td>
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</table>

Spring Rates

<table>
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<tr>
<th></th>
<th>01/15/14-08/01/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>$  845</td>
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<tr>
<td>Part-time &amp; Graduate</td>
<td>$1,475</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,570</td>
</tr>
<tr>
<td>Per Child</td>
<td>$1,210</td>
</tr>
</tbody>
</table>

The above rates include a claims administration and brokerage service fee.

All graduate and part-time students are eligible to purchase the Accident & Sickness Plan as outlined in this brochure. If you would like to purchase this Coverage Plan you may do so via the internet using the Plan Administrator’s website at www.ajfusa.com/students. Visa, MasterCard and Discover are acceptable payment methods.
You may also enroll by completing the enrollment form online, print and return the enrollment form with a check or money order to The Allen J. Flood Companies, Inc. at 2 Madison Avenue, Larchmont, NY 10538. Please note any enrollment submitted after the deadline will become effective the day after the Plan Administrator receives both the application and premium.

**Premiums will not be pro-rated. Students enrolled in the plan must actively attend classes for the first 31 calendar days after the date for which coverage is purchased.**

**Dependent Coverage** - Students who are enrolled in the Student Accident and Sickness Insurance Plan may also enroll their Dependents. “Dependent” or “Eligible Dependent” means: the Covered’s Spouse under age 70; or Child who: (a) is under 26 years of age; and (b) is not provided coverage as a named subscriber, Covered, enrollee, or covered person under any other group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVII of the Social Security Act, Public Law 89-97, 42 U.S.C. Section 1395 et seq.; or (c) A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Covered. “Spouse” means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of a Covered. “Child” can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

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 Covered Student is already Covered for dependent coverage when the child is born. If the Covered 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 Covered Student must notify the Plan Administrator in writing within 31 days of the child’s birth.

You may enroll your dependents, via the internet using the Program Administrator’s website at: [www.ajfusa.com/students](http://www.ajfusa.com/students). Visa, MasterCard and Discover are acceptable payment methods. The deadline date to enroll online is September 15, 2013 for the annual coverage and February 10, 2014 for the spring coverage.

You may also enroll by completing the enrollment form online, printing and returning this form with a check or money order to The Allen J. Flood Companies, Inc. at 2 Madison Avenue, Larchmont, NY 10538.

*Please note any enrollments submitted after the deadline will be covered from the date after the Plan Administrator receives both the application and premium. Premiums will not be pro-rated.*

**LATE ENROLLMENT**

Students will be able to enroll after the enrollment deadline if they lose coverage under their other comparable health insurance. The Covered Student will be covered from the date after the application and premium are received by the Plan Administrator. Premiums will not be pro-rated.

**IDENTIFICATION CARDS**

All students who enrolled for the Student Health Medical Coverage Your Identification card will be mailed to the address provided. If You need an identification card prior to receiving Your card, please visit the Administrator website at [www.ajfusa.com/students](http://www.ajfusa.com/students) where You may print a temporary card.

**PREMIUM REFUND POLICY**

Covered Students entering the Armed Forces of any country will not be covered under this Plan as of the date of such entry. Those 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 Expenses means charges:**

- Not in excess of Usual, Reasonable and Customary charge;
- Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
- Made for medical services and supplies not excluded under the policy;
- Made for services and supplies which are Medically Necessary; and
- Made for medical services specifically included in the Schedule.
**Doctor** means a licensed practitioner of the healing arts acting within the scope of his license. Furthermore Doctor includes any healthcare practitioner required under New York law providing a service covered under the policy. Doctor does not include:

a. You;
b. Your spouse, dependent, parent, brother or sister; or
c. A person who ordinarily resides with You.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one Injury.

**Covered Person** means a Covered Student and their covered Dependent(s) while Covered under this Plan.

**Covered Student** means a student of the Policyholder who is eligible and Covered for coverage 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 occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

a. Placing ones health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
b. Serious impairment to bodily functions;
c. Serious dysfunction of any body organ or part; or;
d. Serious disfigurement of such person.

**Accident** means a specific unforeseen event, which happens while the Covered Person is covered under this Plan and which directly, and from no other cause result in an Injury.

**Per Condition Aggregate Maximum** means the annual 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.

**Usual, Reasonable and Customary Expense** means

a. Charges and fees for medical services or supplies that are the lesser of;
   1) The usual charge by the provider for the service or supply given; or
   2) The average charged for the service or supply in the area where service or supply is received; and
b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

**Sickness** means illness, disease, normal pregnancy, and Complication of Pregnancy that first manifests itself after the effective date of a Covered Person’s coverage under the policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Preventive Care** means a medicine or therapy that cures disease or relieves pain

**Covered Preventive Services for Adults**
Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
Alcohol Misuse screening and counseling
Aspirin use for men and women of certain ages
Blood Pressure screening for all adults
Cholesterol screening for adults of certain ages or at higher risk
Colorectal Cancer screening for adults over 50
Depression screening for adults
Type 2 Diabetes screening for adults with high blood pressure
Diet counseling for adults at higher risk for chronic disease
HIV screening for all adults at higher risk
Immunization vaccines for adults--doses, recommended ages, and recommended populations vary:
Hepatitis A
Hepatitis B
Herpes Zoster
Human Papillomavirus
Influenza
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Tetanus, Diphtheria, Pertussis
Varicella

Obesity screening and counseling for all adults

Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk

Tobacco Use screening for all adults and cessation interventions for tobacco users

Syphilis screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women

Anemia screening on a routine basis for pregnant women

Bacteriuria urinary tract or other infection screening for pregnant women

BRCA counseling about genetic testing for women at higher risk

Breast Cancer Mammography screenings every 1 to 2 years for women over 40

Breast Cancer Chemoprevention counseling for women at higher risk

Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women*

Cervical Cancer screening for sexually active women

Chlamydia Infection screening for younger women and other women at higher risk

Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs*

Domestic and interpersonal violence screening and counseling for all women*

Folic Acid supplements for women who may become pregnant

Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes*

Gonorrhea screening for all women at higher risk

Hepatitis B screening for pregnant women at their first prenatal visit

Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women*

Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older*

Osteoporosis screening for women over age 60 depending on risk factors

Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk

Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users

Sexually Transmitted Infections (STI) counseling for sexually active women*

Syphilis screening for all pregnant women or other women at increased risk

Well-woman visits to obtain recommended preventive services for women under 65*

Covered Preventive Services for Children

Alcohol and Drug Use assessments for adolescents

Autism screening for children at 18 and 24 months

Behavioral assessments for children of all ages

Blood Pressure screening for children

Cervical Dysplasia screening for sexually active females

Congenital Hypothyroidism screening for newborns

Depression screening for adolescents

Developmental screening for children under age 3, and surveillance throughout childhood

Dyslipidemia screening for children at higher risk of lipid disorders

Fluoride Chemoprevention supplements for children without fluoride in their water source

Gonorrhea preventive medication for the eyes of all newborns

Hearing screening for all newborns

Height, Weight and Body Mass Index measurements for children

Hematocrit or Hemoglobin screening for children
Hemoglobinopathies or sickle cell screening for newborns
HIV screening for adolescents at higher risk
Immunization vaccines for children from birth to age 18 — doses, recommended ages, and recommended populations vary:
Diphtheria, Tetanus, Pertussis
Haemophilus influenzae type b
Hepatitis A
Hepatitis B
Human Papillomavirus
Inactivated Poliovirus
Influenza
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Rotavirus
Varicella
Iron supplements for children ages 6 to 12 months at risk for anemia
Lead screening for children at risk of exposure
Medical History for all children throughout development
Obesity screening and counseling
Oral Health risk assessment for young children
Phenylketonuria (PKU) screening for this genetic disorder in newborns
Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
Tuberculin testing for children at higher risk of tuberculosis
Vision screening for all children

We, Us or Our means United States Fire Insurance Company
You, Your or Yours means the Covered Student.

PREFERRED PROVIDER NETWORK
Utilizing the Emblem Health and First Health Nationwide Preferred Provider Networks may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. These Provider Networks consist 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 an Emblem Health or First Health Provider. In order to use the services of a participating provider you must present your United States Fire Insurance Company Medical Identification card. A Covered person may contact Emblem Health at 1-866-861-7153 or First Health at 1-800-226-5116 these toll free numbers are available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participating providers in your area, or visit their web site at www.emblemhealth.com or www.firsthealth.com

EXTENSION OF BENEFITS PROVISION
If a Covered Person is hospital confined and under the care and treatment of a Doctor for an Injury or Sickness, benefits will continue to be paid for that condition until the first to occur of:
a. a period of up to 12 months following Your Term of Coverage; or
b. the maximum benefit shown in the Schedule has been paid.

DESCRIPTION OF BENEFITS
ACCIDENTAL DEATH & DISMEMBERMENT EXPENSE BENEFITS
When, because of an Injury, the Covered Person suffers any of the following losses within 365 days from the date of the accident, We will pay as follows:

<table>
<thead>
<tr>
<th>For Loss of:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$5,000</td>
</tr>
<tr>
<td>Two hands, two feet, or sight of two eyes</td>
<td>$5,000</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>$5,000</td>
</tr>
<tr>
<td>One hand and the sight of one eye</td>
<td>$5,000</td>
</tr>
<tr>
<td>One foot and the sight of one eye</td>
<td>$5,000</td>
</tr>
<tr>
<td>One hand or one foot or sight of one eye</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of sight in that eye 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) participation in a felony.

### ACCIDENT AND SICKNESS

#### MEDICAL EXPENSE SCHEDULE OF BENEFITS

**USE OF COLLEGE HEALTH CENTER IS ENCOURAGED:** When the Student Health Service is accessible, a Covered Student should report immediately to the Marist Health Center so that proper treatment can be prescribed or approved.

<table>
<thead>
<tr>
<th>Per Condition Aggregate Maximum Benefit Per Policy Year</th>
<th>$500,000 Per Condition Aggregate Maximum</th>
</tr>
</thead>
</table>

#### INPATIENT COVERED EXPENSES:

**INJURY** | **SICKNESS**
---|---

**Hospital Services**
- Room & Board: Semi-Private Room Rate
- Intensive Care: URC
- Hospital Miscellaneous: URC
- Physiotherapy: URC

**Surgery Services**
- Surgeon: URC
- Assistant Surgeon: URC
- Anesthetist: URC

**Nurse**
- URC

**Doctor’s Visits**
- URC

**Preadmission Testing**
- If done within 3 days of admission

#### OUTPATIENT COVERED EXPENSES:

**INJURY** | **SICKNESS**
---|---

**Surgery Services**
- Surgeon: URC
- Day Surgery Miscellaneous: URC
- Anesthetist: URC

**OUTPATIENT COVERED EXPENSES (continued):**

**Doctor’s Visits**
- URC

**Physiotherapy**
- URC

**Hospital Emergency Room**
- URC

**Diagnostic X-Rays & Laboratory**
- URC

**Radiation Therapy & Chemotherapy**
- No Benefits

**Tests & Procedures**
- URC

**Injections**
- URC

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Preventive Care
Includes Contraceptive Drugs and Devices

Prevention Drugs

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Benefit</td>
<td></td>
<td>100% of UCR; deductibles do not apply</td>
</tr>
</tbody>
</table>

Prescription Drugs

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>URC</td>
<td>100% of URC after $15 co pay for generic drugs, $30 co pay for brand name drugs; Must be filled at an Express Scripts pharmacy. There is no cost sharing for contraceptive Drugs and Devices</td>
<td></td>
</tr>
</tbody>
</table>

OTHER SERVICES:

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>INJURY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SICKNESS</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Expense</td>
<td>URC</td>
<td>100% of URC</td>
</tr>
<tr>
<td>Braces &amp; Appliances</td>
<td>URC</td>
<td>100% of URC</td>
</tr>
<tr>
<td>Consultant Expense</td>
<td>URC</td>
<td>100% of URC</td>
</tr>
<tr>
<td>Second Surgical Opinion Benefit</td>
<td>URC</td>
<td>100% of URC</td>
</tr>
<tr>
<td>Dental Injury to Natural Teeth only</td>
<td>URC</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Elective Abortion Benefit</td>
<td>No Benefits</td>
<td>$350 Maximum Benefit; If as a result of pregnancy having its inception during the term insured, and Insured person has an elective abortion</td>
</tr>
</tbody>
</table>

FAIRMONT SPECIALTY TRAVEL ASSIST SERVICES

The Travel Assist Plan is designed to provide students who travel 100 miles or more from their home (or in a foreign country that is not the country of permanent residence), with worldwide, 24-hour, emergency assistance services during the term of coverage under the student accident and sickness plan. The assistance services are provided by On Call International.

Emergency Medical Transportation Services are provided up to a combined maximum limit of $50,000 for covered services. Key service include: Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains, Family of Friend Transportation Arrangements, and Return of Minor Children. All transportation related services; coverage and payments must be arranged and pre-approved by On Call International.

Worldwide emergency medical, legal and travel assistance services are available 24-hours a day, 365 days a year. For Assistance call:

In the U.S. toll free – 1-866-509-7715
Worldwide, collect – 1-603-328-1728

24-HOUR NURSE ADVICE LINE

Wouldn’t you feel better knowing you could get health care answers from a Registered Nurse 24 hours a day? Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. On Call provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member’s ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556.

ADDITIONAL BENEFITS

Mental, Nervous, or Emotional Disorder Benefit: Benefits will be payable for Active Treatment of mental, nervous, eating disorders or emotional disorders as follows.

Benefits are payable for inpatient hospital care for thirty days of active treatment per policy year in a hospital facility defined by Section 1.03(10) of the Mental Hygiene Law and twenty visits of active treatment per policy year for outpatient care in a facility issued an operating certificate by the commissioner of mental health, a facility operated by the office of mental health, a psychiatrist or psychologist, or a professional corporation or university faculty practice corporation.

Benefits are payable the same as any other Sickness for inpatient hospital treatment for adults and children with biologically based mental illness, eating disorders and children with serious emotional disturbances.
Partial hospitalization days shall be covered with two partial hospitalization days equal to one covered inpatient day.

Definitions:
“Active treatment” means treatment furnished in connection with inpatient confinement for mental, nervous, or emotional disorders or ailments that meet the standards prescribed pursuant to the regulations of the commissioner of mental health. Active treatment for outpatient visits for biologically based mental illness or children with serious emotional disturbances will not require inpatient confinement to be eligible for outpatient treatment.

“Biologically based mental illness” means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Under the law, the following disorders satisfy the definition of biologically based mental illness: schizophrenia/psychotic disorders; major depression; bipolar disorder; delusional disorders; panic disorder; obsessive compulsive disorders, anorexia and bulimia.

“Children with serious emotional disturbances” means those persons under the age of eighteen years who have a diagnosis of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders and one or more of the following: serious suicidal symptoms or other life-threatening self-destructive behaviors; significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

“Eating Disorder” means conditions such as anorexia nervosa, bulimia and binge eating disorder, identified as such in the ICD-9-CM International Classification of Disease or the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, or other medical and mental health diagnostic references generally accepted for standard use by the medical and mental health fields.

“Comprehensive care centers for eating disorders” or “comprehensive care centers” means a provider-sponsored system of care, organized by either corporate affiliation or clinical association for the common purpose of providing a coordinated, individualized plan of care for an individual with an eating disorder that includes all necessary non-institutional, institutional and practitioner services and treatments, from initial patient screening and evaluation, to treatment, follow-up care and support.

Exceptions to Coverage:
Benefits do not apply to:
1. individuals who are incarcerated, confined or committed to a local correctional facility or prison, or a custodial facility for youth operated by the office of children and family services;
2. services solely because such services are ordered by a court; or
3. services determined to be cosmetic on the grounds that changing or improving an individual's appearance is justified by the individual's mental health needs.

Benefits provided will be subject to the same deductibles and coinsurance as any other Sickness. Benefits will be subject to the same network limitations, if any, as applicable to the other benefits provided under the Policy.

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

When the Covered 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 Covered 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, a Covered 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
We also cover charges for breast reconstruction surgery after a mastectomy including: (a) all stages of reconstruction of the breast on such charges the same way We treat any other Covered Charges for any other Sickness.

Coverage is limited to a time frame determined by the Covered Person's Doctor to be medically appropriate.

We treat such charges the same way We treat Covered Expenses 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.

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 Covered Person is Covered for these benefits. Benefits will be paid for the following: (a) one Mammogram at any age for an Covered 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 Covered Person age thirty-five through thirty-nine; and (c) one Mammogram annually for an Covered Person age forty years or older. We cover such charges 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. We treat such charges in the same way We treat Covered Charges for any other Sickness. 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.

Chiropractic Care Expense Benefit: We will pay for a Covered 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 Covered Person is entitled to a second medical opinion from a non-participating specialist, at no additional cost beyond that which the Covered Person would have paid for services from a participating specialist, provided the Covered 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 the same way We treat Covered Charges for any other Sickness.

Reconstructive Breast Surgery Expense Benefit: We cover charges for inpatient hospital care for a Covered 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 Covered 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 Covered Person to be appropriate. We treat such charges 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 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 Covered 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.

Enteral Formulas Expense Benefit: We will pay for a Covered 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 a 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.

Maternity Expense Benefit: We will pay benefits for a Covered 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 a Covered 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 Covered Person's attending health care practitioner, in consultation with the medical director of the facility or program determines that the Covered Person's care would appropriately be provided by such a facility or program.

If we disagree with the admission of the Covered 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 Covered Person.
"Advanced Cancer" means a diagnosis of cancer by the Covered 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 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 a Covered 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. We also 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.

**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.

**Early Intervention Services Benefit:** Benefits will be payable for Early Intervention Services for children up to three years of age who are disabled or at risk of disability on the same basis as any other Sickness. Benefits paid for Early Intervention will not decrease benefits payable for other conditions.

**Autism Spectrum Disorder Benefit:** Benefits will be payable for a Covered Person's Covered Charges on the same basis as any other Sickness for treatment of Autism Spectrum Disorder. “Autism Spectrum Disorder" means a neurobiological condition that includes autism, Asperger syndrome, Rett's syndrome, or pervasive developmental disorder.

**EXCLUSIONS**

The Plan does not cover nor provide benefits for:
1. Dental treatment except for treatment resulting from Injury to natural teeth.
2. Services normally provided without charge by the College’s health center, infirmary, or hospital, or by providers employed by the College.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore.
4. Injury due to participation in a riot, or attempt to commit a felony;
5. 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.
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 Covered Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Covered Person, upon written request.
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 required to correct an Injury or Sickness for which benefits are payable under this policy.
11. Cosmetic surgery, except as the result of covered Injury occurring while this Plan is in force as to the Covered 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.
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 Marist College, with no contributions from the Covered 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 Covered Person’s Home Country or Country of regular domicile.
17. Foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.
18. Pre-existing conditions as defined in this Plan.
19. Accident treatment arising out of Intercollegiate Sports.

PRE-EXISTING CONDITIONS LIMITATION
Pre-Existing Conditions are excluded subject to the provision entitled “Continuous Coverage” shown below. Pre-Existing Condition means any Injury or Sickness or condition manifesting in symptoms during the (3) months immediately preceding the effective date of a Covered Person’s insurance under the Policy or to a pregnancy existing on the effective date of such Covered Person’s coverage. If the Covered Person has had continuous coverage under this or a similar Health Insurance Plan from one year to the next, an Injury or Sickness that first manifests itself during a prior year’s coverage shall not be considered a Pre-Existing Condition.

CONTINUOUS COVERAGE
If a Covered Person is continuously covered under the policy offered through the Policyholder, he/she will be covered for an Injury sustained or Sickness first manifested while so covered. If You enroll for coverage offered through Your Policyholder within 63 days of the end of any preceding company’s policy, You will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 63 days occurs.

COORDINATION OF BENEFITS
When a Covered Person is covered under more than one valid and collectible health insurance plan benefits payable will be coordinated with the other plan. Reimbursement from all plans will never exceed 100%. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with Marist College.

CLAIM PROCEDURES
In the event of an Injury or Sickness:
1. A Company claim form is required for filing a claim. Claim forms are available from the College Health Center. You can also obtain a claim form at www.marist.edu/healthservices/insurance info
   Mail the following items to the Claims Administrator at the address below:
   • Completed claim form including the Covered Person name, address, CWID, and the name of the College under which the student has Coverage.
   • All itemized medical and hospital bills.
   • Drug bills (not cash register receipts) showing prescription number, name of drug, date prescribed and name of person for whom the drug was prescribed.
2. A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be considered.

SEND COMPLETED CLAIM TO:
   Klais & Company, Inc.
   1867 West Market Street
   Akron, OH 44313
   www.klais.com
   1 800-331-1096

EACH CONDITION REQUIRES A SEPARATE CLAIM FORM

APPEALS PROCEDURES
External Appeals Procedure
Under New York State Law, a Covered Person has the right to an External Appeal when health care services are denied by a health insurer on the basis that the services are not Medically Necessary or that the services are Experimental or Investigational.

A “Final Adverse Determination” means written notification from the health plan that an otherwise covered health care service has been denied through the plan’s internal appeal procedures.

Eligibility for an External Appeal
To be eligible for an external appeal, a Covered Person or an Covered Person’s provider must have received a Final Adverse Determination as a result of the health plan’s internal review/appeal procedures OR the Covered Person and his/her health plan must have agreed to waive the internal appeal procedures.
If services are denied as Experimental or Investigational, the Covered Person must have a life-threatening or disabling condition or disease in order to be eligible for an external appeal AND his/her attending physician must complete and submit an Attending Physician Attestation form.

An external appeal may only be requested if the service or procedure that was denied is a covered benefit under the plan. The external appeal process cannot be used to expand Eligibility coverage under the plan.

For an Expedited External Appeal
If the attending physician attests that a delay in providing the treatment or service poses an imminent or serious threat to a Covered Person’s health, an expedited appeal may be requested. The request must include an Attending Physician Attestation form.

How to Request an External Appeal
An external appeal is requested by completing an application form, attaching a check for $50.00 payable to United States Fire Insurance Company and sending it to the New York State Insurance Department within 45 days of receipt of a notice of Final Adverse Determination or within 45 days of receiving written confirmation from the health plan that the internal appeal procedure has been waived.

Time Frame for Decision
An expedited appeal will be decided by an external appeal agent within three days of receiving a request for an external review from the state.
An external appeal agent will decide a standard appeal within 30 days of receiving the request from the state.

If the external appeal agent overturns the denial, the Covered Person’s fee will be refunded.

PRIVACY STATEMENT
We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our Covered Person or former Covered Individuals to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling toll-free at: 1 800-331-1096.

The Plan is underwritten by
United States Fire Insurance Company
Fairmont Specialty, a part of
Crum & Forster
Policy Number: UGL2777S
Master Policy is based on form #AH27261-NY
Disclaimer

"Your student health insurance coverage, offered by United States Fire Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014.

Your student health insurance coverage put an annual limit of: $500,000 on Accident and Sickness Benefit. If you have any questions or concerns about this notice, contact The Allen J. Flood Companies at 800-734-9326. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.”