

Student Injury and Sickness Insurance Plan for Marist College

2014-2015

Marist College is pleased to offer an Insurance Plan underwritten by **Nationwide Insurance Company**. All full-time Undergraduate Students are required to purchase the plan, unless proof of comparable coverage is provided.

This plan is underwritten by Nationwide Insurance Company.

Highlights of the Coverage and Services are:

- Unlimited Maximum Benefit for Covered Medical Expenses.
- \$0 Deductible Per Insured Person, Per Policy Year.
- Covered Medical Expenses are payable at 100% of Reasonable & Customary Charges. Surgeon and Assistant Surgeon Medical Expenses are payable at 80% of Reasonable & Customary Charges per injury or sickness.
- Emergency Room Visit: 100% of Reasonable & Customary Charges after a \$100 Copay. Copay is waived if admitted.
- Out-of-Pocket Maximum of \$6,350 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$15 Copay for Generic Drugs, \$30 Copay for Brand Name Drugs up to a 31-day supply per prescription filled at an Express Scripts Pharmacy. Prescriptions must be filled at an Express Scripts network pharmacy.
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no Copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.
- The Preferred Provider Network for this plan is PHCS. Preferred Providers can be found using the following link, <http://www.phcs.com>
- Coverage available for eligible Dependents.
- To waive coverage go to www.ajfusa.com/students and select Marist College. Student accounts will be billed if waiver is not submitted by 8/1/2014.

Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate are available from the College, or may be viewed and downloaded at www.ajfusa.com/students

If you have any questions, please contact Customer Service at 914-922-9259 againey@ajfusa.com

The Policy is a Non-Renewable One-Year Term Policy.

Annual Rates

Full Time Undergraduate Students	\$1,410
Part Time and Graduate Students	\$1,410
Spouse	\$2,565
Each Child	\$1,920

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction, of your school.

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Cosmetic procedures, except that cosmetic procedures does not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect. It also does not include breast reconstructive surgery after a mastectomy;
2. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
3. Dental treatment, except for accidental Injury to Sound, Natural Teeth; or due to congenital disease or anomaly;
4. Elective Surgery or Elective Treatment;
5. Elective abortion;
6. Eye examinations, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses. Vision correction, or other treatment for visual defects and problems; except when due to a disease process or a Medical Necessity;
7. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
8. Hearing examinations; hearing aids; or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
9. The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs business or pleasure;
12. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by mandatory automobile no-fault benefits;
13. Injury sustained while (a) participating in any interscholastic sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
14. Investigational services or experimental treatment, except for experimental or investigational treatment approved by an External Appeal Agent in accordance with Insured Persons Right to an External Appeal. If the External Appeal Agent approves benefits of an experimental or investigational treatment that is part of a clinical trial, this policy will only cover the costs of services required to provide treatment to the Insured according to the design of the trial. The Company shall not be responsible for the cost of investigational drugs or devices, the costs of non-health cares services, the cost of managing research, or costs which would not be covered under this policy for non-experimental or non-investigational treatments provided in such clinical trial;
15. Commission of or attempt to commit a felony, or participation in a riot or insurrection;
16. Services provided normally without charge by the Student Health Center of the Policyholder; or services covered or provided by the student health fee;
17. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
18. Suicide or attempted suicide or intentionally self-inflicted Injury;
19. Supplies, except as specifically provided in the policy;
20. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
21. Treatment, service or supply which is not a Medical Necessity, subject to Article 49 of N.Y. Insurance Law; and
22. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).