

Mandatory Student Accident and Sickness Insurance Program

*Designed Especially
for the Students of*

MVCC

Mohawk Valley Community College



2011–2012

Policy # 2011A1A00

Underwritten by:

**COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY**

Utica, NY

as policy form # SH-1-88

**Please keep this Certificate
for future reference**

To All Students:

This brochure details a very important healthcare benefit that all fulltime Mohawk Valley Community College students will now receive. Please review the brochure carefully, and keep it for future reference if you need it. The Health Center will also lend you any assistance as necessary.

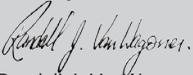
Unfortunately, many MVCC students come to the College without the benefit of healthcare insurance. Being sick and unable to receive medical attention can negatively impact your success in college. Therefore, we have decided to address this situation by providing coverage, as many of our counterparts across the state have done.

Through this accident and sickness insurance, which is mandatory for every fulltime student (enrolled in 12 or more credit hours), students are provided with a plan that covers eligible expenses for physician visits, prescription coverage, and many other medical needs. These services are provided for a minimal fee compared to the cost of insurance on the open market.

Your health, safety, and academic achievement are very important to us. By providing you with this insurance plan, we are confident that you will have the necessary protection to care for your medical needs as you pursue your college education. If you have any questions, please call the number provided in the Claim Procedure at the end of the brochure.

While we certainly hope that you will never have to use this insurance, the fact that you have it gives us all a sense of reassurance.

Sincerely,



Randall J. VanWagoner, Ph.D., President

COVERAGE

Mandatory Accident and Sickness Insurance

All full-time undergraduate students and Allied Health Majors are covered 24 hours a day for both Accident and Sickness.

TERMS OF COVERAGE

Annual coverage becomes effective at 12:01 a.m. on August 23, 2011 and continues until 12:01 a.m. on August 23, 2012.

Fall Semester: Aug. 23, 2011–Jan. 17, 2012

Spring Semester: Jan. 18, 2012–Aug. 22, 2012

Your coverage will terminate on the earliest of: (1) the date you are no longer eligible; (2) the date you enter the armed forces of any country (upon proof of service), we will refund the unearned pro rata premiums; or (3) the date the Insurance Program ends.

CERTIFICATE OF STUDENT BLANKET HEALTH INSURANCE

issued by
**COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY**
Utica, New York 13502
(Herein called "the COMPANY")

The COMPANY hereby certifies that the eligible student of the Policyholder named in the attached Student Identification Card is insured for losses resulting from accident or sickness, to the extent stated herein, under the provisions of policy form SH-1-88 ("the Policy").

Limited benefits health insurance. The insurance evidenced by this certificate provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical, major medical or Medicare supplement insurance as defined by the New York State Insurance Department.

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Part I—Definitions

The terms listed below, if used in this Certificate, have the meanings stated.

Accident means bodily injury directly caused by specific accidental contact with another body or object during the Insured Person's term of insurance, and which is unrelated to any pathological, functional, or structural disorder or injury, and which first requires medical treatment during the Insured Person's term of insurance.

Ambulance Service means ground transportation to the nearest hospital by a professional ambulance service.

Anesthetist means any physician or nurse who is duly qualified to administer anesthesia during a surgical procedure and who is not an employee of the hospital or other facility where the surgery is performed.

Consultant means any physician whose practice is limited to a recognized medical specialty other than family practice.

Covered Expense means those expenses incurred for the treatment of an accident and/or sickness that: (1) are incurred on the approval of a Physician; (2) do not exceed the Usual and Customary Charge for the service or supply provided; and (3) are listed as Covered Expenses in the Benefit Provision. Expenses that do not meet all of these requirements are not covered.

Hospital means an institution which is licensed as a hospital by the state in which it is located and: (1) has permanent full-time facilities for bed care of five or more resident patients; (2) has a physician in regular attendance or on call at all times; (3) has 24 hours a day service by registered graduate nurses; (4) primarily provides diagnostic and therapeutic facilities for the medical and surgical care of patients; and (5) is not a rest home, nursing home, convalescent home, hospital, or place for the aged or for alcoholics or for drug addicts, or an institution primarily for the treatment of mental disorders.

Hospital Confined or Hospital Confinement means a stay of at least 18 hours as a resident patient in a hospital.

Insured Person means an eligible student who is enrolled for coverage and for whom the required premium has been paid.

Mental or Emotional Disorder means any mental, emotional or behavioral disorder which is not primarily caused by organic disease.

Physician means a person licensed as such by the state in which he or she practices, other than a member of the Insured Person's immediate family. A dentist shall be considered a physician when providing treatment for which benefits are payable under the Policy.

School means the college or university to which the Policy is issued and which the insured student attends.

Sickness means illness or disease first diagnosed or treated during the Insured Person's term of insurance. The term "sickness" includes pregnancy which commences during the Insured Person's term of insurance.

Term of Insurance means the period of coverage for which premium for the Insured Person has been paid.

Extension of Benefits - If the Insured Person is totally disabled on the date of termination of cover-

age, an extension of benefits will be provided during such disability for hospital confinements commencing or surgery performed during the next 31 days for the injury or sickness causing the total disability.

Part 2—Basic Medical Expense Benefits

For Accidents

All full-time undergraduate students are automatically enrolled in this coverage.

When your accidental injury requires (a) treatment by a Physician; (b) Hospital care and service in semi-private accommodations or as an outpatient; (c) drugs, medicines, X-rays, supplies and appliances that have been prescribed by the attending Physician; (d) ambulance service; (e) services of a Licensed Professional or Graduate Registered Nurse on recommendation of the attending Physician; and (f) treatment by a dentist for injury to sound natural teeth, we will pay the Expense incurred within 52 weeks after the date of the accident up to a maximum of \$15,000.

For Sickness

All full-time undergraduate students are automatically enrolled in this coverage.

When you suffer a Loss from Sickness, we will pay the eligible Expense incurred within 52 weeks after the date of treatment for a Covered Sickness, up to a maximum of \$15,000. Benefits are allocated per sickness as follows:

Hospital Expense: 1) For room and board charges, we will pay charges not to exceed \$250 per day, for not more than 30 days. 2) Miscellaneous Expense—We will pay up to \$1,000 for other Hospital charges of a medical nature. Charges must be incurred during a confinement for which room and board benefits are payable or in connection with outpatient surgery. Except for confinement for childbirth, confinements must begin during an Insured Person's Term of Insurance.

Surgical Expense: 1) We will pay the Usual & Customary charges for a surgical procedure, up to \$500. 2) We will pay the charges for the services of an anesthetist not to exceed 20% of the amount payable for the surgery. 3) We will pay for the services of an assistant surgeon not to exceed 20% of the amount payable for the surgery.

The surgery may be performed either as an inpatient of a Hospital or an outpatient in a Hospital, ambulatory surgical center, physician's office or

other free standing medical facility. This benefit also includes any follow up visits by the surgeon to the Hospital or by an Insured Person to surgeon's office. These follow up visits are NOT PAYABLE under either the Inhospital Physician Fees or the Outpatient Physician Fees benefits.

Inpatient Physician Fees: We will pay the charges, not to exceed \$50 per day, for medical care and treatment by a Physician, other than a surgeon, while an Insured Person is confined to a Hospital. This benefit is limited to a maximum of 25 visits.

Outpatient Physician Fees: We will pay the charges, not to exceed \$100 per day of visit, for treatment by a Physician, other than the surgeon, on an outpatient basis. Treatment may not be rendered in a Hospital or school infirmary. There is a 25 visit maximum per Sickness.

Consultant Fees: We will pay the charges, not to exceed \$500 for the services of a medical consultant, upon referral by the attending Physician.

Ambulance Expense: We will pay the charges, not to exceed \$150 for ambulance service.

Prescription Drug Expense: We will pay the charges, not to exceed \$150 for drugs and medicines prescribed by the attending Physician.

Outpatient Diagnostic X-Ray and Laboratory Expense: We will pay the charges, not to exceed \$150, for outpatient diagnostic X-rays and \$500 for laboratory expenses when they have been ordered by the Attending Physician.

Hospital Outpatient Expense: We will pay the charges, not to exceed \$150 for the use of Hospital outpatient facilities or emergency room, including X-ray and laboratory services. The use of such services must be prescribed by the attending Physician.

Inpatient Nurse Expense: We will pay the charges for such services, not to exceed \$30 per day during any one 24-hour period, while an Insured Person is confined to a Hospital. Services of a licensed registered or practical nurse must be: 1) authorized by the attending Physician; and 2) provided by a nurse who is not a regular staff member of the Hospital in which an Insured Person is confined.

ACCIDENTAL DEATH AND DISMEMBERMENT INDEMNITY

If the Insured Person sustains any of the following losses as the result of a covered accident, within 104 weeks after the date of accident, the COMPANY will pay the amount shown.

For Loss of	Amount
Life	\$2,500
Both hands or both feet or sight of both eyes	\$2,500
One hand and one foot	\$2,500
One hand and sight of one eye	\$2,500
One foot and sight of one eye	\$2,500
One hand or one foot or sight of one eye	\$1,250

Loss of hand or foot means complete severance through or above the wrist or ankle joint. Loss of an eye means the total permanent loss of sight in the eye.

Principal Sum: \$2,500. The Principal Sum is the largest amount payable under this benefit for all losses resulting from any one accident.

Part 3—Additional Benefits

The following mandated benefits will be paid the same as for any other covered sickness, unless stated otherwise. All mandated benefits are subject to the terms and conditions generally applicable to other benefits provided under the policy.

Maternity Care - We will pay benefits for maternity care, including Hospital, surgical or medical care, to the same extent that coverage is provided for illness or disease is covered under the policy. Such care, other than coverage for Complications of Pregnancy, will include: 1.) Not less than two payments, at reasonable intervals and for services rendered, for prenatal care, and a separate payment for delivery and postnatal care; 2.) Inpatient Hospital coverage for mother and newborn for at least 48 hours after childbirth for any delivery other than a caesarean section, and for at least 96 hours after a caesarean section. Maternity care coverage will include the services of a licensed midwife who is affiliated or practicing in conjunction with a facility licensed according to public health law. We will NOT pay for duplicative routine services actually provided by both a licensed midwife and a Physician; 3.) Parent education, assistance and training in breast or bottle feeding; and 4.) The performance of any necessary maternal and newborn clinical assessments; 5.) If the mother should elect to be discharged earlier than the time

frame in item 1 of this provision, the inpatient benefit will include at least one home care visit that will be in addition to any home health care coverage available under the Policy. Such a visit may be requested at any time within 48 or 96 hours of the time of delivery and will be delivered within 24 hours of either the mother discharge or of the time of the mother's request, whichever is later. This visit will not be subject to deductibles, coinsurance or copayments.

Home Health Care - If, as the result of a covered Injury or Sickness, an Insured Person requires any of the home health care services, as defined, We will pay the reasonable charges incurred for such services. Expenses for such services must be incurred within 156 weeks from the date of the Injury or the start of a covered Sickness. The maximum number of home health care visits is limited to 40 in any period of 12 consecutive months. The amount of this benefit is 100% of the reasonable charges for the above services made by a Home Health Care Agency, minus a deductible of \$50 per year.

This benefit does not cover: 1.) services furnished outside the State of New York; 2.) persons who are not residents of the State of New York; 3.) persons who are eligible for Medicare due to age; 4.) services which are not part of a Home Health Care plan; 5.) services provided by a member of an Insured Person's household; 6.) custodial care or transportation; or 7.) any period during which an Insured Person was not under the care of a Physician.

Diabetes Equipment, Supplies and Service - When Sickness coverage is provided under the Policy, we will pay a benefit for expenses incurred for the following equipment, supplies and services in the treatment of diabetes. Equipment and supplies that may be medically necessary for the treatment of diabetes include, but are not limited to the following: a.) Lancets and automatic lancing devices; b.) Glucose test strips; c.) Blood glucose monitors; d.) Blood glucose monitors for visually impaired; e.) Control solutions used in blood glucose monitors; f.) Diabetes data management systems for management of blood glucose; g.) Urine testing products for glucose and ketones h.) Oral anti-diabetic agents used to reduce blood sugar levels; i.) Alcohol swabs; j.) Syringes; k.) Injection aids including insulin drawing up devices for the visually impaired; l.) Cartridges for the visually impaired; m.) Disposable insulin cartridges and pen cartridges; n.) All insulin preparations; o.) Insulin pumps and equipment for the use of the pump including batteries; p.) Insulin infusion devices; q.) Oral

agents for treating hypoglycemia such as glucose tablets and gels; r.) Glucagon for injection to increase blood glucose concentration; s.) Other diabetes equipment and related supplies that are medically necessary for the treatment of diabetes.

We will also pay Usual and Customary charges for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets.

This benefit will be limited to visits medically necessary upon the diagnosis of diabetes, where a Physician diagnoses a significant change in the Insured Person's symptoms or conditions that necessitate changes in an Insured Person's self-management or where reeducation or refresher education is necessary. Coverage also includes home visits when medically necessary.

Such education may be provided by: a.) the Physician or other licensed health care provider legally authorized to prescribe under Title 8 of the education law, or their staff, as part of an office visit for diabetes diagnosis or treatment; or b.) a certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian upon referral of a Physician or other licensed health care provider.

Education provided by the certified diabetes nurse educator, certified nutritionist or registered dietitian is limited to group settings wherever practicable.

Inpatient Treatment for Alcoholism and Substance Abuse - We will pay the charges incurred for the diagnosis and treatment of alcoholism or alcohol abuse and substance abuse or substance dependency. We will pay such benefit as follows: a.) Detoxification benefits as a result of alcohol dependence or substance dependence - inpatient benefits in a Hospital or detoxification facility of seven (7) days of active treatment in a consecutive 12 month period; and b.) Rehabilitation services - limited to 30 days of inpatient care in a consecutive 12 month period.

Treatment or service must be provided by a certified alcoholism or substance abuse facility.

Outpatient Visits for Alcoholism and Substance Abuse - If an Insured Person incurs charges for the diagnosis and treatment of alcoholism, alcohol abuse or substance abuse, We will pay the reasonable charges incurred for such treatment. The maximum number of outpatient visits is limited to 60 in any period of 12 consecutive months. Twenty of these visits

may be used as family member visits. Only one visit per day is covered.

“Visit” means diagnostic medical or therapeutic services or comprehensive, day or clinic visits. For family members, visits include counseling and education. Socialization visits are not covered.

Treatment or service must be provided by a certified alcoholism or substance abuse facility.

Second Medical Opinion - We will pay the expenses incurred for a second medical opinion by an appropriate specialist, including but not limited to, a specialist affiliated with a specialty care center for the treatment of cancer 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.

Breast Cancer Benefit - 1.) Hospitalization benefits will be payable for such period of time as determined by the attending Physician in consultation with the patient to be medically appropriate when the patient is undergoing a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy covered by the Policy. Such treatment will be subject to any annual deductible and coinsurance amounts shown in the Schedule of Benefits; 2.) We will pay the expenses incurred for breast reconstructive surgery following a covered mastectomy as follows: 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 a symmetrical appearance. Such reconstructive surgery will be in the manner determined by the attending Physician and the patient to be appropriate.

Enteral Formula Benefit - When an issued policy covers prescription drugs, as part of that benefit, We will pay the expenses incurred for the cost of enteral formulas for home use when prescribed by a Physician or other licensed health care provider. Any prescription from the Physician or licensed health care provider must state the use of such formulas is clearly Medically Necessary and has been proven effective as a disease-specific treatment for an Insured Person who is or who will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation or death.

Enteral formulas which are Medically Necessary and taken under written prescription from a Physician for the treatment of specific diseases will

be distinguished from nutritional supplements taken electively. Specific diseases for which enteral formulas have been proven effective include, but are not limited to, inherited diseases of amino acid or organic acid metabolism; Crohn’s Disease; gastroesophageal reflux with failure to thrive; disorders of the gastrointestinal motility such as chronic intestinal pseudo-obstruction; and multiple, severe food allergies which, if left untreated, will cause malnourishment, chronic physical disability, mental retardation and death.

Coverage for certain inherited diseases of amino acid and organic acid metabolism will include modified solid food products that are low protein or which contain modified protein which are Medically Necessary. Such coverage for any continuous 12 month period for any Insured Person will not exceed \$2,500.00.

Chiropractic Care Benefit - We will pay the expenses incurred for chiropractic care, performed by a doctor of chiropractic, to the same extent as would be payable for Physician’s services in a Physician’s office. Chiropractic care must be in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Experimental or Investigational Treatment or Clinical Trials Expense - The Company will pay the expenses incurred for patient care service furnished in connection with experimental or investigational treatments or as part of a clinical trial. Coverage for the services required under this benefit are provided subject to the terms and conditions generally applicable to other benefits provided under the Policy.

Cancer Screening Tests - The Company will pay the charges incurred for the following cancer screening tests. 1) Mammography screening for occult breast cancer as follows: a) At any age upon the recommendation of a Physician, a mammogram at any age for Insured Persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer; b) A single baseline mammogram for covered persons age 35 to 39 inclusive; c) An annual mammogram for covered persons age 40 and older. 2) Annual cervical cytology

screening (PAP tests) for cervical cancer and its precursor states for women age 18 years and older as recommended by a Physician; and 3) Prostate cancer screening, 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 and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors.

Prehospital Emergency Medical Services - The Company will pay the expenses incurred for pre-hospital emergency medical services for the treatment of an emergency condition when such services are provided by a certified ambulance service.

Cancer Prescription Drug Expenses - When the policy includes a benefit for prescription drugs, this benefit will include the expenses incurred for prescription drugs used for the treatment of cancer. This includes coverage of drugs that have been prescribed for the treatment of a type of cancer for which the drug has not been approved by the Food and Drug Administration. Provided, however, that such drug must be recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: 1) The American Medical Association Drug Evaluations; 2) The American Hospital Formulary Service Drug Information; or 3) The United States Pharmacopeia Drug Information; or 4) Recommended by review articles or editorial comment in a major peer reviewed professional journal.

Coverage will not be provided for any experimental or investigational drugs or any drug which the Food and Drug Administration has determined to be contra-indicated for treatment of the specific type of cancer for which the drug has been prescribed.

Mental, Nervous or Emotional Disorders Benefit - We will pay benefits for the eligible expenses incurred for thirty (30) days of inpatient treatment and twenty-five (25) outpatient visits. For the purposes of this benefit two (2) partial hospitalization visits will be equal to one (1) inpatient day. Coverage will include benefits for Biologically Based Mental Illness and Children with Serious Emotional Disturbances and will be covered to the same extent that coverage is provided for any other sickness.

For the purpose of this benefit, **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. Biologically Based Mental Illness includes: 1. Schizophrenia/psychotic disorders; 2. Major depression; 3. Bipolar disorder; 4. Delusional disorders; 5. Panic disorder; 6. Obsessive compulsive disorders; 7. Anorexia; and 8. Bulimia.

For the purpose of this benefit, **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: 1. Serious suicidal symptoms or other life-threatening self-destructive behaviors; 2. Significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); 3. Behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or 4. Behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

For the purpose of this benefit, **Mental, Nervous or Emotional Disorders** means medically necessary care rendered by an eligible practitioner or approved facility that is directed predominately at treatable behavioral manifestations of a condition that the attending physician determines a) is a clinically significant behavioral or psychological syndrome, pattern, illness or disorder; and b) substantially or materially impairs a person's ability to function in one or more major life activities; and c) has been classified as a mental disorder in the current American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

Part 4—Limitations of Coverage

The Policy does not cover any loss contributed to or resulting from:

1. the practice or play of interscholastic sports;
2. suicide or attempt thereof, or any self-inflicted injury;
3. a) Alcoholism or drug addiction (except as may be specifically provided by rider to the Policy); b) Treatment of mental or emotional disorders for: i) 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; ii) services solely because such services are ordered by a court; or iii) services determined to be cosmetic on the grounds that changing or improving individual's appearance is justified by the individual's mental health needs.

4. war or any act of war, whether or not declared;
5. participation in a felony, riot or insurrection;
6. air travel or the use of any device or equipment for aerial navigation except as a fare-paying passenger on a regularly-scheduled commercial airline; or
7. service in any armed forces, military reserves or militia.

Nor does the Policy provide benefits for:

1. eyeglasses, contact lenses, hearing aids, or examinations for same;
2. expenses for which benefits are paid under any Workers' Compensation law or similar law or under any mandatory no-fault automobile insurance;
3. cosmetic surgery, except reconstructive surgery when it is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
4. treatment provided in a governmental Hospital, unless there is a legal obligation to pay for such service in the absence of insurance;
5. treatment by a person or facility employed or retained by the school;
6. treatment or service provided by an Immediate Family Member or for a member of an Insured Person's household for which no charge is normally made;
7. voluntary or elective abortion, except as may be specifically provided by the Policy;
8. dental care or treatment, except for injury to sound natural teeth caused by an Accident;
9. preventive medicines, serums or vaccines.

Part 5—General Policy Provisions

Notice of Claim: Written notice of claim must be given to the COMPANY within 30 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the COMPANY at its Home Office in Utica, New York, or to any authorized agent of the COMPANY, with information sufficient to identify the Insured Student shall be deemed notice to the COMPANY.

Claim Forms: The COMPANY, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering occurrence, the character and the extent of the loss for which claim is made.

Proofs of Loss: Written proof of loss must be furnished to the COMPANY at its said office within ninety days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Time of Payment of Claims: Indemnities payable under the Policy will be paid immediately upon receipt of due written proof of such loss.

Payment of Claims: Indemnity (if any) for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the COMPANY, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.

If any indemnity of the Policy shall be payable to the estate of an Insured Person or to an Insured Person who is a minor or otherwise not competent to give a valid release, the COMPANY may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Insured Person who is deemed by the COMPANY to be equitably entitled thereto. Any payment made by the COMPANY in good faith pursuant to this provision shall fully discharge the COMPANY to the extent of such payment.

Subject to any written direction of the Insured Person in an application or otherwise, all or a portion of an indemnities provided by the Policy on account of hospital, nursing, medical or surgical

service may, at the COMPANY's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the hospital or person rendering such services, but it is not required that the service be rendered by a particular hospital or person.

Physical Examination and Autopsy: The COMPANY at its own expense shall have the right and opportunity to examine the person of any individual whose injury is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

Legal Actions: No action at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Part 6—Additional Provisions

The COMPANY does not assume any responsibility for the validity of an assignment.

The Insured Person shall have free choice of a legally qualified physician with the understanding that the physician-patient relationship shall be maintained.

The acknowledgment by the COMPANY of the receipt of notice given under the Policy, or the furnishing of forms for filing proofs of loss, or the acceptance of such proof, or the investigation of any claim hereunder shall not operate as a waiver of any rights of the COMPANY in defense of any claim arising under the Policy.

CLAIM PROCEDURE

In the event of accident or sickness the student should consult a doctor and follow their instructions. Claim forms and instructions on claim procedures are available at:

Student Health Center
9 a.m.–2 p.m. Monday–Friday
315-792-5451—Candace Miller
— or —
www.studentplanscenter.com

**Commercial Travelers
Mutual Insurance Company**
70 Genesee Street
Utica, NY 13502
1-800-422-6200

HOW TO FILE AN APPEAL

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 request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator at the address on back panel.

PLEASE RETAIN THIS CARD
THIS IS TO CERTIFY THAT

Name of Insured

POLICY NO. 2011A1A00

IS PARTICIPATING IN THE 2011–2012
STUDENT HEALTH INSURANCE PLAN FOR
MOHAWK VALLEY COMMUNITY COLLEGE

*Possession of this card does not guarantee eligibility.
The student must be enrolled in the plan.
Eligibility is subject to Verification by Plan Administrator.*

ENDORSEMENT

The Mandated Benefits provision of the Blanket Student Accident and Health Insurance Policy/Certificate to which this Endorsement is attached is amended to include the following.

Contraceptive Drugs and Devices Expense - When the Policy to which this endorsement is attached includes coverage for prescription drugs, such coverage will also include the expenses incurred for prescription contraceptive drugs and devices. All contraceptive drugs and devices must be approved for use by the United States Food and Drug Administration (FDA) or the generic equivalents approved as substitutes by the FDA under the prescription of a health care provider who is legally authorized to prescribe same. Any benefits provided under this Endorsement are subject to any annual deductibles and coinsurance provisions of the policy as are consistent with those established for other prescription drugs and devices covered under the policy. The above benefit is mandated for all policies issued with a prescription drug benefit.

This Endorsement takes effect with and expires with the Policy/Certificate to which it is attached. It is subject to all of the terms, conditions, limitations, and exclusions of the Policy/Certificate.

IN WITNESS WHEREOF, Commercial Travelers Mutual Insurance Company has caused this Endorsement to be signed by its President and Secretary.


Secretary


President

Submit all claims to the address indicated below:

**Fully Insured, Underwritten &
Claims Administered by:**

**Commercial Travelers Mutual Insurance
Company**

ATTN: COLLEGE CLAIM DEPARTMENT
70 Genesee Street • Utica, NY 13502

1-800-756-3702 • www.studentplanscenter.com

CT-235 END03 P (CD&D)



www.multipan.com

Agent:
Aon Hewitt
555 East Lancaster Avenue
Suite 300
Radnor, PA 19087

***The Plan Is Underwritten
and Administered by:
Commercial Travelers
Mutual Insurance Company***
Utica, NY 13502
800-756-3702

***For a copy of the Company's privacy notice
you may:***

go to

www.commercialtravelers.com/privacy.html

or

***Request one from the
Health office at your school***

or

Request one from:

Commercial Travelers
Mutual Insurance Company
c/o Privacy Officer

70 Genesee Street • Utica, NY 13502

***(Please indicate the school you attend
with your written request.)***

***Representations of this plan
must be approved by the Company.***

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact the Service Representative listed in this brochure when you need such certification.

This booklet contains the Certificate of Insurance for students insured under the 2011–2012 Mandatory Student Accident and Sickness Plan for Mohawk Valley Community College.