



The State University
of New York

BLANKET STUDENT ACCIDENT AND SICKNESS INSURANCE

**Especially Designed for
International Students/Scholars
Attending the**

STATE UNIVERSITY OF NEW YORK

**For International Students & Scholars,
Practical Training Participants and Faculty
Temporarily Residing in the USA.**

This brochure is a summary of your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of student accident and sickness insurance underwritten by BCS Insurance Company BCS-3514-14. As evidence of your coverage under the Policy, a Certificate of Insurance will be issued to you.

2014 – 2015

Health insurance is very important for students studying in the United States.

BENEFITS/RESOURCES

Upon receipt of your insurance ID card, participants will have access to the hthstudents.com website which offers a wealth of important information via a personalized, password protected web page. Information includes:

- Access to a domestic and international physician network
- Individuals can check the status of claims they have submitted to HTH Worldwide by viewing their claims history
- A pharmaceutical translation guide
- Security information
- Medical term and phrase translations in 9 different languages
- News columns that relay tips on national healthcare systems abroad and healthy travel practices, as well as warnings on health hazards and disease outbreaks around the world. All articles are also archived and can be retrieved using an intelligent key word search. Participants can have email alerts on topics of their choice sent to them automatically via email.

REGISTER TO USE THE STUDENT SITE TOOLS AT WWW.HTHSTUDENTS.COM

Any insured member:

1. Click 'Sign In' from the home page (center of web page)
2. Enter email address & indicate 'No, I'm signing up for the first time'
3. Enter your certificate number, first and family name as found on your ID card; confirm email address
4. Review 'Agreement' statement; click to agree
5. Create a password

SEARCH FOR A DOCTOR

1. Click on 'Doctor Search' in upper left of web page
2. Choose 'United States Destinations' or 'International Destinations'
3. Follow directions on the site

VIEW PLAN BENEFITS

1. Click on 'My Benefits' in the upper left area of the web page
2. Default position is 'Plan Benefits', which displays benefit information
3. Click on Get my: 2014-2015 certificate of insurance

FrontierMEDEX provides you with travel assistance, evacuation, and repatriation services please refer to page 9 for additional resources.

INJURY & SICKNESS MEDICAL EXPENSE BENEFIT PLAN SUMMARY

SCHEDULE OF BENEFITS – TABLE 1

LIMITS – COVERED PERSON

MEDICAL EXPENSES

Maximum Benefit per Injury or Sicknesses \$300,000

Deductible* \$50 per Injury or Sickness

**Participant's Deductible is reduced to \$0 if the initial treatment is received at the Recognized Student Health Center or if they are referred by the Recognized Student Health Center. The deductible will also be waived for emergency hospitalization or medical care when the health center is not available and the student is in severe pain and/or delay in receiving immediate medical care could result in placing the student's health in serious jeopardy. Participants on OPT/CPT are subject to a \$50 deductible per injury or sickness which cannot be waived.*

SCHEDULE OF BENEFITS – TABLE 2

MEDICAL EXPENSES

INDEMNITY PLAN BENEFITS

Physician Office Visits, Inpatient Hospital Services, Hospital and Physician Outpatient Services

100% of Reasonable Expenses after deductible.

SCHEDULE OF BENEFITS – TABLE 3

MEDICAL EXPENSE BENEFITS

The benefits listed below are subject to 1) Table 1, Period of Coverage Maximums, Maximums per Injury and Sickness, Deductibles, Coinsurance, Out-of-pocket Maximums; 2) Table 2 Plan Type Limits (Indemnity).

MEDICAL EXPENSE LIMITS – COVERED PERSON

Maternity Care for a Covered Pregnancy

Reasonable Expenses

Inpatient treatment of mental and nervous disorders

Reasonable Expenses for a maximum period of 60 days per Period of Coverage.

Outpatient treatment of mental and nervous disorders

Reasonable Expenses for a maximum of 40 Visits per Period of Coverage.

Elective termination of pregnancy

Reasonable Expenses up to \$500 Maximum per Period of Coverage

Routine nursery care of a newborn child of a covered pregnancy

Reasonable Expenses up to \$1,500 Maximum per Period of Coverage

Annual cervical cytology screening for women 18 and older

100% of Reasonable Expenses

Low dose mammography screening, one baseline mammogram and one mammogram per year

100% of Reasonable Expenses

Medical treatment arising from participation in intercollegiate or interscholastic sports.

Reasonable Expenses up to \$1500 Maximum per Period of Coverage

Vaccinations required by Participating Organization or Institution

100% of Reasonable Expenses

Repairs to sound, natural teeth required due to an Injury

100% of Reasonable Expenses

Outpatient prescription drugs

Prescription Drug Program with the Copayment stated below. Limited to a 31 day supply for initial fill or refill. 1) Generic Drugs: All except a \$10 Copayment per prescription; 2) Brand Name Drugs: All except a \$20 Copayment per prescription; 3) Injectibles: All except a \$10 Copayment per prescription

Medical treatment received in the Home Country (While Insured), if NOT covered by Other Plan

100% of Reasonable Expenses up to \$5,000 Period of Coverage maximum.

Other benefits may apply as mandated by the State of New York.

Please see full Certificate of Insurance for more details.*

WHAT THE INSURER PAYS FOR COVERED MEDICAL EXPENSES:

If a Covered Person incurs expenses while insured under the Plan due to an Injury or a Sickness, the Insurer will pay the Reasonable Expenses for the Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any Complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit for the Eligible Participant stated in Coverage A - Medical Expenses of Table 1 of the Schedule of Benefits. Benefits are subject to the Deductible Amount, Coinsurance, Copayments, and Maximum Benefits stated in the Schedule of Benefits, specified benefits and limitations set forth under Covered Medical Expenses, the General Policy Exclusions, the Pre-existing Condition Limitation, the Recognized Student Health Center provision and to all other limitations and provisions of the Policy.

COVERED GENERAL MEDICAL EXPENSES AND LIMITATIONS:

Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

No Medical Treatment Benefit is payable for Reasonable Expenses incurred after the Covered Person's insurance terminates as stated in the Period of Coverage provision. However, if the Covered Person is in a Hospital on the date the insurance terminates, the Insurer will continue to pay the Medical Treatment Benefits until the earlier of the date the Confinement ends or 31 days after the date the insurance terminates.

If the Covered Person was insured under a group policy administered by the Administrator immediately prior to the Coverage Start Date shown on the Identification Card issued to the Participant, the Insurer will pay the Medical Treatment Benefits for a Covered Injury or a Covered Sickness such that there is no interruption in the Covered Person's insurance.

1. Physician office visits.

2. Hospital Services: Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement. The Insurer will not pay for Hospital room and board charges in excess of the prevailing semi private room rate unless the requirements of Medically Necessary treatment dictate accommodations other than a semi private room. If Tests and X-rays are the result of a Physician Office Visit or of Hospital and Physician Outpatient Services there is no additional Copayment for these Tests or X-rays. A Deductible may apply. However, if there is neither a Physician Office Visit nor Hospital or Physician Outpatient Services delivered, the Hospital and Physician Outpatient Services Copayment applies.

3. Emergency Hospital Services: Emergency Hospital Services are Emergency Medical Care delivered in a Hospital emergency room as defined in this Policy. If there is no admission to the Hospital, there will be a Copayment as stated in the Schedule of Benefits.

4. Recognized Student Health Centers: The Policy does not cover the cost of treatment or services that are provided normally without charge by Policyholder' Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Policyholder, including team Doctor and trainers or any other service performed at no cost. No premium charged is charged for any such treatment. If there is a charge for visits to, or medical services, treatments and supplies received from, a Recognized Student Health Center for an Injury or a Sickness, benefits for those visits, medical services, treatments and supplies will be paid at 100% of Reasonable Expenses with no Copayment or Deductible. If the Recognized Student Health Center is not able to treat the Covered Person, it will refer the Covered Person to a provider (if available) included on the Administrator's list provided to the Recognized Student Health Center. The Copayment and/or Deductible for the initial visit to the Preferred Provider will be waived or reduced if seen by the Recognized Student Health Center first. See Table 2 of the Schedule of Benefits.

ADDITIONAL COVERED GENERAL MEDICAL EXPENSES AND LIMITATIONS:

These additional Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

1. Pregnancy
2. Annual cervical cytology screening for cervical cancer and its precursor states for women age 18 and older
3. Mammography screening, when screening for occult breast cancer is recommended by a Physician
4. Colorectal cancer screenings
5. Diabetic Supplies/Education
6. Prostate screening tests
7. Breast Reconstruction due to Mastectomy
8. Hormone Replacement Therapy

HOME COUNTRY COVERAGE (WHILE INSURED):

Expenses incurred within the Covered Person's Home Country while insured under the Policy will be considered as Covered Medical Expenses up to the limits stated in the Schedule of Benefits. The Insurer will not cover any medical expense incurred in the Home Country after the Home Country medical expense coverage limits described above have been exceeded. Payment is subject to the Limitations and Conditions on Eligibility for Benefits provision.

SCALP PROSTHESIS:

The Insurer will pay the provider 100% of the Reasonable Expense for scalp prosthesis that is Medically Necessary for hair loss suffered as a result of alopecia areata, resulting from autoimmune disease.

LEAD SCREENING:

The Insurer will pay the provider 100% of the Reasonable Expense for lead poison screening for Covered Persons at 12 months of age and benefits for screening and diagnostic evaluations for Covered Persons under age 6 who are at risk for lead poisoning in accordance with guidelines set forth by the Division of Public Health.

LOW PROTEIN FOOD PRODUCTS:

The Insurer will pay the provider 100% of the Reasonable Expense for low protein food products for the treatment of inherited metabolic diseases, if the low protein food products are Medically Necessary. Inherited Diseases shall mean a disease caused by the inherited abnormality of body chemistry.

DEFINITIONS

Accident (Accidental) means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Covered Person is insured under the Plan.

Covered Medical Expense means an expense actually incurred by or on behalf of a Covered Person for those services and supplies which are:

(1) Administered or ordered by a Physician; (2) Medically Necessary to the diagnosis and treatment of an Injury or Sickness; (3) Are not excluded by any provision of the Policy; and incurred while the Covered Person's insurance is in force under the Policy, except as stated in the Extension of Benefits provision. A Covered Medical Expense is deemed to be incurred on the date such service or supply which gave rise to the expense or charge was rendered or obtained. Covered Medical Expenses are listed in Table 3 and described in Section 2.

Emergency Hospitalization and Emergency Medical Care means hospitalization or medical care that is provided for an Injury or a Sickness condition manifesting itself by acute symptoms of sufficient severity including without limitation sudden and unexpected severe pain for which the absence of immediate medical attention could reasonably result in: (1) Permanently placing the Covered Person's health in jeopardy, or (2) Causing other serious medical consequences; or (3) Causing serious impairment to bodily functions; or (4) Causing serious and permanent dysfunction of any bodily organ or part. Previously diagnosed chronic conditions in which subacute symptoms have existed over a period of time shall not be

included in this definition of a medical emergency, unless symptoms suddenly become so severe that immediate medical aid is required.

Injury means bodily injury caused directly by an Accident. It must be independent of all other causes. To be covered, the Injury must first be treated while the Covered Person is insured under the Policy. A Sickness is not an Injury. A bacterial infection that occurs through an Accidental wound or from a medical or surgical treatment of a Sickness is an Injury.

Medically Necessary services or supplies are those that the Insurer determines to be all of the following: (1) Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition; (2) Provided for the diagnosis or direct care and treatment of the medical condition; (3) Within standards of good medical practice within the organized community; (4) Not primarily for the patient's, the Physician's, or another provider's convenience; (5) The most appropriate supply or level of service that can safely be provided. For Hospital stays, this means acute care as an inpatient is necessary due to the kind of services the Covered Person is receiving or the severity of the Covered Person's condition and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.

Reasonable Expense means the normal charge of the provider, incurred by the Covered Person, in the absence of insurance, (1) for a medical service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or (2) for a supply which is identical or substantially equivalent. The final determination of a reasonable and customary charge rests solely with the Insurer.

Sickness means an illness, ailment, disease, or physical condition of a Covered Person starting while insured under the Plan.

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION

Pre-existing conditions are covered for Eligible Participants under this program.

GENERAL POLICY EXCLUSIONS

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and intentional misuse of prescription drugs.
2. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.

3. Expenses incurred as a result of pregnancy that is not covered.
4. Participating in an illegal occupation or committing or attempting to commit a felony.
5. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
6. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority and participation in a riot
7. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Maximum Benefit

Principal Sum up to \$10,000

The Insurer will pay the benefit stated below if a Covered Person sustains an Injury in the Country of Assignment resulting in any of the losses stated below within 364 days after the date the Injury is sustained:

Loss	Benefit
Loss of life	100% of the Principal Sum
Loss of one hand	50% of the Principal Sum
Loss of one foot	50% of the Principal Sum
Loss of sight in one eye	50% of the Principal Sum

Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye.

If more than one of the losses stated above is due to the same Accident, the Insurer will pay 100% of the Principal Sum. In no event will the Insurer pay more than the Principal Sum for loss to the Covered Person due to any one Accident. The Principal Sum is stated in Table 1 of the Schedule of Benefits. There is no coverage for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.

MEDICAL EVACUATION, REPATRIATION AND BEDSIDE VISIT BENEFITS PROVIDED BY FrontierMEDEX

Medical evacuation and repatriation expenses for insured student, scholars, and their dependents *must* be arranged for and approved in advance by FrontierMEDEX.

Medical Evacuation – If a Covered Person sustains an injury or sickness and adequate medical facilities are not available locally, FrontierMEDEX will arrange and pay for covered emergency

evacuation services to the nearest facility capable of providing adequate care. FrontierMEDEX will arrange transportation and related medical services (including medical escort) and medical supplies necessary in connection with the evacuation.

Security Evacuation - In the event of an Emergency Security Situation, We will on a best-effort basis arrange for Your evacuation from an international airport or other safe departure point We designate to the nearest safe haven. We will pay for Your evacuation up to and including seven (7) days from the date of evacuation notice given by the recognized government of Your Home Country or Host Country. You will be responsible for the cost and arrangement of ground transportation to the designated international airport or other safe departure point. If evacuation becomes impractical due to hostile or dangerous conditions, We will maintain contact with You and advise You until evacuation becomes viable or the Emergency Security Situation has passed.

Political Evacuation - In the event the officials of Your Home Country issue a written recommendation that You leave Your Host Country for non-medical reasons, or if You are expelled or declared "persona non grata" on the written authority of Your Host Country, We will on a best-effort basis arrange for Your evacuation from an international airport or other safe departure point We designate to the nearest safe haven. We will pay for Your evacuation up to and including seven (7) days from the date of evacuation notice given by the recognized government of Your Home Country or Host Country. You will be responsible for the cost and arrangement of ground transportation to the designated international airport or other safe departure point.

Natural Disaster Evacuation - In the event of a Natural Disaster, We will, on a best-effort basis, arrange and pay for Your evacuation from a safe departure point We designate to a safe haven of Our selection. We will pay for Your evacuation up to and including seven (7) days from the date an evacuation alert is issued by FrontierMEDEX. If evacuation becomes impractical due to hostile or dangerous conditions, We will maintain contact with and advise You until evacuation becomes viable or the Natural Disaster has passed. **Note: Security, Political, and Natural Disaster Evacuations are limited to \$100,000 per occurrence.**

Transportation to Departure Point - As part of a Natural Disaster Evacuation, We will arrange and pay for ground transportation to the designated international airport or other safe departure point. We will also arrange and pay for the cost of services to protect Your safety while assembled or during evacuation if required and as determined by FrontierMEDEX.

Transportation After Natural Disaster Evacuation - Following a Natural Disaster Evacuation and when safety allows, We will coordinate and pay for one-way economy airfare to return You to either Your Host Country or Your Home Country.

Transportation after Security or Political Evacuation -

Following a Security or Political Evacuation and when safety allows, We will coordinate and pay for one-way economy airfare to return You to either Your Host Country or Your Home Country.

Medically Necessary Repatriation – After initial treatment and stabilization of an injury or sickness of a Covered Person, and if it is deemed medically necessary, this plan will arrange and pay to transport the individual back to his or her permanent place of residence for further treatment or to recover. This includes arranging for transportation and related medical services and medical supplies necessary.

Repatriation of Remains – If a Covered Person dies, this plan will arrange and pay for the return of the participant's body to their place of residence in their home country. Covered Services includes expenses for embalming or cremation and a minimally necessary casket or container for transport. If the Covered Person was unattended by a family member, Covered Services includes economy round-trip airfare for a family member to accompany the Covered Person's remains to the place of residence. Funeral expenses are not a Covered Service.

Family Airfare Expense – After emergency evacuation by FrontierMEDEX and if a Covered Person is alone and is hospitalized at the evacuation destination for more than three (3) consecutive days, then the Policy will pay for economy round-trip airfare to the evacuation destination for a single person designated by the Covered Person. The Policy will also pay for the visitor's hotel and meals. The total benefit payable under the policy for the airfare, hotel and meals is \$2,500.

FrontierMEDEX ID #

Outbound: 30591

Inbound: 30601

FrontierMEDEX 24/7/365 Contact Information:

FrontierMEDEX Emergency Response Center

Baltimore MD

1.410.453.6330

1.800.527.0218

HOW TO ENROLL

If you are a student, scholar, visiting faculty member or individual affiliated with The State University of New York (SUNY), you will be automatically enrolled unless you complete a waiver form. The International Student Office or appropriate office on campus will automatically enroll you, if eligible, by submitting your name on a roster to HTH Worldwide Insurance Services. Premium charges are added to your student account statement.

Dependents can be enrolled.

If you are a student, scholar, visiting faculty member or individual affiliated with SUNY, you can enroll your dependent. Please go to the broker site: www.studentinsuranceprograms.com/suny and click on the dependent enrollment form. The brochure is also there for reference. You can also contact your Campus Administrator at the Office of International Services at your SUNY Campus. Complete the application attached to the dependent brochure and mail it with your payment to:

HTH Worldwide Insurance Services
Attn: Enrollment Department
One Radnor Corporate Center, Suite 100
Radnor, PA 19087

CERTIFICATION OF GROUP HEALTH PLAN COVERAGE

If you are no longer eligible to be insured under this plan, you should request a Certificate of Group Health Plan Coverage from HTH Worldwide Insurance Services. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under this plan.

HOW TO FILE A CLAIM

Claims are to be submitted to HTH Worldwide, P.O. Box 30259, Tampa, FL, 33630, USA. See the www.hthstudents.com website for claim forms and instructions on how to file a claim.

PREFERRED PROVIDER NETWORK

This policy includes the voluntary utilization of the Aetna Open Choice Nationwide Preferred Provider Network. Utilizing this Network will decrease your out-of-pocket costs under this Accident and Sickness Insurance Plan. Aetna Open Choice consists 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 Aetna Open Choice provider. In order to use the services of a participating provider you must present your HTH Identification Card. An insured person may visit www.hthstudents.com to receive information on providers in their area or may contact HTH Worldwide Customer service at **1.888.350.2002**.

Program Administered by:

HTH Worldwide

One Radnor Corporate Center, Suite 100

Radnor, PA 19087

1.888.350.2002

FAX: 1.610.254.8797

hthstudents.com

studentinfo@hthworldwide.com

Assistance Services Provided by:

Fron+ierMEDEX

FrontierMEDEX

8501 LaSalle Road, Suite 200

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1.800.527.0218

1.410.453.6330

www.frontiermedex.com

Servicing Broker:



Haylor, Freyer & Coon, Inc.

231 Salina Meadows

PO Box 4743

Syracuse, NY 13221-4743

1.800.289.1501

1.315.451.1500

FAX: 1.315.453.1722

www.studentinsuranceprograms.com/suny

Insurance Underwritten by:



BCS Insurance

2 Mid America Plaza, Suite 200

OakBrook Terrace, IL 60181

1.800.621.9215