

Schenectady County Community College
Accident and Sickness Insurance Plan
2011-2012 School Year
Policy Number: CUH201947
Form No. 27261-NY

The following information outlines the insurance eligibility and enrollment instructions for students enrolled at Schenectady County Community College for the 2011-2012 school year. **Please refer to the Student Accident & Sickness Plan brochure located at www.ajfusa.com for complete details regarding the coverage, benefits, limits and exclusions.** To get information about your claims please visit the claims administrator; Klais & Company Inc. 1867 West Market Street, Akron Ohio 44313, telephone # 1-800-331-1096.

Eligibility

All Full-Time Students are automatically covered under the Accident Medical Expense Benefits described under **Part I**. The cost for this coverage per semester is **\$4.00**. **Full-time students are covered 24 hours a day.**

All Full-Time Students are eligible to enroll in **Part III** Basic Sickness Medical Expense Benefits. If you wish to purchase these benefits, please complete and return the accompanying Enrollment Form with payment to the Schenectady County Community College no later than October 1, 2011. **Full-time students are covered 24 hours a day.**

All Full-Time Students who are enrolled in the Basic Sickness plan **Part III** may also purchase the Enhanced Sickness Medical Expense Benefits **Part IV**. The cost for this coverage per semester is **\$86.00**. If you wish to purchase this coverage complete the enrollment form found in the back of this brochure and return the accompanying Enrollment Form with payment to the Schenectady County Community College no later than October 1, 2011.

Note: You must purchase the Basic Sickness benefits in order to purchase the Enhanced Sickness plan.

Part-Time Students are eligible to enroll in the Accident Medical Expense Benefits described in **Part II**. If you wish to purchase these benefits, please complete and return the accompanying Enrollment Form with payment to the Schenectady County Community College no later than October 1, 2011. The cost for this coverage per semester is **\$2.00**. **Part-time students are covered while on the college premises or participating in a college-sponsored activity.**

Note: Part time students are not eligible to purchase the Sickness plan.

LATE ENROLLMENT

Students will be able to enroll after the enrollment deadline if they lose coverage under their parent's plan or employer plan. The student will have to enroll within 63 days in order to avoid a break in coverage (see Pre-existing Condition Limitation). The Insured Student will be covered from the date after the application and premium are received by the Plan Administrator. **Premiums will not be pro-rated.**

PREMIUM RATES

Fall – 08/31/11-01/16/12

Full-Time Mandatory Accident Part I - \$4.00
Full-time Basic Sickness Part III - \$3.00
Full-Time Basic & Enhanced Sickness Part III & IV - \$89.00

Spring – 01/17/12-05/18/12

Full-Time Mandatory Accident Part I - \$5.00
Full-time Basic Sickness Part III - \$5.00
Full-Time Basic & Enhanced Sickness Part III & IV - \$91.00

Summer – 05/19/12-08/31/12

Full-Time Mandatory Accident Part I - \$3.00
Full-time Basic Sickness Part III - \$3.00
Full-Time Basic & Enhanced Sickness Part III & IV - \$61.00

Fall – 08/31/11-01/16/12

Part-Time Mandatory Accident Part II - \$2.00

Spring – 01/17/12-05/18/12

Part-Time Mandatory Accident Part II - \$2.00

Summer – 05/19/12-08/31/12

Part-Time Mandatory Accident Part II - \$2.00

PREMIUM REFUND POLICY

Insured 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. **No other requests for a refund of premium will be considered.**

PART I Accident Full-Time Students Only

Full-Time Students Only - If as a result of an Injury, an Insured Person incurs covered medical Expenses, We will pay the Covered Charges incurred within 52 weeks from the date of the accident up to the Per Condition Aggregate Maximum of **\$5,000 per Injury** and up to the maximum of **\$25,000 per Intercollegiate Sports Injury**. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthesiologist; (e) inpatient and outpatient Doctor visits; (f) inpatient and outpatient consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) pre-hospital medical emergency services; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury. The first eligible expense must be incurred within 180 days from the date of the accident.

PART II ACCIDENT Part-Time Students Only

If as a result of an Injury, an Insured Person incurs covered medical Expenses, We will pay, the Covered Charges incurred within 52 weeks from the date of the accident up to the Per Condition Aggregate Maximum of **\$2,000 per Injury**. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient anesthesiologist; (e) inpatient and outpatient Doctor visits; (f) inpatient and outpatient consultant; (g) licensed nurse; (h) hospital outpatient department; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) pre-hospital medical emergency services; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury. The first eligible expense must be incurred within 180 days from the date of the accident.

Accidental Death and Dismemberment Benefit Full-Time and Part-Time Students

<u>For Loss of</u>	<u>Benefit</u>
Life	\$1,000
Both hands or both feet or sight of both eyes	\$1,000
One hand and one foot	\$1,000
One hand and sight of one eye	\$1,000
One foot and sight of one eye	\$1,000
Either hand or foot or sight of one eye	\$ 500
Thumb and index finger of the same hand	\$ 250

SUMMARY OF BENEFITS

Full-Time Students Only - If as the result of a Sickness, an Insured Person incurs covered medical Expenses, We will pay the Covered Charges incurred, as allocated below, within 52 weeks from the date of the first treatment of the Sickness or commencement of the first expense up to a maximum of **\$1,000 per Sickness**. **This Plan does not cover Expenses for voluntary or elective termination of pregnancy.**

Hospital Room and Board Expense Benefit: If an Insured Person requires confinement in a hospital, We will pay the Covered Charges incurred up to **\$60 per day**, up to a maximum of 21 days. However, Mental Health stays will be covered to a maximum of 30 days in any one calendar year.

Miscellaneous Hospital Expense Benefit: If an Insured Person incurs Expense during a hospital confinement, or day surgery on an outpatient basis We will pay the Covered Charges incurred up to a maximum of **\$350 per Sickness**. Such Expenses include: (a) anesthesia, anesthesia supplies and services; (b) operating, delivery and treatment rooms and equipment; (c) diagnostic x-ray and laboratory tests; (d) lab studies; (e) oxygen tent; (f) blood and blood services; (g) prescribed drugs and medicines; (h) medical and surgical dressings, supplies, casts and splints; (i) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (j) chemotherapy treatment with radioactive substances; (k) intravenous injections and solutions, and their administration; (l) physical and occupational therapy; and (m) other necessary and prescribed hospital expenses.

Surgical Expense Benefit (Inpatient & Outpatient): We will pay the Covered Charges incurred up to a maximum of **\$1,000** for surgery performed by a licensed Doctor (In or Out of the Hospital).

Multiple Surgical Procedures Expense Benefit: When multiple procedures are performed through the same incision, we will pay the covered charges of the most expensive procedure being performed. When multiple incisions are made, we will pay 50% of the covered charges of the most expensive procedure performed through each additional incision.

In-Hospital Doctor's Fees and Medical Expense Benefit: If an Insured Person, who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have performed the surgery on the Insured Person, We will pay the Covered Charges incurred up to **\$25** per visit, limited to one visit per day, up to a maximum of 20 visits per Sickness.

Outpatient Expense Benefit: If an Insured Person incurs hospital medical Expenses while not hospital confined, We will pay the Covered Charges incurred up to a maximum of **\$100** per Sickness.

Emergency Room Medical Expense Benefit: If an Insured Person requires the use of a hospital emergency room as a result of a Medical Emergency, We will pay the Covered Charges incurred up to a maximum of **\$50** per Sickness.

Outpatient Doctor Visit Expense Benefit: If an Insured Person receives the services of a Doctor, We will pay the Covered Charges incurred up to **\$10** per visit, limited to one visit per day, up to a maximum of 10 visits per Sickness. However, non-biological Mental Health visits will have a 20 visit maximum per Sickness.

Diagnostic X-ray and Laboratory Expense Benefit: If an Insured Person is prescribed by an attending Doctor for diagnostic x-ray and laboratory services on an outpatient basis, We will pay the Covered Charges incurred up to a maximum of **\$100** per Sickness.

Consultant Expense Benefit (Inpatient and Outpatient): If an Insured Person requires the service of a Consultant or Specialist when they are deemed necessary and ordered by an attending Doctor for the purpose of confirming or determining a diagnosis, We will pay the Covered Charges incurred up to a maximum of **\$35** per Sickness.

Ambulance Expense Benefit: ambulance Expenses are paid under the Pre-Hospital Medical Emergency Services Expense Benefit.

Home Health Care Expense Benefit: If an Insured Person incurs Expenses for covered home health care services, We will pay, after a **\$50** deductible, 75% of the Covered Charges incurred up to 40 visits per calendar year.

Mental, Nervous or Emotional Disorders: Outpatient - When an Insured Person is not so Hospital confined, We will pay the Covered Percentage of the Covered Charges incurred for up to **20** days of active treatment in any calendar year, as shown in the Plan of Insurance, for covered outpatient services for the treatment of Mental, Nervous or Emotional Disorders.

Mental, Nervous or Emotional Disorders: - Inpatient - When the Insured Person requires Hospital Confinement for treatment of a Mental, Nervous or Emotional Disorder, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit. However, We will not cover more than thirty (**30**) days of inpatient care for such services in any one calendar year.

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.

PART IV ENHANCED SICKNESS MEDICAL EXPENSE BENEFIT

Full-Time Students Only

If as the result of a Sickness, an Insured Person incurs covered medical Expenses in excess of the **\$1,000** under the Basic Sickness if eligible, We will pay the Covered Charges incurred up to an additional maximum of **\$10,000** per Sickness. The total aggregated maximum payable for any one Sickness is **\$10,000**.

Note: Only students who purchase Part IV will be eligible for this benefit.

This plan is in compliance with the New York State mandated benefits.