

Student Accident and Sickness Insurance Plan

Designed for Students of



Tompkins
Cortland
Community
College

“the Policyholder”

2009-2010

Administrator Policy Number: AMH0085620
Underwriter Reference Number: CAS9710798

Underwritten by:
National Union Fire Insurance Company of
Pittsburgh, Pa. (“the Company”),
with its principal place of business in
New York, NY

Tompkins Cortland Community College

Dear Students & Parents:

Good health is essential to achieving educational goals. Maintaining good health requires access to health care when you need it. For many people, health insurance is no longer affordable.

Tompkins Cortland Community College offers an affordable combination of both Accident and Sickness insurance for its students and their dependents.

ELIGIBILITY

Plan I – Mandatory Accident Benefits

All registered full-time residence hall and non-residence hall students are automatically enrolled in this plan as described under Plan I of this brochure. The premium for this coverage is added to the student's tuition bill.

Plan II – Basic Sickness and Supplemental Accident & Sickness Expense Benefits

All residence hall students will be automatically enrolled in the Basic Sickness and Supplemental Accident & Sickness Expense Benefits as described in Plan II of this brochure unless proof of comparable coverage is provided. The premium will be automatically added to the student's tuition bill.

Non-residence hall students may enroll in the Basic Sickness and Supplemental Accident & Sickness Expense Benefits, as described in Plan II of this brochure, on an optional basis by the enrollment deadlines.

(Note: Students enrolled in Plan II may insure their eligible dependents.)

Plan III– Optional Catastrophic Supplemental Accident & Sickness Expense Benefits

This plan may be purchased at an additional cost. It is available only to those students enrolled in Plan II, Basic Sickness and Supplemental Accident & Sickness Expense Benefits. This coverage must be purchased simultaneously and in conjunction with the Basic Sickness and Supplemental Accident & Sickness Expense Benefits.

Note: Part-time students are also eligible to enroll in Plan I – Mandatory Accident Benefits, Plan II – Basic Sickness and Supplemental Accident & Sickness Expense Benefits, and Plan III – Optional Catastrophic Supplemental Accident & Sickness Expense Benefits on a voluntary basis.

A Covered Student enrolled in Plan II, Basic Sickness and Supplemental Accident & Sickness Expense Benefits may obtain coverage for his or her dependent spouse living with the Covered Student and/or dependent unmarried child(ren) under the age of 19. Dependents must enroll for the same coverage(s) and coverage term for which the Covered Student enrolls. An eligible student may enroll his or her dependents for coverage by the enrollment deadline, or within 31 days of marriage, birth, or adoption, for which proof is required.

Eligibility requirements must be met each time a premium is paid. The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been and continue to be met. If the Company discovers that the eligibility requirements have not been or are not being met, its only obligation is refund of premium less any claims paid.

Full-time student rates are as follows:

Fall 2009 Semester (8/15/09 to 8/15/10)

Non-Residence Hall Students

Plan I - Mandatory Accident \$25.00*

Plan II - Sickness \$274.00 (Optional)

Spouse \$427.00 (Includes Plans I & II)

Children \$427.00 (Includes Plans I & II)

Residence Hall Students Only

Plan I- Mandatory Accident \$25.00*

Plan II - Sickness \$230.00 (Mandatory)

Spouse \$427.00 (Includes Plans I & II)

Children \$427.00 (Includes Plans I & II)

Spring 2010 Semester (1/15/10 to 8/15/10)

Non-Residence Hall Students

Plan I - Mandatory Accident \$14.00**

Plan II - Sickness \$161.00 (Optional)

Spouse \$250.00 (Includes Plans I & II)

Children \$250.00 (Includes Plans I & II)

*Includes an Annual Administrative Fee of \$9.00 for T-C-3.

**Includes a Spring Administrative Fee of \$5.00 for T-C-3.

Residence Hall Students Only

Plan I - Mandatory Accident \$14.00*

Plan II - Sickness \$135.00 (Mandatory)

Spouse \$250.00 (Includes Plans I & II)

Children \$250.00 (Includes Plans I & II)

*Includes an Annual Administrative Fee of \$5.00 for T-C-3.

Rates for Part-time Students are on the Enrollment Form.

Optional Catastrophic Supplemental Benefits (Additional Premium Required)

Student \$125.00

Spouse \$195.00

Children \$195.00

WAIVER PROCESS/PROCEDURE

Full-time residence hall students who are currently insured by other health insurance may waive out of Plan II, Basic Sickness and Supplemental Accident & Sickness Expense Benefits with proof of comparable coverage. The waiver must be completed by the waiver deadline. Failure to meet the waiver deadline will result in the student being responsible for the insurance premium. To process a waiver, visit the website of the servicing broker, Haylor, Freyer & Coon, Inc. Go to www.haylor.com/student. Click on Student Health Insurance and the link for Tompkins Cortland Community College.

ENROLLMENT/QUALIFYING EVENTS

For non-residence students, part-time students and dependents enrolling on a voluntary basis, open enrollment will end September 30, 2009 for the Fall Semester or February 28, 2010 for the Spring Semester. No enrollment will be accepted after these enrollment deadlines. The only exceptions are the following qualifying events with the appropriate documentation: (1) adding a new spouse or dependent child within 31 days of marriage, birth or adoption; or (2) within 31 days of ineligibility under another creditable plan. Premiums are not prorated.

A full-time residence student, who initially waived coverage under the Policy, but subsequently experiences ineligibility under another plan, may elect to enroll for coverage under the Policy with-

in 31 days of the date of ineligibility under another comparable plan. Proof is required at the time of enrollment. Enrollment is available online at www.maksin.com. Click on Find Your College and the link for Tompkins Cortland Community College.

ENROLLMENT/WAIVER DEADLINES

Fall Semester: September 15, 2009

Spring Semester: February 15, 2010

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. on August 15, 2009 and it terminates at 12:01 a.m. on August 15, 2010. Coverage for Covered Students and their eligible Dependents will be effective on the Policy Effective Date; Effective Date of the coverage period elected; or the day after the date the enrollment form and correct premium are received, whichever is latest. Coverage for the Covered Student terminates on the earliest of a) the date the Policy terminates; b) the last day for which premium has been paid; or, c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed. Should a Covered Student graduate or withdraw from the College, the insurance shall remain in effect until the end of the period for which the premium has been paid.

DEFINITIONS

Accident means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

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. The following disorders covered by this definition are: schizophrenia/psychotic disorders; major depression; bipo-

lar disorder; delusional disorders; panic disorder; obsession compulsive disorders; anorexia and bulemia.

Covered Person means a Covered Student while coverage under the Policy is in effect and those dependents with respect to whom a Covered Student is insured.

Doctor means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's immediate family member.

"Elective Treatment" means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations.

Eligible Expense means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person.

Emergency Medical Condition means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests

itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following:

- (a) the Covered Person's life could be in serious jeopardy;
- (b) bodily functions would be seriously impaired; or
- (c) a body organ or part would be seriously damaged; or
- (d) serious disfigurement; or
- (e) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

Hospital means a short-term, acute, general hospital, which:

- (a) is primarily engaged in providing, by or under the continuous supervision of Doctors, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured and sick persons;
- (b) has organized departments of medicine and major surgery;
- (c) has a requirement that every patient must be under the care of a Doctor or dentist;
- (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (e) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97, (42 USCA 1395x[k]);
- (f) is duly licensed by the agency responsible for licensing such hospitals; and
- (g) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Injury means bodily injury due to an Accident which: (a) results solely, directly and independ-

ently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

Medical Necessity/Medically Necessary means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
- (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is experimental/investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
- (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Mental or Nervous Disorder(s) means any condition or disease regardless of its cause, listed in the most recent edition of the American Psychiatric Association Diagnostic and Statistical

Manual of Mental Disorders (other than those conditions caused by Biologically Based Mental Illness, or with respect to a Dependent child under age eighteen (18), Serious Emotional Disturbance, as defined in the Policy) on the date the medical care or treatment is rendered to the Covered Person.

Reasonable and Customary means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Geographic area means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date shown in the Schedule of Benefits.

Serious emotional disturbances — applicable only to children under age eighteen (18), means a child who has a diagnosis of attention deficit disorder, disruptive behavior disorder, or pervasive development disorder and one or more of the following: serious suicidal symptoms or other life-threatening self-destructive behavior; significant psychotic symptoms (hallucinations, delusion, bizarre behavior); behavior caused by emotional disturbance that places the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbance that places the child at substantial risk of removal from the household.

Sickness means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered One Sickness.

DESCRIPTION OF BENEFITS

PLAN I - MANDATORY ACCIDENT EXPENSE BENEFITS

Basic Accident Benefits

FOR ACCIDENTS-PLAN I

When a covered Injury requires (a) *treatment by a Doctor; (b) hospital confinement; (c) services of a licensed practical nurse or RN; (d) x-ray service; (e) use of operating room, anesthesia, laboratory service; (f) use of an ambulance; (g) emergency room; (h) use of an ambulatory surgical center or ambulatory medical center; (i) if ordered by a Doctor, prescription medicines, drugs, or any other therapeutic services or supplies; or (j) home health care, the Company will pay Eligible Expenses incurred within fifty-two (52) weeks after the date of the Accident up to a maximum of \$5,000 per Injury (\$2,000 for an intercollegiate/intramural sports Injury). The first Eligible Expense must be incurred within 60 days after the date of the Accident causing the Injury. This benefit includes coverage for treatment of injury to natural teeth.

*The Company will pay Eligible Expenses for massage therapy performed by a licensed massage therapist when services are rendered at the Student Health Center only, up to a maximum of \$150.

Accidental Death And Dismemberment

If a Covered Person sustains any of the following losses as the result of a covered Accident within 365 days after the date of Accident, the Company will pay the amount shown below.

Loss of Life	\$5,000
Loss of two or more members	\$5,000
Loss of one member	\$2,500
Loss of thumb and index finger of same hand	\$1,250

Member means hand, foot or eye. Loss of hand or foot means the complete severance through or above the wrist or ankle joint. Loss of eye means the total permanent loss of sight in the eye. Loss of a thumb and index finger means the complete severance through or above the joints between the fingers and the hand. Principal Sum: \$5,000. The principal sum is the largest amount payable under this benefit for all losses resulting from any one accident.

BASIC SICKNESS and SUPPLEMENTAL ACCIDENT & SICKNESS EXPENSE BENEFITS (Optional)

Basic Sickness Benefits

When a Covered Person suffers a loss from Sickness, the Company will pay 80% of the Eligible Expenses within fifty-two (52) weeks of the first medical treatment for the Sickness, up to a maximum of \$3,000 per Sickness. Benefits per Sickness will be paid at 80% of the amount indicated and are allocated as follows:

Hospital Room and Board Expense: When Sickness requires hospital confinement, the Company will pay the Eligible Expenses for hospital room and board up to the average semi-private rate, not to exceed 30 days.

Miscellaneous Hospital Expense: The Company will pay Eligible Expenses during a hospital confinement or for an Outpatient day surgery. The Company will pay Eligible Expenses for anesthesia, operating room, laboratory tests and x-rays (including professional fees), use of oxygen, drugs (excluding take-home drugs), medicines, dressings, and other necessary non-room and board hospital expenses.

Surgical Expense: When a Covered Person requires surgery, the Company will pay the Eligible Expenses, valued at the 90th percentile.

If the surgery requires the services of an anesthesiologist, who is not employed or retained by the hospital in which the operation is performed, the Company will pay the loss incurred up to 20% of the amount payable for the operation.

In-Hospital Doctor's Fees Expense: When the Covered Person's Sickness requires the services of a Doctor, the Company will pay the Eligible Expense for such services, limited to one visit per day, up to a maximum of 30 visits.

***Out-of-Hospital Doctor Fees Expense:** When the Covered Person's Sickness requires the services of a Doctor while not confined to a Hospital, the Company will pay the Eligible Expense, limited to one visit per day, up to a maximum of 25 visits.

*The Company will pay Eligible Expenses for massage therapy performed by a licensed massage therapist when services are rendered at the Student Health Center only, up to a maximum of \$150.

Outpatient Diagnostic X-Ray and Laboratory

Expense: When the Covered Person's Sickness requires X-ray examinations, laboratory tests, emergency room, and the hospital Doctor charges, the Company will pay the Eligible Expense.

Maternity Expense Benefit: Expenses for pregnancy are covered to the same extent that coverage is provided for any other Sickness.

Prescription Drugs Expense: Eligible Expenses in excess of the Deductible Amount for drugs and medicines prescribed by the attending Doctor. The Deductible Amount for this benefit is \$10.

Home Health Care - If, as the result of a covered Injury or Sickness, a Covered Person requires Home Health Care Services, the Company will pay the Eligible Expenses for such services. Eligible Expenses for such services must be incurred within 52 weeks from the date of the Accident causing the Injury first medical treatment of the Sickness. The maximum number of home health care visits is limited to 40 in any period of 12 consecutive months. The Company will pay 75% of the Reasonable and Customary charges for the Home Health Care Services, subject to a deductible of \$50 per Injury or Sickness.

Covered Home Health Care Services are the services and supplies shown in the List of Covered Home Health Care Services below, to the extent that the charges are Reasonable and Customary, subject to the following conditions:

- (a) the service must be Medically Necessary.
- (b) the service must be furnished by, or under arrangements made by, a licensed Home Health Agency.
- (c) the service must be covered under a Home Health Care Plan. This plan must be established pursuant to the written order of a Doctor and the Doctor must renew that plan every 60 days.
- (d) except as specifically provided in the list of Covered Home Health Care Services, the service must be delivered in the patient's place of residence on a part-time, intermittent, Visit basis while the patient is confined as a result of Injury or Sickness.

List Of Covered Home Health Care Services

- (1) Nursing care furnished by:
 - (a) a Registered Nurse (R.N.)
 - (b) a Licensed Practical Nurse (L.P.N.)
 - (c) a Licensed Visiting Nurse
 - (d) a home health aide

But, this service does not qualify as a Covered Home Health Care Service if the nurse or home health aide resides in the Covered Person's home or is an immediate family member of the Covered Person.

- (2) Physical, occupational, speech or respiratory therapy.
- (3) Services of a medical social worker.
- (4) Nutrition counseling.
- (5) Medical supplies, drugs and medicines, and laboratory services. But, these items are covered only to the extent they would be covered if the patient was confined to a Hospital.

Diabetes Equipment, Supplies and Service

- After a \$25 deductible, the Company will pay Eligible Expenses for equipment, supplies and services in the treatment of diabetes on the same basis as any other Sickness.

Inpatient Treatment of Alcoholism and Substance Abuse

- The Company will pay the Eligible Expenses incurred for the diagnosis and treatment of alcoholism or alcohol abuse and substance abuse or substance dependency as follows: a) Detoxification benefits - treatment in an inpatient facility for up to seven (7) days; and b) Rehabilitation services - treatment in an inpatient facility for up to 30 days in any calendar year.

Treatment and services must be provided by facilities in New York State that are certified by the Division of Alcoholism and Alcohol Abuse or with the Division of Substance Abuse Services and, in other states, to those which are accredited by the Joint Commission on Accreditation of Hospitals as alcoholism or substance abuse treatment programs.

Supplemental Accident & Sickness Benefits

If the Company has paid \$5,000 of Eligible Expenses for an Accident under the Mandatory Accident Expense Benefits or \$3,000 of Eligible Expenses for a Sickness under the Basic Sickness Benefits, the Company will pay 80% of the additional Eligible Expenses, after satisfaction of a \$100 per Accident or Sickness deductible, up to an aggregate maximum of \$25,000 per Accident or Sickness.

The services must be rendered within 52 weeks of the date of Accident or first treatment for Sickness. Eligible expenses for daily hospital room and board will not be more than the average semiprivate room charge. No benefits are payable under the Supplemental Accident & Sickness Benefits for an intercollegiate/intramural sports Injury.

PLAN III - OPTIONAL CATASTROPHIC ACCIDENT & SICKNESS EXPENSE BENEFITS

(IMPORTANT: Only those Covered Persons who have purchased Plan II, Basic Sickness and Supplemental Accident & Sickness Expense Benefits are eligible to purchase the Optional Catastrophic Accident & Sickness Expense Benefits.)

If the Company has paid \$25,000 of Eligible Expenses for an Accident or Sickness under Plan II, Basic Sickness and Supplemental Accident & Sickness Expense Benefits, the Company will pay 80% of additional Eligible Expenses up to an aggregate maximum of \$250,000 per Accident or Sickness. No benefits are payable under the Optional Catastrophic Accident & Sickness Expense Benefits for an intercollegiate/intramural Injury.

THIS PROGRAM COVERS APPLICABLE MANDATED BENEFITS AS REQUIRED BY THE STATE OF NEW YORK: New York Mandates coverage for the following benefits: Biologically based Mental Illness/Serious Emotional Disturbances and Mental and Nervous Disorders; Breast Cancer Treatment; Breast Reconstruction; Clinical Trials Expense; Out-patient Chemical Abuse and Chemical Depend-

ence; Mammographic Examination; Cytologic Screening; Cancer Second Opinion; Diagnostic Screening for Prostate Cancer; Diabetes Treatment; End of Life Care; Pre-Hospital Medical Emergency Services; Bone Mineral Density Measurements and Tests; Enteral Formulas not to exceed \$2,500; and Contraceptive Services. All mandated benefits are subject to the terms and conditions applicable to other benefits provided under the Policy. Please see the Policy on file with the College for complete details.

EXCLUSIONS

The Policy does not cover nor provide benefits for Accident, Sickness, or treatment of a medical condition arising out of:

1. dental care or treatment, except for such care or treatment due to accidental Injury to sound natural teeth within 12 months of the Accident and except for dental care or treatment necessary due to congenital disease or anomaly.
2. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases 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 shall not include breast reconstructive surgery after a mastectomy. This exclusion shall not apply to cosmetic surgery determined, as a result of utilization review and External Review, to be Medically Necessary.
3. suicide, attempted suicide or intentionally self-inflicted Injury or any attempted intentionally self-inflicted Injury.
4. travel as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
5. care or treatment provided in a government Hospital; benefits provided under Medicare or other governmental program (except Medicaid).

6. care or treatment for which benefits are provided under any state or Federal Workers' Compensation, employers' liability or Occupational Disease Law.
7. a motor vehicle Accident for which benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
8. services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
9. any services rendered by a Covered Person's immediate family member.
10. services for which no charge is normally made.
11. for eyeglasses and examination for the prescription or fitting thereof.
12. hearing aids and examination for the prescription or fitting thereof.
13. custodial care and transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting, and other such related activities.
14. rest cures.
15. coverage while the Covered Person is outside the United States, its possessions or the countries of Canada and Mexico.
16. war or act of war (whether declared or undeclared).
17. service in the Armed Forces or units auxiliary thereto. Upon the Covered Person entering the Armed Forces or units auxiliary thereto of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
18. participation in a felony, riot or insurrection.
19. loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor.
20. treatment of alcoholism and substance abuse except as provided under the Policy.
21. treatment of mental or emotional disorders except as provided under the Policy.
22. any care or treatment not related to the treatment of Sickness or Injury.

COORDINATION OF BENEFITS

Benefits for Accidents and Sickness are coordinated with other health insurance the Covered Person may have in force as described in the Policy.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under this plan is "Creditable Coverage" under Federal Law. When coverage terminates, the Covered Person can request a Certificate of Creditable Coverage, which is evidence of coverage under this plan. In order to obtain a Certificate of Creditable Coverage, please visit our website at www.maksin.com or contact Maksin Management Corp at (877) 775-5430.

CLAIM PROCEDURE

In the event of an Accident or Sickness, the Covered Person should:

1. If at the College, report immediately to the Student Health Center or the Security Office so that proper treatment can be prescribed or approved.
2. If away from the College, consult a Doctor and follow the Doctor's advice. Notify the Health Center within thirty (30) days after the date of the covered Accident or commencement of the covered Sickness, or as soon thereafter as is reasonably possible.

2009-2010 TEMPORARY IDENTIFICATION CARD

Tompkins Cortland Community College

STUDENT'S NAME

Administrator Policy #AMH0085620
Underwriter Reference #CAS9710798

Insuring Company:
National Union Fire Insurance Company of Pittsburgh, Pa.

3. Secure a claim form from the Health Center or the Administrator's website: www.maksin.com
4. Complete the form.
5. Submit the claim form, complete with bills and receipts, to Maksin Management Corp, P.O. Box 2647, Camden, NJ 08101, 877-775-5430.
6. Submit only one claim form for each Accident or Sickness.

Note: Notification of Sickness or Accident must be furnished within 30 days after the date of Accident or commencement of Sickness. Bills for which benefits are to be paid must be submitted within 90 days.

Service Representative:

Haylor, Freyer & Coon, Inc.
PO Box 4743
Syracuse, NY 13221-4743
1-800-289-1501

Ask for Tom Palmer or a College Specialist
Email: student@haylor.com
www.haylor.com/student

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured Covered Person 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, doctor records, etc. Please submit all appeals requests to:

Maksin Management Corp
PO Box 2647
Camden, NJ 08101

Claims Administrator:

The Maksin Group
Two Aquarium Drive, Suite 200
Camden, NJ 08103

This Plan is Underwritten by:

National Union Fire Insurance Company of
Pittsburgh, Pa.,
With its principal place of business in
New York, NY

DISCLAIMER: This is only a brief description of the coverage available under policy series S30494NUFIC-NY. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between contents of this document and the Policy, the Policy shall govern in all cases. The Coverage document is on file for review at the College

All enrollment, claims and benefit questions should be directed to:

Maksin Management Corp
PO Box 2647
Camden, NJ 08101-2647
Toll Free: 877-775-5430

Plan Administrator:
Maksin Management Corp
P.O. Box 2647, Camden, NJ 08101-2647
Toll Free: (877) 775-5430

AMERICAN HEALTH HOLDING, INC.
24-Hour Student Emergency Care Hotline
For confidential health care advice and
information, 24 hours a day, 365 days a year,
call toll-free 866-315-8756.

Comprehensive Resources and Advice from Registered Nurses

- Direct access to an extensive Health Information Library, covering issues ranging from women's health to pediatrics. Detailed directories with topic codes and instructions for access to health-related topics.
- Choose to talk directly with a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
- Integrated phone access to specially trained personnel, trained to provide referral services for a number of health related concerns including mental health and/or substance abuse.

For additional information regarding Value Services, please visit Maksin Management Corp's website at www.maksin.com.

At Maksin Management Corp, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to our website at www.maksin.com.

It is the Covered Person's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

Enrollment available online at www.maksin.com
TOMPKINS CORTLAND COMMUNITY COLLEGE 2009-2010 STUDENT HEALTH INSURANCE ENROLLMENT FORM
Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. Policy Number: AMH0085620

Student Name (print) _____ Student Identification Number _____ Male Female

Home Address (print) _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____

Email Address: _____ Telephone Number: _____

	FALL	SPRING+
	08/15/09 to 08/15/10	01/01/10 to 08/15/10
	(Enrollment Deadline 9/30/09)	(Enrollment Deadline 3/28/10)
		+Only available to students new to the College
PLAN II-SICKNESS AND SUPPLEMENTAL ACCIDENT & SICKNESS		
Non-Residence Hall Student	\$274.00	\$161.00
Part-Time Student*	\$290.00	\$170.00
Spouse	\$427.00	\$250.00
Children	\$427.00	\$250.00

*Includes Plan I-Mandatory Accident Benefits.

I have read, understand, and agree to the terms and conditions of the insurance coverage as detailed in the brochure. This form is accompanied by my check or money order payable to NUJFC. Coverage begins at 12:01 a.m. on the effective dates selected above, or on the day after the date this form and payment are received, if later, and terminates at 12:01 a.m. August 15, 2010 or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage, if applicable, may only be purchased, and would terminate simultaneously and in conjunction with the Covered Student's coverage.

Signature _____ Date _____

Plan III OPTIONAL CATASTROPHIC ENROLLMENT ONLY
TOMPKINS CORTLAND COMMUNITY COLLEGE 2009-2010 STUDENT HEALTH INSURANCE ENROLLMENT FORM
 Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. Policy Number: AMH0085620

Student Name (print) _____ Student Identification Number _____ Male Female

Home Address (print) _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____

Email Address: _____ Telephone Number: _____

FALL	08/15/09 to 08/15/10	SPRING+	01/01/10 to 08/15/10
	(Enrollment Deadline 9/30/09)		(Enrollment Deadline 3/28/10)
			+Only available to students new to the College
Residence Hall Student	\$125.00	Non-Residence Hall Student	125.00
Part-Time Student	\$125.00	Spouse	125.00
Spouse	\$195.00	Children	195.00
Children	\$195.00		195.00

PLAN III-OPTIONAL CATASTROPHIC SUPPLEMENTAL ACCIDENT & SICKNESS**

*****This optional coverage may be purchased at initial enrollment in Plan II only.**

I have read, understood and agree to the terms and conditions of the insurance coverage as detailed in the brochure. This form is accompanied by my check or money order payable to NUJFC. Coverage begins at 12:01 a.m. on the effective dates selected above, or on the day after the date this form and payment are received, if later, and terminates at 12:01 a.m. August 15, 2010 or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage, if applicable, may only be purchased, and would terminate simultaneously and in conjunction with the Covered Student's coverage.

Signature _____ Date _____

CREDIT CARD AUTHORIZATION

Print Name of Cardholder _____ Expiration Date ____/____/____ Credit Card Number _____

Visa Mastercard Signature of Cardholder _____ Date _____
 (Line must be signed for charge to process)

My signature authorizes Maksin Management Corp to charge my Visa/Mastercard account in the amount of \$ _____

Complete this section if you are electing dependent coverage: Only students enrolled in Plan II may obtain coverage for an eligible dependent. I am enrolled and also wish to enroll my dependent(s) listed below, in the Tompkins Cortland Community College Student Insurance Plan. Dependents must enroll for the same coverage(s) as the Covered Student and coverage may only be purchased, and would terminate simultaneously and in conjunction with the Covered Student's coverage.

Dependent's Name _____ **Relationship** _____ **Date of Birth** _____ **Sex** _____

PLEASE RETURN THIS FORM TO: Maksin Management Corp, PO Box 2647, Camden, NJ 08101-2647

CREDIT CARD AUTHORIZATION

Print Name of Cardholder _____ Expiration Date ____/____/____ Credit Card Number _____

Visa Mastercard Signature of Cardholder _____ Date _____
(Line must be signed for charge to process)

My signature authorizes Maksin Management Corp to charge my Visa/Mastercard account in the amount of \$ _____

Complete this section if you are electing dependent coverage: Only students enrolled in Plan II may obtain coverage for an eligible dependent. I am enrolled and also wish to enroll my dependent(s) listed below; in the Tompkins Cortland Community College Student Insurance Plan. Dependents must enroll for the same coverage(s) as the Covered Student and coverage may only be purchased, and would terminate simultaneously and in conjunction with the Covered Student's coverage.

Dependent's Name _____ **Relationship** _____ **Date of Birth** _____ **Sex** _____

PLEASE RETURN THIS FORM TO: Maksin Management Corp, PO Box 2647, Camden, NJ 08101-2647