

ENRICHED Blanket Accident and Health Insurance Plan

*Designed Especially for
Students and their dependents
including International
and Graduate Students*



2008-2009

Please keep this outline of coverage for future reference.

The insurance described in this brochure provides limited benefits only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

IDENTIFICATION CARD
ENRICHED
Student Accident & Health Insurance

STUDENT'S NAME

Dependent Coverage: Yes No
Effective: 12:01 A.M. 8/24/08 (or date premium received by
Company, if later)
Expiring: 12:01 A.M. 8/24/09
Insuring Company: MARKEL INSURANCE COMPANY
Glen Allen, VA. 23060

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Dear Students:

We are pleased to again offer this Plan to students who attend the various colleges and universities throughout New York State.

This plan, offered as an alternative to Your college or university plan, provides higher benefit levels. It may be beneficial to students who have dependents, international and graduate students, or those students who feel they need extended benefits.

Please review the details described in this brochure before enrolling. If this plan applies, complete the attached enrollment form and return it to the address indicated.

ELIGIBILITY: You are eligible to be an Insured person if You are enrolled at the college. You must apply for this coverage and pay the required fee before Your insurance will take effect. Dependent coverage is also available.

REFUND PROVISION: In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

TERM OF COVERAGE

This plan protects students enrolled in this plan, at home, on Campus, or wherever he or she may be, 24 hours a day.

1. Benefits become effective at 12:01 a.m. on August 24, 2008, or the date the premium payment is received, if later, terminating 12:01 a.m. on August 24, 2009.
2. Should an Insured person graduate or withdraw from the institution, except to enter military service, the insurance shall remain in effect until the end of the period for which premium has been paid.

ANNUAL PREMIUM RATES

Student Only..... \$1582.
Dependents:
Spouse only..... add \$2361.
Child(ren) Only add \$2361.
Spouse and Child(ren)..... add \$4722.

DEFINITIONS

Accident means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured Person. Accident does not include a Loss due to or contributed to by disease or Sickness.

Consultant means a Physician, usually a Specialist, called in to see a patient by another Physician.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under this policy in the event of a Loss.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Hospital means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

Injury means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

Insured means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

Loss means medical Expense caused by Injury or Sickness and covered by the policy.

Medically Necessary means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: a) consistent with the symptoms or diagnosis; b) appropriate and accepted according to good medical practice standards; c) not primarily for the convenience of the Insured person, Physician or other providers; and d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Pre-Existing Condition means a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six months immediately preceding the enrollment date of coverage or as to a pregnancy existing on the enrollment date of coverage. A condition will not be considered pre-existing once an Insured has been covered for 12 months following the effective date of coverage for claims not related to pregnancy. A condition will not be considered pre-existing once an Insured has been

covered for ten months following the enrollment date of coverage for claims that are related to pregnancy.

Sickness means disease or illness which causes a Loss while the Insured is covered by the policy. In the event 75% of the eligible students of the policyholder, reaching a minimum of 300 students are insured, then Sickness means illness or disease resulting in Loss covered by the policy.

Specialist means a Physician who limits his practice to the study and treatment of one class of diseases or who confines his interest to specific organs or systems within the body.

Usual and Customary Expense means an Expense which: a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

We, Us or Our means Market Insurance Company.

You, Your or Yours means the Insured.

CONTINUOUS COVERAGE

In determining whether a pre-existing provision applies to an eligible person, We shall credit the time You were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act health plan; state children's health programs (S-CHIP); and foreign national health plans.

EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to 12 months after the expiration date. This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

DESCRIPTION OF BENEFITS

SECTION I BASIC ACCIDENT BENEFITS

When Your Injury requires: (a) treatment by a Physician; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) x-ray service; (e) use of operating room, anesthesia, including the administration thereof, laboratory

service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a Physician, prescription medicines, drugs, or any other therapeutic services or supplies; or (i) home health care Expenses, We will pay the Expense incurred up to an aggregate maximum of \$3,000. This benefit includes coverage for treatment of Injury to natural teeth.

SECTION II

ACCIDENTAL DEATH & DISMEMBERMENT

Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while You are an insured under the Policy. Also, the Loss must take place within 52 weeks after the Accident.

The following table shows the amounts We will pay:

FOR LOSS OF	AMOUNT:
Life.....	\$5,000
Both hands or both feet or sight of both eyes.....	\$5,000
One hand and one foot.....	\$5,000
One hand and sight of one eye.....	\$5,000
One foot and sight of one eye.....	\$5,000
One hand or one foot or sight of one eye.....	\$2,500

The most We will pay for all Losses to an Insured as the result of one Accident is \$5,000.

Loss to hands and feet means severance at or above the wrists or ankle joints. Loss of sight means total and irrecoverable loss of sight.

SECTION III

BASIC SICKNESS BENEFITS

When You suffer a Loss from Sickness, We will pay the Expense incurred up to an aggregate maximum of \$3,000. Benefits are allocated as follows:

Hospital Room and Board Expense: When Your Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate, not to exceed \$350 per day for a maximum of 31 days.

Hospital Miscellaneous Expense: We will pay Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center up to a maximum of \$1,000. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Surgical Expense: When Your Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile, subject to a maximum surgical benefit of \$2,000. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary.

If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the

surgery is performed, We will pay the Loss incurred to a maximum of \$500.

If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to \$400.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Sickness requires the services of a Physician, We will pay the Expense for such services up to \$50 per day, to a maximum of 31 days.

Consultant or Specialist Expense: When your Sickness requires the services of a Consultant or Specialist, as requested by the attending Physician, We will pay the Expense up to a maximum of \$75.

Outpatient Physician Fees Expense: When Your Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense up to a maximum of \$50 per visit, to a maximum of 31 visits.

Ambulance Expense: When Your Sickness requires the use of an ambulance or air ambulance, We will pay the Expense up to a maximum of \$250.

Outpatient Diagnostic X-ray and Laboratory Expense: When Your Sickness requires diagnostic x-ray, including ultrasound, MRI and CAT Scan, or laboratory services, under the Physician's direction, We will pay the Expense up to a maximum of \$200.

Licensed Nurse Expense: If, while confined in a Hospital, Your Sickness requires the services of an R.N. or licensed practical nurse, We will pay the Expense up to a maximum of \$75 not to exceed 31 days.

Hospital Outpatient Expense: When Your Sickness requires the use of outpatient facilities of a Hospital for an emergency room, under the Physician's direction, We will pay the Expense up to a maximum of \$150.

Sickness Dental Expense: When Your Sickness requires treatment for impacted wisdom teeth or dental abscesses, We will pay the Expense up to a maximum of \$50 per tooth.

Outpatient Prescribed Medicines Expense: When Your Sickness requires prescribed medicines, We will pay the Expense up to a maximum of \$50, after a \$10 Deductible. This shall not exclude coverage of any such drug on the basis that such drug has 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 established reference compendia. This shall include coverage for Medically Necessary services associated with the administration of the drug to be contraindicated. Coverage includes Expenses for any prescribed drug or device that is FDA approved as a contraceptive or generic equivalents approved as substitutes or for outpatient services such as consultations, examinations, procedures and medical services related to contraceptive methods.

**SECTION IV
SUPPLEMENTAL EXPENSE BENEFIT**

If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We owe under the basic Accident or basic Sickness benefits, We will pay 80% of the Expense up to a combined maximum of \$50,000. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.

MANDATED BENEFITS

The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy; and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

Outpatient Mental, Nervous or Emotional Disorders or Ailments Expense: We will pay the outpatient Expense for the diagnosis and treatment of mental, nervous or emotional disorders or ailments, including biologically based mental illness for adults and children; and children with serious emotional disturbances, to the same extent as any other Sickness. Coverage includes the services of a licensed psychiatrist, licensed psychologist, a certified clinical social worker, or a professional corporation or university faculty practice corporation. Such benefits may be limited to not less than 20 visits in any policy year.

“Biologically based mental illness” means a mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia, and anorexia.

“Children with serious emotional disturbances” means persons under the age of eighteen years who have diagnoses of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders, and where there are one or more of the following:

- 1) serious suicidal symptoms of other life-threatening self-destructive behaviors;
- 2) significant psychotic symptoms (hallucinations, delusion, bizarre behaviors);
- 3) behavior caused by emotional disturbances that place the child at risk of causing personal Injury or significant property damage; or
- 4) behavior caused by emotional disturbance that place the child at substantial risk of removal from the household.

Inpatient Mental, Nervous or Emotional Disorders or

Ailments Expense: We will pay the inpatient Expense for the diagnosis and treatment of mental, nervous or emotional disorders or ailments, including biologically based mental illness for adults and children; and children with serious emotional disturbances, to the same extent as any other Sickness. Such benefits may be limited to not less than 30 days of active treatment in any policy year. If the Insured requires partial hospitalization, two partial hospitalization days will equal one inpatient day.

"Active treatment" means treatment furnished in conjunction with inpatient confinement for mental, nervous or emotional disorders or ailments that meet standards prescribed pursuant to the regulations of the commissioner of mental health.

"Biologically based mental illness" means a mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia, and anorexia.

"Children with serious emotional disturbances" means persons under the age of eighteen years who have diagnoses of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders, and where there are one or more of the following:

- 5) serious suicidal symptoms or other life-threatening self-destructive behaviors;
- 6) significant psychotic symptoms (hallucinations, delusion, bizarre behaviors);
- 7) behavior caused by emotional disturbances that place the child at risk of causing personal injury or significant property damage; or
- 8) behavior caused by emotional disturbances that place the child at substantial risk of removal from the household.

Pre-Admission Tests Expense: We will pay the Hospital Expense for use of outpatient facilities as needed for tests before an Insured is admitted for surgery, provided that: a) tests are required for diagnosis and treatment of the ailment for which surgery will be done; b) a Hospital bed and operating room have been reserved before the tests are made; c) the surgery is done within seven days after the tests; and d) the Insured is physically present for tests.

Emergency Medical Expense: We will pay the emergency medical services Expenses of a Hospital if an Insured is covered for inpatient Hospital Expenses. Emergency medical services means care for a sudden onset of an ailment which could place the Insured's life in danger if not treated at once. We do not pay such Expenses unless the care is given within: a) 12 hours after the illness begins; or b) 72 hours after an Accident.

Elective Surgical Second Opinion Expense: If surgery is recommended, We will pay for a second opinion from a board certified Specialist in the field relating to the surgical procedure proposed. Our payment will include the Expense for x-rays and diagnostic tests.

Home Health Care Expense: If, as a result of a covered Sickness, an Insured shall incur home health care Expenses, We will pay 75% of such reasonable and customary Expenses incurred within 12 months from the date of the first home health care visit. Such reimbursement is subject to an annual Deductible of \$50 and the maximum number of covered visits is limited to 40. Four hours of home health aide service shall be considered as one home care visit.

Chemical Abuse or Dependence Outpatient Benefits Expense: If You or Your dependent, while insured under this provision, incurs Expense for the outpatient treatment provided by an alcoholism or substance abuse treatment facility or an alcoholism or substance abuse treatment program, We will pay the greater of : a) outpatient benefits in the same manner as any other Sickness, but not to exceed: 1) one visit each day for any one Insured person; or 2) 60 visits in any calendar year; or b) outpatient benefits as otherwise provided under the policy for alcohol or substance abuse. Under part a) above, up to 20 of the 60 visits may consist of counseling for insured family members of the Insured person, even if the Insured person does not receive treatment. Such coverage is limited to facilities in New York State which are certified by the Office of Alcoholism and Substance Services and, in other states, to those which are accredited by The Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse or chemical dependence treatment programs.

Chemical Abuse or Dependence Inpatient Benefits Expense: If You or Your dependent, while insured under this provision, incurs Expense for diagnosis and treatment, We will pay, consistent with the level of benefits for other diseases covered under the policy: 1) up to seven days of care during any calendar year for active treatment for chemical dependency; and 2) up to 30 days of care during any calendar year for rehabilitation services. For purposes of these benefits, the definition of "Hospital" is amended to include a facility or agency certified by the Division of Alcoholism or Division of Substance Abuse as an alcoholism or substance abuse treatment program. No chemical abuse or dependence inpatient coverage is provided under any supplemental Expense benefits which may be provided under the policy.

Maternity Inpatient Care Expense: We will pay the Expense incurred in connection with: a) inpatient hospitalization services for a covered mother and a newborn child for a minimum of 48 hours after an uncomplicated vaginal delivery; and b) 96 hours after delivery by an uncomplicated cesarean section. Such coverage for maternity care shall include the services of a midwife licensed pursuant to Article 140 of the Education Law, practicing consistent with a written agreement pursuant to Section 6951 of the Education Law and affiliated or practicing in conjunction

