

EXCLUSIONS

The policy does not provide Benefits for expense resulting from:

1. Air flight, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
2. Dental treatment, except as specifically provided in the Benefits Schedule, or for such care or treatment due to Injury to sound natural teeth within 12 months of the accident. This does not include dental care and treatment necessary due to congenital disease or anomaly.
3. Cosmetic surgery except reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
4. Motor vehicle Accidents, to the extent covered by another valid and collectible insurance policy, prepaid services contract, or similar plan, except as specifically provided in the Benefits Schedule.
5. Eyeglasses, contact lenses, and examination for prescribing or fitting them; any other procedure for correction of refractive disorder of the eye or eyes; hearing aids and hearing examinations.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. Injury sustained while participating in the practice or play of interscholastic or intercollegiate sports, including the participation in any conditioning program for such sport, contest or competition, except as specifically provided in the Benefits Schedule.
8. Intentional self-inflicted injuries; including drug overdose; Loss incurred while committing or attempting to commit a felony; or Loss due to voluntary participation in a riot or civil disturbance.
9. Services provided normally without charge by the Health Service of the Policyholder, or by any person employed or retained by the Policyholder, or services covered or provided by the student health fee.
10. Treatment of Mental and Nervous Disorders and Chemical Dependency, Alcoholism and Substance Abuse, except as specifically provided in the Benefits Schedule or per Mandated Benefits.
11. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
12. Pre-existing Conditions; not subject to Prior Creditable Coverage, and until continuously covered by the College's Student Accident and Sickness Insurance plan for a period of 12 consecutive months; or 10 consecutive months for pregnancy.
13. Rest cures, custodial care and transportation.

DEFINITIONS

Elective Surgery and Elective Treatment means surgery or medical treatment which is not necessitated by a pathological change occurring after Your Effective Date of coverage. Elective Surgery includes but is not limited to: tubal ligation; circumcision; vasectomy; breast reduction except when Medically Necessary to achieve symmetry following a mastectomy; sexual reassignment surgery; any services or supplies rendered for the purpose or with the intent of inducing conception; weight reduction or treatment of obesity; and submucous resection and/or other surgical correction for deviated nasal septum, other than for treatment of covered acute purulent sinusitis. Elective Treatment includes but is not limited to: allergy testing; treatment for acne; biofeedback-type services; cosmetic procedures; infertility; hypnotherapy; learning disabilities; acupuncture; treatment related to sleep disorders; growth hormone therapy; treatment for hair growth or baldness; and weight management services and supplies.

This does 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 congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.

Injury means accidental bodily injury or injuries directly caused by specific accidental contact with another body or object while your coverage is in force. It is unrelated to any pathological, functional, or structural disorder or Injury resulting directly and independently of all other causes, in Loss covered by the Policy. All related injuries and recurrent symptoms of the same or similar condition will be considered one Injury.

Pre-Existing Condition means a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the six (6) month period ending on the Enrollment Date. Pre-Existing Condition does not include:

(a) Genetic information in the absence of a diagnosis of the condition related to such information, or

(b) Congenital anomaly of a covered dependent child
Pre-existing Condition Waiting Period means the twelve (12) month time period you must have continuous coverage in force under this Policy before a Pre-Existing Condition is considered a Loss. Except, the Pre-existing Condition Waiting Period for a pregnancy existing on the Enrollment Date is ten (10) months.

Refunds - A prorated premium refund, less an administrative fee, will be made for the following situations if the Plan Administrator receives written notice and proof, including the date of occurrence that: a) the student has entered into full-time active-duty military service of any country; b) the student is a non-immigrant Foreign National and has left the North American continent or c) the student withdraws from the College within 31 days of the effective date of coverage.

Prior Creditable Coverage means coverage provided in the United States under any individual or group health benefits plan, insurance policy or certificate, service contract or HMO contract, or any government health benefit plan. See Master Policy for a complete listing.
Sickness means your bodily sickness, mental sickness, or Maternity which is not a Pre-existing Condition and which causes Loss while your coverage is in force. Sickness includes pregnancy, complications of pregnancy and trauma related disorders due to injuries which otherwise do not meet the definition of an Injury. All related sicknesses and recurrent symptoms of the same or similar condition will be considered one Sickness.

PORTABILITY OF STUDENT COVERAGE

If you are covered by this Policy and transfer to a new school that maintains a student health insurance policy with us, You may (a) continue to pay the premium for the remainder of the Policy year under this Policy, or (b) enroll in the new school's Policy with Us and pay the premium for the remainder of the Policy year within 31 days after you become eligible for coverage. If you choose to enroll in the new school's Policy with us, your premium may be adjusted. Contact the Plan Administrator for further information.

CLAIM PROCEDURE

Secure a claim form from the SAS, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels, and send to:

STUDENT ASSURANCE SERVICES, INC.
P.O. Box 196 • Stillwater, MN 55082-0196

Proof of loss must be submitted to the address above within 90 days, or as soon as reasonably possible, from the date of Injury or Sickness.

To check on the status of your filed claim, please call the Claims Office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday. The telephone number is: **(800) 328-2739**. The Student Assurance Services, Inc. website is www.sas-mn.com.

TO APPLY FOR DEPENDENT COVERAGE

To enroll for dependent coverage complete the enrollment form and return it with the required premium payment to:

Student Assurance Services, Inc.,
P.O. Box 196, Stillwater, MN 55082.

Questions regarding the receipt of premium or verification of coverage under this insurance plan may be answered by contacting Student Assurance Services Inc at: toll free 1-800-328-2739 or www.sas-mn.com.

This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 70 percent. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with this policy.

If your coverage ends under this plan and you obtain other coverage, student insurance qualifies as prior creditable coverage. A certification of coverage will be furnished upon written request to the Company.

Policy Form 9F147

CERTIFICATE OF COVERAGE

ACCIDENT AND SICKNESS INSURANCE

A Non-Renewable Term Policy
For Students Attending

FARMINGDALE STATE COLLEGE

2009 - 2010

Underwritten by



COLUMBIAN MUTUAL
LIFE INSURANCE COMPANY
HOME OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

SERVICING AGENT
Niagara National Inc.
5001 Genesee Street
Buffalo, NY 14225
(800) 444-5530

Keep this certificate as a summary of your coverage - no individual policy will be issued - a master policy #31-67-0028-029-002-9 is issued to the College. The Master Policy contains the contract provisions and shall prevail in the event of a conflict between this certificate and the Master Policy. PRIVACY POLICY: You may obtain a detailed copy of Columbian Mutual's privacy policy from your school by contacting Student Assurance Services, Inc. ("SAS") the Plan Administrator at (800) 328-2739, or visiting www.sas-mn.com.

9F148

U-28NY

Dear Student:

The administration is making available to the students and their dependents, a plan of Blanket Accident and Sickness Insurance (hereinafter called "plan" or "Plan") underwritten by Columbian Mutual Life Insurance Company. Any questions about the policy should be directed to: Niagara National Inc.
5001 Genesee Street, Buffalo, NY 14225
(800) 444-5530

ELIGIBILITY

All students registered and attending classes are eligible to enroll in the plan. Students must be physically and actively attending classes on campus to enroll in this plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Plan Administrator should be notified at that time by the student. Students who enroll in the plan may secure family coverage. Dependents must enroll when the student first enrolls and must enroll for the same coverage as the Student. Eligible dependents are the spouse residing with the Insured Student, and unmarried children under twenty-three years of age who are not self-supporting and reside with the Insured Student. Eligible dependent includes a child for whom the Insured is required to provide coverage by court or administrative order. Contact the Plan Administrator for further information.

EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the later of: the Policy Effective Date 08-27-2009 (or 08-10-2009 for athletes participating in intercollegiate sports); the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the proper premium is received by the College or Plan Administrator. All coverage expires on the policy expiration date of 08-26-2010, or the last day of the coverage period for which the Premium is paid. Dependent coverage will not be effective prior to that of the Student. Dependent eligibility expires concurrently with that of the Student.

ENROLLMENT

All full-time resident students will automatically be enrolled in this insurance plan. The premium for student only coverage will be added to the University tuition and fees, unless the student shows evidence of comparable insurance coverage by completing a waiver form and returning it to the Student Account Office by 09-12-2009. A completed waiver form is required at each semester. It is the student's responsibility to notify the Student Health & Wellness Center in the event existing insurance coverage is terminated and the student requires coverage under this Insurance plan.

All full-time and part-time commuter students may enroll in the plan on a voluntary basis by completing an enrollment form and submitting it with the proper premium to the Student Account Office.

CREDITABLE COVERAGE

In determining whether a Pre-existing Condition Waiting Period applies, this Policy shall credit the time you were covered under Prior Creditable Coverage. The Prior Creditable Coverage must be continuous to a date not more than sixty three (63) days prior to the enrollment date under this Policy. Periods of coverage under several prior health plans may be added together, provided there is no break in coverage 63 continuous days or more. If you were covered by more than one health plan, only one day of Prior Creditable Coverage is credited for each day your dual coverage existed. You must show proof of Prior Creditable Coverage by submitting a Certificate of Prior Creditable Coverage or other satisfactory evidence of coverage. The Pre-existing Condition Waiting Period shall not exclude coverage in the case of:

- (a) an individual who, as of the last day of the thirty-day period beginning with the date of birth, is covered under Prior Creditable Coverage; or
- (b) a child who is adopted or placed for adoption before attaining eighteen years of age and who, as of the last day of the thirty-day period beginning on the date of the adoption or placement for adoption, is covered under Prior Creditable Coverage, or
- (c) The individual or dependent of the individual is eligible for a federal tax credit under the federal trade adjustment assistance reform act of 2002 and who has three months or more of Prior Creditable Coverage.

Paragraphs (a) and (b) no longer apply to an individual after the end of the first sixty three (63) day period during all of which the individual was not covered under any Prior Creditable Coverage.

MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits while your coverage is in force for 100% of the charges incurred up to the scheduled limits listed below. Benefits for eligible expenses incurred under Part A or B will be payable for claims received within 52 weeks after: the date the accident causing the injury occurred, or the date of the first treatment occurred for a Sickness. Pre-existing Conditions, Experimental and Investigational Services, Elective Surgery and Treatment are not covered services. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY BENEFITS \$5,000 Maximum/Each Injury, subject to following limits:

INTERCOLLEGIATE SPORTS	Same as any Injury
DENTAL TREATMENT (repair and/or replacement of sound and natural teeth, does not include biting or chewing injuries)	\$100/tooth
MOTOR VEHICLE INJURY (benefits covered only for expenses not covered by Other Medical Coverage)	Same as any Injury
ALL OTHER COVERED SERVICES (Covered services include those listed under Part B)	100% of charges incurred

PART B: BASIC SICKNESS BENEFITS \$25,000 Maximum/Each Sickness, subject to following limits:

HOSPITAL ROOM AND BOARD (includes general nursing care)	\$250/day
HOSPITAL MISCELLANEOUS INPATIENT (for x-ray examination, laboratory tests, anesthesia, medications, operating room, dressings, pathology, private duty nurse, radiology)	\$500/day
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS (in lieu of Inpatient)	\$500/day
SURGICAL TREATMENT	\$1,500
ANESTHESIA	25% of Surgical Treatment
ASSISTANT SURGEON	25% of Surgical Treatment
CONSULTANT PHYSICIAN	\$150 1st visit; \$75 thereafter, up to 3 visits
PHYSICIAN'S NONSURGICAL VISITS (Inpatient, not paid day of surgery)	\$50/visit, 1 visit/day,
PHYSICIAN'S NONSURGICAL VISITS (Outpatient, not paid day of surgery)	\$50/visit, 1 visit/day, up to 20 visits
OUTPATIENT DIAGNOSTIC X-RAY, RADIOLOGY AND LAB SERVICES	\$300
HOSPITAL EMERGENCY ROOM	\$300
MENTAL AND NERVOUS DISORDERS	Paid under Mandated Benefits
CHEMICAL DEPENDENCY, ALCOHOLISM, & SUBSTANCE ABUSE TREATMENT	Same as any Sickness, up to 30 days
AMBULANCE SERVICES (includes Taxi; if approved or recommended by Student Health Wellness Center)	\$100
ABORTION (in lieu of all other benefits)	\$500/Policy Year
MATERNITY BENEFITS (conception must occur while covered by Policy)	Same as any Sickness
PRESCRIPTION DRUGS (Includes Gardasil)	\$300/Policy Year
EMERGENCY DENTAL BENEFIT - when the Insured requires emergency dental treatment, includes the following:	
WISDOM TOOTH EXTRACTION	\$150/tooth
INITIAL ENDODONTIC VISIT	\$100
TOOTH EXTRACTION	\$100/tooth
TOOTH FILLING	\$25/surface ; up to Maximum \$200/Policy Year

PART C: ACCIDENTAL DEATH AND DISMEMBERMENT

Occurring within 90 days from date of accident, pays in addition one of the following (the largest applicable amount):

Accidental Death	\$2,500
Single Dismemberment/Loss of Eye	\$1,250
Double Dismemberment/Loss of Both Eyes	\$2,500

PART D: PREMIUMS

	ANNUAL 08-27-2009 to 08-26-2010	SPRING/SUMMER TERM 01-25-2010 to 08-26-2010
Student Only*	\$ 500	\$ 298
Each Dependent	\$1,600	\$ 952

*Includes an administrative fee charged by the University

MANDATED BENEFITS

Benefits mandated by the State of New York are made a part of the Policy. They include treatment for Outpatient Chemical Dependency, Alcoholism and Substance Abuse; Breast Reconstruction Surgery; Chiropractic Care; Diabetes; Off Label Drug; Breast Cancer Treatment; Screening for Cervical and Prostate Cancer; Mammography; Minimum Pregnancy Stays; Second Opinion; Prehospital Ambulance Emergency Services; Experimental or Investigational Treatments; Bone Mineral Density Tests; Drugs or Devices for Osteoporosis; Contraceptive Methods; Dental Treatment; TMJ Treatment; Cosmetic Surgery; Home Care; Enteral Formula; End of Life Care Coverage; Preadmission Tests; and Mental and Nervous Disorders. Benefits may be subject to deductibles, coinsurance, limitations, and exclusions of the Policy. A description of these Mandated Benefits can be found in the Master Policy on file at the College or call the Claim Office.

CONTINUOUS COVERAGE

Coverage will be considered continuous, if you were covered to the policy expiration date of your prior Student Health insurance policy of the Policyholder, and you enroll for coverage under this Policy and pay the required Premium within 63 days of the expiration date of the prior student health insurance policy. You will not be denied benefits under this Policy for a Pre-existing Condition or an Injury or Sickness covered under your prior student health insurance policy, unless under this Policy the Injury or Sickness expenses incurred are not considered a Covered Service, or benefits are limited by other provisions in this Policy, including Prior Creditable Coverage. If the prior Policy was with us, benefits will not be paid under this Policy if any applicable Lifetime Maximum has been exhausted.