

Farmingdale State College
August 27, 2009 – August 27, 2010
Student Accident & Sickness Insurance Plan



College

College

500

your “balance due” from registration as shown on your bill,
9 9 010
enrolling in the spring \$298 should be added to the “balance due” from registration on their spring bill no later than
10 10 10
lose coverage under their parent’s plan or employer

Niagara National, Inc

Premiums

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Please consult the Student Accident and Sickness Insurance brochure for a complete listing of the schedule of benefits, state mandated benefits, terms, conditions and exclusions and limitations.

PREFERRED PROVIDER NETWORK

MultiPlan

MultiPlan

MultiPlan

MultiPlan

Columbian

which will be

mailed to you

MultiPlan

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VOLUNTARY ENROLLMENT FORM – FOR COMMUTER STUDENTS ONLY
 COLUMBIAN LIFE INSURANCE COMPANY OF NEW YORK
 FARMINGDALE STATE COLLEGE
 ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS 2009-2010

Student's Name: _____ SS#: _____ - _____ - _____
 (Please Print) (Last) (First) (MI)

Home Address: _____
 (Street) (City) (State) (Zip)

ANNUAL COVERAGE – 8/27/09 to 8/27/10 I have requested that \$500.00 be added to my balance due for the annual insurance premium. SPRING SEMESTER - 1/25/10 to 8/27/10 have requested that \$298.00 be added to my balance due for the spring insurance premium.

Signature: _____ Date: _____

PAYMENT IN FULL IS DUE AT TIME OF ENROLLMENT

RETURN TO: Farmingdale State College, Student Account Office no later than October 31, 2009 for annual enrollment or March 14, 2010 for spring enrollment.

Policy No. # 31-67-0028-029-002-

The following summary highlights the Accident and Sickness Insurance Plan for the students of Farmingdale State College. Please consult the policy brochure available at the Auxiliary Services Office and Student Health & Wellness Center for a complete description of the policy benefits and exclusions.

ACCIDENT EXPENSE BENEFIT This plan provides benefits for students who are participating in school sponsored activities

Aggregate Maximum: \$5,000 per Injury
 Covered Percentage: 100% of Covered Charges
 Deductible: \$0
 Benefits Covered:

(a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient; (d) inpatient and outpatient anesthesiologist; (e) inpatient and outpatient Doctor visits; (f) consultant; (g) licensed nurse; (h) hospital outpatient; (i) emergency room; (j) diagnostic x-ray and laboratory tests; (k) outpatient prescription drug; (l) ambulance/taxi; (m) durable medical equipment, prosthetic appliances and orthotic devices; and (n) other expenses incurred for the treatment of an Injury.

All intercollegiate sport injuries except Football and Hockey are covered on the same basis as any other Injury.

ACCIDENTAL DEATH & DISMEMBERMENT EXPENSE BENEFIT

Principle Sum: \$2,500

SICKNESS EXPENSE BENEFIT This plan provides 24 hour world wide coverage. Covered Sicknesses as allocated below:

Aggregate Maximum: \$25,000 per Sickness
 Deductible: \$0

The following Sickness Benefits are allocated as follows:

Hospital Room & Board Expense Benefit:	\$250.00 per day
Miscellaneous Hospital Expense Benefit:	\$500.00 per day
Surgical Expense Benefit:	\$1,500 per Sickness
Anesthesia Expense Covered Percentage:	25% of the amount paid under the Surgical Expense Benefit
Assistant Surgeon Expense Covered Percentage:	25% of the amount paid under the Surgical Expense Benefit
In-Hospital Doctor's Fees and Medical Expense Benefit:	\$50.00/visit; 1 visit per day
Consultant Visit Expense Benefit (Inpatient and Outpatient):	\$150.00 per Sickness for the 1st visit then \$75.00 per visit up to 3 visits
Outpatient Doctor's Office Visit Expense Benefit:	\$50.00/visit; 20 visits per Sickness. A visit to the Student Health Center must serve as the 1st visit unless the college is in recess or the student is away from campus.
Hospital Outpatient Department Expense Benefit:	\$500.00 per Sickness
Emergency Room Expense Benefit:	\$300.00 per Sickness
Outpatient Diagnostic X-ray & Lab Test Benefit:	\$300.00 per Sickness
Abortion Expense Benefit:	\$500.00
Home Health Care Expense Benefit:	
Covered Percentage:	75% of Covered Charges
Deductible:	\$50.00 per Sickness
Benefit:	40 visits per calendar year
Ambulance/Taxi Expense Benefit:	\$100.00 per Sickness
Emergency Dental Expense Benefit:	
Extraction of impacted tooth:	\$150.00
Initial endodontic visit:	\$100.00
Emergency Extraction of tooth:	\$100.00
Emergency filling - per surface:	\$ 25.00, \$200 Policy year maximum

Outpatient Mental & Nervous Expense Benefit: Under Mandated Benefits, as any other sickness

Please consult brochure for a complete listing of schedule benefits, state mandated benefit terms, conditions and exclusions and limitations