

Farmingdale State College
August 27, 2008 – August 27, 2009
Student Accident & Sickness Insurance Plan



Dear Students and Parents:

Fall 2008

We at Farmingdale State College are concerned that many of our students may be uninsured, or may not have adequate health insurance. When serious injury or illness requires attention by a medical provider or hospital, the expenses can create a financial burden that no student should have to worry about.

Farmingdale State College is pleased to offer all students a comprehensive plan of accident and sickness insurance. Students are encouraged to consider enrollment in this insurance program if you do not have other health insurance or if your current health insurance is with an HMO or restricted PPO.

Enrollment for registered students is easy. For annual enrollment, all you have to do is add the \$500 premium to your "balance due" from registration as shown on your bill, and complete the attached enrollment form no later than October 17, 2008. That will provide coverage from August 27, 2008 to August 27, 2009. For students newly enrolling in the spring \$298 should be added to the "balance due" from registration on their spring bill no later than March 14, 2009. This will provide coverage from January 25, 2009 to August 27, 2009. Eligible students will be able to enroll after the open enrollment period only 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 in the brochure). Proof of such loss of coverage should be submitted to the Plan Administrator, Niagara National, Inc, Inc. along with the completed enrollment form and premium. Premiums will not be prorated. The Insured Student will be covered from the date the application and premium are received by the Plan Administrator.

Should you need more information or assistance, contact the Student Health and Wellness Center at (631) 420-2154.

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

This policy includes the voluntary utilization of MultiPlan Nationwide Preferred Provider Network. Utilizing the MultiPlan Nationwide Preferred Provider Network will decrease your out of pocket costs under this Accident and Sickness Insurance Plan. The MultiPlan Network consists of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a MultiPlan Provider. In order to use the services of a participating provider you must present your Columbian Life Insurance Company of New York Medical Identification Card which will be mailed to you. An Insured Person may contact MultiPlan at 1-800-546-3887, toll free number available Monday through Friday, 8 a.m. to 8 p.m. to receive information on participants in their area, or visit their web site at www.multiplan.com.

VOLUNTARY ENROLLMENT FORM – FOR COMMUTER STUDENTS ONLY
COLUMBIAN LIFE INSURANCE COMPANY OF NEW YORK
FARMINGDALE STATE COLLEGE
ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS 2008-2009

Student's Name: _____ SS#: _____
(Please Print) (Last) (First) (MI)
Home Address: _____
(Street) (City) (State) (Zip)

ANNUAL COVERAGE – 8/27/08 to 8/27/09 I have requested that **\$500.00** be added to my balance due for the annual insurance premium.
 SPRING SEMESTER - 1/25/09 to 8/27/09 I 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, 2008 for annual enrollment or March 14, 2009 for spring enrollment.

Policy No. # 31-67-0028-029-002-8

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 while 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 surgery; (d) inpatient and outpatient anesthesiologist; (e) inpatient and outpatient Doctor visits; (f) consultant; (g) licensed nurse; (h) hospital outpatient department; (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 for 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 1 st 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 1 st 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:	Paid under Mandated Benefits, as any other sickness

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