



Accident Only Insurance Plan

designed for

Dowling College

2012-2013

Policy Number: CUH202004
Oakdale, Long Island, NY, 11769-1999

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Dear Student or Parent:

Dowling College offers a Mandatory Accident Only Insurance Plan for ALL Undergraduate, Graduate and International students, while enrolled at Dowling College (for the semester he/she is attending classes).

SCHOOL-SPONSORED STUDENT ACCIDENT BENEFITS

Benefits will be paid at 100% of Eligible Expenses as a result of a covered Accident, including Injury resulting from the practice or play in Intercollegiate or interscholastic sports. Benefits may not exceed a maximum benefit of \$2,000 per Accident per Policy Year. Eligible Expenses include the following: (a) hospital confinement; (b) inpatient and outpatient surgery; (c) anesthesiologist; (d) assistant surgeon; (e) inpatient and outpatient treatment by a Doctor, including physiotherapy, chiropractic care, massage therapy and acupuncture; (f) emergency room expenses; (g) charges by a hospital outpatient department including the use of an operating room, laboratory tests and x-ray examinations, and anesthesia; (h) consultant fees; (i) drugs (excluding take-home drugs) and medicines administered during Hospital confinement; (j) services of licensed nurse or RN; (k) durable medical equipment at 80% up to \$400; (l) orthotics up to a maximum of \$300, due to an injury and not just to improve playing ability; (m) other Medically Necessary expenses incurred for the treatment of Injury. This benefit includes treatment of Injury to sound natural teeth.

For any Injury resulting from the practice or play in Intercollegiate or interscholastic sports, benefits under the Mandatory Accident Plan will be paid for Eligible Expenses incurred up to 52 weeks of the date of the Accident.

- Durable Medical Equipment paid at 80% up to \$400.
 - Orthotics paid at 100% to \$300 per policy year, this must be due to an accident, not just to improve playing ability.
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Student Accident Only Insurance Plan

This brochure is a brief description of the Accident Only Insurance Plan made available to students through Dowling College. This plan is underwritten by Combined Life Insurance Company of New York and serviced by Gallagher Koster. Claims are paid by Klais and Company, Inc.

Policy Term

The insurance under Dowling College’s Accident Only Insurance Plan is effective 12:01 AM August 1, 2012 to 12:01 AM August 1, 2013. The Spring term is effective 12:01 a.m. January 1, 2013 to 12:01 AM August 1, 2013. An eligible student’s coverage becomes effective on the effective date of the policy term for which the student enrolled.

Plan Cost

The cost for the Dowling College Mandatory Accident Only Insurance Plan is \$28 for annual coverage. Coverage for Fall or Spring only is \$14 for the semester. This cost is added to the student’s tuition bill.

Preferred Provider Network

Persons insured under this plan may choose to be treated within or outside of the Multiplan Network. Multiplan consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Plan Summary. Referral to a network physician does not guarantee eligibility or right to student health benefits. Providers may be periodically added or deleted as participants in the Multiplan Network. Not all physicians practicing at a hospital elect to participate in the Multiplan Network. Insureds are responsible for verifying that a provider is a participant prior to services being rendered. In order to use the services of a participating provider, you must present the identification card which is mailed to all students insured under the plan. You may contact Multiplan for a list of preferred providers:

Toll Free Phone 800-922-4362
Website www.multiplan.com

Definitions

Accident means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

Benefit Period means the 12 months immediately following the date of the Accident or first treatment of a Sickness.

Coinurance means the percentage of Reasonable and Customary Expenses for which the Insured Person is responsible for a covered service.

Covered Charge or Expense as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person.

Covered Percentage means that part of the Covered Charge that is payable by the Company after the Deductible or Copayment has been met.

Custodial Care means services, supplies, including room and board charges which are furnished mainly to help a person meet his or her

routine daily needs and can be furnished by someone who has no professional health care training.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (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 residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

Effective Date means the first date a student becomes covered under the Policy.

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 Insured Person’s Effective Date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast implants; breast reduction; voluntary sterilization procedure or any sterilization reversal process; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; treatment for weight reduction; treatment of temporomandibular joint dysfunction and associated myofacial pain; radial keratotomy; learning disabilities or disorders or Attention Deficit Disorder; immunizations; treatment of infertility and routine physical examinations.

Experimental or Investigational Care means a service or supply: (a) that the Company, in its discretion, determines is not commonly and customarily recognized as being safe and effective for the particular diagnosis or treatment; or (b) which requires approval by any governmental authority and such approval has not been granted before the service or supply is furnished.

We may rely upon the advice of medical consultants and commonly recognized national medical organizations in determining which services or supplies are experimental or investigational.

Hospital means a duly licensed facility, which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located. Hospital does not include a place run mainly: (a) for alcoholics or drug addicts; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

Hospital Confinement means a stay as a resident bed-patient in a Hospital where Hospital records identify the Insured as an inpatient.

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

Insured Person means an Insured Student while insured under this Policy.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under this Policy.

Loss means medical expense covered by this Policy as a result of Injury as defined in this Policy.

Medical Emergency means the sudden onset of an Injury which arises out of a medical or behavioral condition which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person afflicted with such condition in serious jeopardy; or in the

case of a behavioral condition placing the health of such person or others in serious jeopardy, or (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

Medically Necessary means that a service, drug or supply is needed for the diagnosis or treatment of an Injury in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply shall be considered "needed" if it: (a) is ordered by a licensed Doctor; and (b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury for which it was ordered. A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

Per Condition Aggregate Maximum means the total amount of benefits payable for each Injury or under the Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Policy.

Policy Effective Date means the date the Policy takes effect as shown in the Plan of Insurance.

Policy Termination Date means the date the Policy ends as shown in the Plan of Insurance.

Policyholder means the institution indicated on the face page of this Policy.

Policy Year means the 12-month period beginning on the Policy Effective Date.

Reasonable and Customary Expenses means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

We, Us and Our mean the Combined Life Insurance Company of New York.

You and Your mean the Policyholder.

Accident Expense Benefits

The Company will pay 100% of Reasonable and Customary (R&C) Charges up to \$2,000 per accident per policy year for covered Expenses incurred as a result of an Injury sustained while coverage for the Insured Person is in force. Treatment must commence within 60 days of the date of Accident and Expense must actually be incurred within the policy term.

Covered Expenses include x-ray, laboratory tests, surgery, doctor's visits, nursing care, Hospital care and treatment, prescription drugs and other necessary treatment.

These benefits are subject to all other terms, conditions and limitations of the plan.

Exclusions & Limitations

The Policy does not cover nor provide benefits for:

1. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth;
2. Services normally provided without charge by the Policyholder health service, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
3. Routine physicals, preventive medicines, serums, vaccines, or oral contraceptives, unless prescribed by a Doctor for treatment of an Injury covered under this Policy;

4. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefor;
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
6. Cosmetic surgery, except as the result of an Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery, which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part; and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
7. Injury resulting from declared or undeclared war; or any act thereof;
8. Injury due to participation in a riot;
9. For expenses as a result of participation in a felony;
10. Injury for which benefits are paid under any Workers Compensation or Occupational Disease Law;
11. Injury sustained while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
12. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of insurance;
13. Elective Treatment or elective surgery, except as specifically provided;
14. Injuries sustained as the result of a motor vehicle accident to the extent that benefits are recovered or recoverable under mandatory no-fault benefits insurance;
15. Expenses covered by any other medical, health or accident insurance provided on a group basis. This exclusion shall only apply if the entire premium for the coverage under this Policy is paid by the Policyholder, with no contributions from the Insured Student;
16. Skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except While riding as a passenger on a regularly scheduled flight of a commercial airline.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the Policy remain unchanged.

Extension of Benefits

If an Insured Person is confined to a Hospital on the day his or her insurance terminates, Expenses incurred after such termination date and during the continuance of that Hospital confinement shall be payable in accordance with this plan, but only while they are incurred during the 31 day period following such termination of insurance. The total payments per Insured Person will not exceed the maximum benefit allowed.

Excess Provision

No benefit under this Policy is payable for any Expense incurred for Injury which is paid or payable by: (1) other valid and collectible medical, health or Accident insurance; or (2) under an automobile insurance policy.

Privacy Rule

Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your insurance identification card. If, at anytime, you wish to request a copy of Combined Life Insurance Company of New York's Privacy Notice, write to P.O. Box 6705 Scranton, PA 18505-0705 Attn: HIPAA Privacy Office, call 1-800-225-4500, select HIPAA or online at: <http://www.combinedinsurance.com/policyholder-center/hipaa-insurance.html>

Claim Procedures

1. If at Dowling College, either call Student Health Services for an appointment or seek treatment at the nearest medical facility and follow the prescribed treatment advice.
2. Notify the Claims Administrator, Klais and Company, Inc. within 30 days after the Accident.
3. A claim form is not required, however an itemized medical bill, HCFA 1500 or UB-92 should be used to submit Expenses. The Insured student's name, and identification number need to be included.
4. The form(s) should be mailed within 90 days from the date of the Accident. Retain a copy for Your records and mail a copy to the Claims Administrator, Klais and Company, Inc. at the address provided.
5. Direct all questions regarding claims procedures, status of a submitted claim or payment of a claim, or benefit eligibility to the Claims Administrator.

Klais and Company, Inc.

1867 West Market Street

Akron, OH 44313-6977

1-877-349-9017

Email: Klaisclaims@klais.com

Questions? Need More Information?

For general information on benefits, eligibility, or service issues, please contact:

Gallagher Koster

500 Victory Road

Quincy, MA 02171

(877) 308-0472

Email: DowlingStudent@gallagherkoster.com or

visit: www.gallagherkoster.com/Dowling

For information on specific claims or to check the status of a claim, please contact:

Klais and Company, Inc.

1867 West Market Street

Akron, OH 44313-6977

1-877-349-9017

Email: klaisclaims@klais.com

Group Numbers:

SH478S2

SH478U2

EDI Payor Number: 34145

To review claims online go to www.klais.com and register for StatusLink

CLAIM INFORMATION RECEIVED REGARDING MEDICAL TREATMENT
IS STRICTLY CONFIDENTIAL

This policy is Underwritten by:



Combined Life Insurance Company of New York

Policy Number: CUH202004