

Program Administered by:

HTH Worldwide

One Radnor Corporate Center, Suite 100
Radnor, PA 19087
1.888.350.2002
FAX: 1.610.254.8797

hthstudents.com
studentinfo@hthworldwide.com

Assistance Services Provided by:



MEDEX Assistance Corporation
8501 LaSalle Road, Suite 200
Towson, MD 21286
1.800.527.0218
1.410.453.6330
www.medexassist.com

Servicing Broker:



Haylor, Freyer & Coon, Inc.
231 Salina Meadows
PO Box 4743
Syracuse, NY 13221-4743
1.800.289.1501
1.315.451.1500
FAX: 1.315.453.1722
www.haylor.com/student

Insurance Underwritten by:



This blanket accident and sickness policy is underwritten by the
UniCare Life & Health Insurance Company
NAIC # 842-80314

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SM Service mark of WellPoint, Inc.

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UniCare Life & Health Insurance Company is a separately incorporated and capitalized subsidiary of WellPoint, Inc.

DEPENDENT MEDICAL COVERAGE



**BLANKET
STUDENT
ACCIDENT
AND
SICKNESS
INSURANCE**

**Especially Designed for
the Dependents of
International Students/Scholars
Attending the**

STATE UNIVERSITY OF NEW YORK

For the dependents of International Students & Scholars, Practical Training Participants and Faculty Temporarily Residing in the USA, and for dependents of American Students and Scholars, Practical Training Participants, Faculty and Staff Traveling Abroad.

This brochure is a summary of your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of student accident and sickness insurance underwritten by the UniCare Life & Health Insurance Company, Policy Number U-1-54-I/A-06. As evidence of your coverage under the Policy, a Certificate of Insurance will be issued to you.

**INJURY & SICKNESS
MEDICAL EXPENSE BENEFIT PLAN SUMMARY**

SCHEDULE OF BENEFITS – TABLE 1

LIMITS – COVERED PERSON

MEDICAL EXPENSES

Lifetime Maximum Benefit	\$55,000
Policy Year Maximum Benefits	\$55,000
Maximum Benefit per Injury or Sicknesses	\$55,000

Basic Medical Expense Benefit per Injury or Sickness
Up to \$4,000 Maximum: 100% of Reasonable Expenses after Deductible.

Supplemental Medical Expense Benefit (SMM) per Injury or Sickness
After Basic Medical Expense Benefit Maximum has been paid, 80% of Reasonable Expenses up to an additional \$3,000 Maximum

Catastrophic Medical Expense Benefit (CMM) per Injury or Sickness
After both Basic Medical Expense Benefit Maximum and the Supplemental Medical Benefit Maximums have been paid, 100% of Reasonable Expenses up to an additional \$48,000 Maximum

Deductible \$50 per Injury or Sickness

**SCHEDULE OF BENEFITS – TABLE 2
MEDICAL EXPENSES**

INDEMNITY PLAN BENEFITS

Physician Office Visits, Inpatient Hospital Services, Hospital and Physician Outpatient Services

For the Basic Medical Expense Benefit, after Deductible, 100% of Reasonable Expenses. For Supplemental Medical Expense Benefit, after Deductible, 80% of Reasonable Expenses. For Catastrophic Medical Expense Benefit, after Deductible, 100% of Reasonable Expenses.

SCHEDULE OF BENEFITS – TABLE 3

MEDICAL EXPENSE BENEFITS

The benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness and Deductible. In addition, Table 1 levels of coverage for Basic Medical Expenses Benefits, Supplemental Medical Expense Benefits, and Catastrophic Medical Expense Benefits; and Table 2 Plan Type Limits (Indemnity).

LIMITS – COVERED PERSON

Maternity Care for a Covered Pregnancy
Reasonable Expenses

Inpatient treatment of mental and nervous disorders
Reasonable Expenses for a maximum period of 60 days per Policy Year.

Outpatient treatment of mental and nervous disorders
Reasonable Expenses up to \$2,000 Maximum per Policy Year for a maximum of 30 Visits per Policy Year.

Outpatient Crisis Intervention Services related to treatment of mental and nervous disorders
Reasonable Expenses for up to 3 psychiatric emergency visits per Policy Year. Each visit will reduce the number of visits available under Outpatient Treatment of mental and nervous disorders.

Elective termination of pregnancy
Reasonable Expenses up to \$500 Maximum per Policy Year

Routine nursery care of a newborn child of a covered pregnancy
Reasonable Expenses up to \$1,500 Maximum per Policy Year

Medical treatment arising from participation in intercollegiate or interscholastic sports.
Reasonable Expenses up to \$1,000 Maximum per Policy Year

Repairs to sound, natural teeth required due to an Injury
100% of Reasonable Expenses

Outpatient prescription drugs
100% of actual charge

Medical treatment received in the Home Country

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Medical treatment received in the Home Country

DEFINITIONS

Accident (Accidental) means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Covered Person is insured under the Policy, unless the Covered Person has been continuously insured as stated in the Pre-Existing Condition Limitation.

Covered Medical Expense means an expense actually incurred by or on behalf of a Covered Person for those services and supplies which are:

(1) administered or ordered by a Physician; (2) Medically Necessary to the diagnosis and treatment of an Injury or Sickness; (3) are not excluded by any provision of the Policy; and incurred while the Covered Person's insurance is in force under the Policy, except as stated in the Extension of Benefits provision. A Covered Medical Expense is deemed to be incurred on the date such service or supply which gave rise to the expense or charge was rendered or obtained. Covered Medical Expenses are listed in Table 3 and described in Section 2.

Emergency Hospitalization and Emergency Medical Care means hospitalization or medical care that results from a medical or behavioral condition, the onset of 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: (1) placing the health of such person or others in serious jeopardy; (2) serious impairment to such person's bodily functions; (3) serious dysfunction of any bodily organ or part of such person; or (4) serious disfigurement of such person.

Injury means bodily injury caused directly by an Accident. It must be independent of all other causes. To be covered, the Injury must first be treated while the Covered Person is insured under the Policy unless the Covered Person has been Continuously Insured as stated in the Pre-Existing Condition Limitation. A Sickness is not an Injury. A bacterial infection that occurs through an Accidental wound or from a medical or surgical treatment of a Sickness is an Injury.

Medically Necessary means medical and dental service, treatment or supplies which are: (1) Recommended by the attending Physician; (2) Consistent with generally accepted medical practice for the Injury or Sickness, as determined by the Insurer; (3) Generally considered by Physicians in the United States of America to be appropriate for the Injury or Sickness; and (4) Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties. A medical or dental treatment will not be deemed

Injury or Sickness is Experimental or Investigational in nature, unless an external appeals agent has determined, upon review, that the treatment for the Covered Person was not Experimental or Investigational. The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary. If services do not meet the criteria above or are not consistent with professionally recognized standards of care with respect to quality, frequency or duration, such services will not be deemed Medically Necessary.

Reasonable Expense means the normal charge of the provider, incurred by the Covered Person, in the absence of insurance, (1) for a medical service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or (2) for a supply which is identical or substantially equivalent. The final determination of a reasonable and customary charge rests solely with the Insurer.

Sickness means an illness, ailment, disease, or physical condition of a Covered Person starting while insured under the Policy, unless the Covered Person has been Continuously Insured as stated in the Pre-Existing Condition Limitation. Pregnancy is considered a sickness.

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION

The Insurer does not pay benefits for loss due to a Pre-Existing Condition while the Covered Person is continuously insured during the first 6 months of coverage, unless a Written request for dependent coverage is submitted within 30 days following the date on which he or she first becomes eligible for coverage starting on the Eligible Participant's effective date of coverage.

GENERAL POLICY EXCLUSIONS

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
3. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident. This exclusion does not apply to a congenital condition or anomaly of an Eligible Participant's child insured

under the Policy that resulted from a functional defect.

4. For diagnostic investigation or medical treatment for infertility, or fertility, or birth control.
5. Expenses incurred in excess of Reasonable Expenses.
6. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs.
7. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician.
8. Participating in an illegal occupation or committing or attempting to commit a felony.
9. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay.)
10. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
11. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction that is dental in nature or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
12. Selfinflicted Injuries while sane or insane; suicide, or any attempt thereat.
13. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; or riot.
14. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
15. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
16. Expenses incurred as a result of pregnancy that is not covered.

HOW TO ENROLL

If you are a dependent of a student, scholar, visiting faculty member of other individual affiliated with The State University of New York (SUNY), you must complete the attached application and mail it with your payment to:

HTH Worldwide Insurance Services
Attn: Enrollment Department
One Radnor Corporate Center, Suite 100
Radnor, PA 19087
1.866.281.1668

CERTIFICATION OF GROUP HEALTH PLAN COVERAGE

If you are no longer eligible to be insured under this plan, you should request a Certificate of Group Health Plan Covered from HTH Worldwide Insurance Services. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under this plan.

HOW TO FILE A CLAIM

Claims are to be submitted to HTH Worldwide, P.O. Box 968, Horsham, PA, 19044, USA. See the www.hthstudents.com website for claim forms and instructions on how to file a claim.

PREFERRED PROVIDER NETWORK

This policy includes the voluntary utilization of Beech Street Nationwide Preferred Provider Network. Utilizing this Network will decrease your out-of-pocket costs under this Accident and Sickness Insurance Plan. The Beech Street 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 Beech Street Provider. In order to use the services of a participating provider you must present your HTH Identification Card. An insured person may contact Beech Street at 1.800.432.1776 (toll-free) available Monday through Friday 8:00 a.m. to 8:00 p.m. to receive information on participants in their area or visit their website at www.beechstreet.com or at

www.hthstudents.com.

DEPENDENT MEDICAL INSURANCE ENROLLMENT FORM 2006 – 2007

This enrollment form is ONLY FOR DEPENDENTS of students/scholars currently insured in the health insurance plan for the State University of New York

Dependent coverage is available at the time the student is enrolled or within 31 days of marriage, birth, or arrival in the U.S.
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Student Information

Last Name _____ First Name _____
 SUNY Campus _____ Student ID or Social Security # _____
 Home Country _____
 U.S. Mailing Address _____
 City, State, Zip _____
 Telephone _____ Email _____
 Birth Date: (mm/dd/yyyy) _____ Female Male Student Scholar

Dependent Information

Name of Dependents: _____ Date of Birth (mm/dd/yyyy) _____
 Spouse _____ Female Male
 Child _____ Female Male
 Child _____ Female Male
 Child _____ Female Male

	Period of Coverage	Spouse	Children	Total
Annual	8/15/06 to 8/14/07	<input type="checkbox"/> \$1,812.00	<input type="checkbox"/> \$984.00	
Quarterly	8/15/06 to 11/14/06	<input type="checkbox"/> \$453.00	<input type="checkbox"/> \$246.00	
	11/15/06 to 2/14/07	<input type="checkbox"/> \$453.00	<input type="checkbox"/> \$246.00	
	2/15/07 to 5/14/07	<input type="checkbox"/> \$453.00	<input type="checkbox"/> \$246.00	
	5/15/07 to 8/14/07	<input type="checkbox"/> \$453.00	<input type="checkbox"/> \$246.00	
Monthly* (or fraction of)		<input type="checkbox"/> \$151.00	<input type="checkbox"/> \$82.00	
Begin Coverage on ___/___/___ and continue for ___ months			Monthly premium \$ _____ x # of months _____ = _____	

* Available only when a term of less than three months is required, or in order to provide coverage for dependents arriving prior to the beginning of a term. Coverage cannot extend past 8/14/07.

Make checks payable to **HTH Worldwide Insurance Services** and mail with enrollment form to HTH Worldwide Insurance Services, One Radnor Corporate Center, Suite 100, Radnor, PA 19087. REMITTANCE IN U.S. FUNDS ONLY.

I understand that expenses incurred by my dependents for conditions for which they receive treatment for medical advice, or had symptoms, prior to effective date of coverage, may not be covered until they have been enrolled in the plan for 6 continuous months.

Signature of Student _____ Date _____

Reminder for Dependents: Please enclose a photocopy of your I-94. This is required by the Insurance Company

Verification: I verify that the above applicant(s) is/are dependent(s) of _____

an international student duly enrolled in the SUNY International Student & Scholar Insurance Program.

Verified by: (name & title, i.e. FSA) _____ Date _____