

LIMITATIONS OF COVERAGE

The Policy does not cover any loss contributed to or resulting from:

1. the practice or play of interscholastic sports in excess of \$500;
2. suicide or attempt thereof, or any self-inflicted injury;
3. a) mental or emotional disorders; b) alcoholism or drug addiction (except as may be specifically provided by rider to the Policy).
4. war or any act of war, whether or not declared;
5. participation in a felony, riot or insurrection;
6. air travel or the use of any device or equipment for aerial navigation except as a fare-paying passenger on a regularly-scheduled commercial airline; or
7. service in any armed forces, military reserves or militia.

Nor does the Policy provide benefits for:

1. eyeglasses, contact lenses, hearing aids, or examinations for same;
2. expenses for which benefits are paid under any Workers' Compensation law or similar law or under any mandatory no-fault automobile insurance;
3. cosmetic surgery, except reconstructive surgery when it is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
4. treatment provided in a governmental Hospital, unless there is a legal obligation to pay for such service in the absence of insurance;
5. treatment by a person or facility employed or retained by the school;
6. treatment or service provided by an Immediate Family Member or for a member of an Insured Person's household for which no charge is normally made;
7. dental care or treatment, except for injury to sound natural teeth caused by an Accident;
8. preventive medicines, serums or vaccines.

**Fully Insured, Claims Administered
and Underwritten by:**

**Commercial Travelers
Mutual Insurance Company**
70 Genesee Street
Utica, New York 13502
1-800-756-3702

CLAIM PROCEDURE

To file a claim under the Accident plan, the student should:

1. If at the College, report immediately to the Student Health Center so that proper treatment can be prescribed or approved.
2. If the Student Health Center is closed or if you are away from the College, consult with a doctor and follow his or her advice. Notify the Student Health Center or Program Administrator within 30 days after a Loss occurs.
3. Pick up a claim form from the Student Health Center, from the Plan Administrator, or Bergan & Young, Inc.
4. The claim form must be completed and signed. Written proofs of Loss (itemized bills) must be furnished with the claim within 90 days from the date of Loss and sent to Commercial Travelers Mutual Insurance Company.
5. Preauthorization and precertification of benefits to providers of medical services are not required nor provided by Commercial Travelers Mutual Insurance Company.

All claims should be mailed to:

Commercial Travelers Mutual Insurance Company
70 Genesee St. • Utica, NY 13502

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator at the address on the cover.

Local Representative & Plan Administrator
Bergan & Young, Inc.
34 Mary Street • Auburn, NY 13021
315-253-6207

*Representations of this plan
must be approved by the Company.*

Student Accident Insurance Program

*Designed Especially
for the Students of*

**CAYUGA
COMMUNITY
COLLEGE**

Auburn, New York 13021

2013–2014

Policy # 2013BUA02

Underwritten and Claims Administered by:
**COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY**
Utica, NY

1-800-756-3702

as policy form # SH-1-88

**Please keep this Certificate
for future reference**

INFORMATION ABOUT YOUR HEALTH SERVICES

To C.C.C. Students and their Families:

The Staff of the Health Center welcomes all students. The Health Center Services, maintained by registered professional nurses, are available to students at Cayuga Community College while classes are in session. The services of a doctor are available by appointment.

The main objective of the Student Health Center is to help maintain good health. It is easier to correct minor ills than to wait until a serious illness has developed. Please seek the assistance of the staff early. Whenever possible, each student desiring medical care should report to the Health Office first so that the nurse can advise on the kind of medical help needed.

ALL ACCIDENTS SHOULD BE
REPORTED TO THE NURSES OFFICE,
ROOM 203, IMMEDIATELY.

COVERAGE

All full and part-time students are covered 24 hours a day for Covered Expense due to an Accident. We require participation of all full and part-time students in this insurance program at a cost of \$28 annually or \$14 for Spring/Summer semester.

TERMS OF COVERAGE

Annual coverage becomes effective at 12:01 a.m. on August 27, 2013 and continues until 12:01 a.m. on August 26, 2014. Spring/Summer coverage becomes effective at 12:01 a.m. on January 17, 2014 and continues until 12:01 a.m. on August 26, 2014.

Your coverage will terminate on the earliest of: (1) the date you are no longer eligible; (2) the date you enter the armed forces of any country (upon proof of service), we will refund the unearned pro rata premiums; or (3) the date the Insurance Program ends.

DEFINITIONS

Accident means bodily injury directly caused by specific accidental contact with another body or object during the Insured Person's term of insurance, and which is unrelated to any pathological, functional, or structural disorder or injury, and which first requires medical treatment during the Insured Person's term of insurance.

Covered Expense means the fees and prices regularly and customarily charged for medical services and supplies generally furnished for cases of comparable nature and severity in the particular geographic area concerned. Expense is considered

to be incurred on the date the service or supply is rendered or obtained.

Hospital means an institution which is licensed as a hospital by the state in which it is located and: (1) has permanent full-time facilities for bed care of five or more resident patients; (2) has a physician in regular attendance or on call at all times; (3) has 24 hours a day service by registered graduate nurses; (4) primarily provides diagnostic and therapeutic facilities for the medical and surgical care of patients; and (5) is not a rest home, nursing home, convalescent home, hospital, or place for the aged or for alcoholics or for drug addicts, or an institution primarily for the treatment of mental disorders.

Hospital Confined or Hospital Confinement means a stay of at least 18 hours as a resident patient in a hospital.

Physician means a person licensed as such by the state in which he or she practices, other than a member of the Insured Person's immediate family. A dentist shall be considered a physician when providing treatment for which benefits are payable under the Policy.

BASIC MEDICAL EXPENSE BENEFITS Accident Only

If the Insured Person incurs covered expense as the result of an accident, the Company will pay, subject to all the terms of the Policy, for eligible charges incurred within 52 weeks after the date of accident, not to exceed a Maximum Benefit of \$4,000 provided that treatment by a physician for injury sustained in such accident begins within 60 days thereof. Interscholastic sports will be covered to a Maximum Benefit of \$500.

Eligible charges as used herein means: 1) Treatment by a physician; 2) Hospital care and service in semi-private accommodations, or as an outpatient; 3) Drugs, medicines, X-rays, supplies and appliances, prescribed by the attending physician; 4) Ambulance service; 5) Services of a licensed or graduate nurse on recommendation of the attending physician; 6) Treatment by a dentist for injury to sound natural teeth.

When your accidental injury requires (a) treatment by a Physician; (b) Hospital care and service in semi-private accommodations or as an outpatient; (c) drugs, medicines, X-rays, supplies and appliances that have been prescribed by the attending Physician; (d) ambulance service; (e) services of a Licensed Professional or Graduate Registered Nurse on recommendation of the attending Physician; and (f) treatment by a dentist for injury to sound natural teeth, we will pay the Covered Expense incurred within 52 weeks after the date of the accident up to a maximum of \$4,000. Injuries resulting from the play or practice of Interscholastic Sports will be covered to a maximum of \$500.

ADDITIONAL BENEFITS

The following mandated benefits will be paid the same as for any other covered accident, unless stated otherwise. All mandated benefits are subject to the terms and conditions generally applicable to other benefits provided under the policy.

Benefits will be provided for Home Health Care, Chiropractic Care, and Prehospital Medical Emergency Services. Please see the Policy on file with the College for further details on these benefits.

Home Health Care - If, as the result of a covered Injury, an Insured Person requires any of the home health care services, as defined, We will pay the reasonable charges incurred for such services. Expenses for such services must be incurred within 156 weeks from the date of the Injury. The maximum number of home health care visits is limited to 40 in any period of 12 consecutive months. The amount of this benefit is 100% of the reasonable charges for the above services made by a Home Health Care Agency, minus a deductible of \$50 per year.

This benefit does not cover: 1) services furnished outside the State of New York; 2) persons who are not residents of the State of New York; 3) persons who are eligible for Medicare due to age; 4) services which are not part of a Home Health Care plan; 5) services provided by a member of an Insured Person's household; 6) custodial care or transportation; or 7) any period during which an Insured Person was not under the care of a Physician.

Chiropractic Care Benefit - We will pay the expenses incurred for chiropractic care, performed by a doctor of chiropractic, to the same extent as would be payable for Physician's services in a Physician's office. Chiropractic care must be in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Prehospital Emergency Medical Services - The Company will pay the expenses incurred for prehospital emergency medical services for the treatment of an emergency condition when such services are provided by a certified ambulance service.

PLEASE RETAIN THIS CARD
THIS IS TO CERTIFY THAT

Name of Insured

IS PARTICIPATING IN THE 2013-2014
STUDENT ACCIDENT INSURANCE PLAN FOR
CAYUGA COMMUNITY COLLEGE
Policy # 2013BUA02

Possession of this card does not guarantee eligibility.
The student must be enrolled in the plan.
Eligibility is Subject to Verification by Plan Administrator.