

**2010-2011**

**STUDENT  
ACCIDENT AND  
SICKNESS  
INSURANCE PLAN**

For Students of:

**THE SAGE COLLEGES**

- ◇ RUSSELL SAGE COLLEGE
- ◇ SAGE COLLEGE OF ALBANY
- ◇ SAGE GRADUATE SCHOOL

Troy, New York  
Albany, New York

**Policy No. CUH201860**

*Please keep this outline of coverage for future  
reference.*

**For questions about this plan  
please use the following contact  
information:**

**Coverage, Eligibility and Premium:**

Program Manager

**The Allen J. Flood Companies, Inc.**

2 Madison Avenue - Larchmont, NY 10538

1-800-972-7629

[www.ajfusa.com](http://www.ajfusa.com)

**The Plan is serviced locally by:**

Maggs & Associates, Inc.

501 State Street - Schenectady, NY 12301

1-518-377-4904

**Claim Status and all other Claim Inquiries:**

**Klais & Company, Inc.**

1867 West Market Street - Akron, OH 44313

1-800-331-1096

[www.klais.com](http://www.klais.com)

Group # SF721E0\_\_Accident

Group # SF721F0\_\_Sickness

Group# SF721G0 Graduate Students A&S

EDI Payor #: 34145

**The Plan is Underwritten by:**

Combined Life Insurance Company

of New York

Policy No. CUH201860

**PPO Network Providers:**

**BeechStreet Network**

Online at: [www.Beechstreet.com](http://www.Beechstreet.com)

1.800.432.1776

**Multiplan Network**

Online at: [www.Multiplan.com](http://www.Multiplan.com)

1.800.672.2140

**When calling the above  
toll-free telephone numbers,  
please have the name of your school and  
the policy number (CUH201860) available.**

### **POLICY TERM**

The insurance under The Sage Colleges' Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 AM on August 30, 2010. An eligible student's coverage becomes effective on that date or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The Annual Policy terminates at 12:01 AM on August 30, 2011 or at the end of the period through which the premiums are paid. The Spring/Summer semester is effective 12:01 AM on January 1, 2011 and will terminate at 12:01 AM on August 30, 2011. Coverage is in effective 24 hours a day.

### **ORIENTATION**

Students attending orientation from August 16, 2010 to August 29, 2010 will be covered under the accident medical benefits for injury sustained while on campus ONLY.

### **ELIGIBILITY AND ENROLLMENT**

**Basic Accident Medical Expense Benefit and Accidental Death and Dismemberment Benefit:** All full-time undergraduate students of The Sage Colleges are automatically covered under the Basic Accident Medical Expense Benefit and the Accidental Death and Dismemberment Expense Benefit. The cost of this benefit is paid by the College.

**Basic Sickness Medical Expense Benefit:** All full-time Undergraduate Students of Russell Sage College and day Sage College of Albany are automatically covered for the Basic Sickness Medical Expense Benefits described in this brochure. The cost of this benefit is paid by the student and included as a charge on the bill generated by the College's Office of Student Services. Full-time Undergraduate Students of Russell Sage College and day Sage College of Albany may waive the insurance charge by submitting a waiver and presenting evidence of their own annual health insurance coverage. The waiver form is available on the Program Administrator's website at: [www.ajfusa.com](http://www.ajfusa.com).

If you have existing medical insurance coverage under another policy (self, parent, spouse, etc.) – you may waive the Sage College Basic Sickness Medical Expense Insurance. The only way to waive the insurance is via the internet [www.ajfusa.com](http://www.ajfusa.com). The deadline for requesting a waiver of the annual insurance premium of \$547.00. is September 17, 2010. The deadline for requesting a waiver of the spring insurance premium of

\$363.00 is February 6, 2011. Requests for waivers after the deadline date will not be honored and you will remain covered under The Sage Colleges Accident and Sickness plan for the annual policy term of August 30, 2010 to August 30, 2011 or for the spring term of January 1, 2011 to August 30, 2011.

**All Full-time Sage After Work and Sage Graduate School Students** must maintain health insurance during their enrollment at The Sage Colleges. Full-time Sage After Work and Sage Graduate School students that do not have other health insurance can select the Basic Accident and Sickness Medical Expense Benefits described in this brochure. You may enroll in the Student Accident and Sickness Insurance Plan, via the internet using the Program Administrator's website at: [www.ajfusa.com](http://www.ajfusa.com). Visa, MasterCard and Discover are acceptable payment methods. The annual premium is **\$684.00** and the spring premium is **\$502.00**.

#### **ENROLLMENT PERIODS**

For full-time students enrolling in the Fall Semester, the open enrollment period ends on September 19, 2010 and for new spring full-time students the open enrollment period is January 1, 2011 to February 11, 2011.

Eligible students will be able to enroll after the open enrollment period only if they lose coverage under their parent's plan or an employer plan. The student will have to enroll within 63 days in order to avoid a break in coverage. Proof of such loss of coverage should be submitted to The Allen J. Flood Companies Inc., 2 Madison Avenue, Larchmont NY 10538. The insured student will be covered from the date the application and premium are received by the Plan Administrator, The Allen J. Flood Companies.

#### **IDENTIFICATION CARDS**

Student Identification Cards will be mailed to the Troy and Albany Campus.

#### **PREMIUM REFUND POLICY**

Insured Students entering the Armed Forces of any country will not be covered under this Plan as of the date of such entry. Those students withdrawing from the school to enter military service will be entitled to a pro rata refund of premium upon written request. Requests should be made to the Plan Administrator, The Allen J. Flood Companies, Inc. at the address on the back of the brochure. Premium received by the Company is fully earned upon receipt. **No other requests for a refund of premium will be considered.**

## DEFINITIONS

**Autism Spectrum Disorder** means a neurobiological condition that includes autism, asperger syndrome, rett's syndrome or pervasive development disorder.

**Biologically Based Mental Illness** means a mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia, and anorexia.

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

**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 or residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

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

**Insured Person** means an Insured Student while insured under this Plan.

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

**Loss** means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

**Medical Emergency** means the sudden onset of an Injury or Sickness 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 or Sickness 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 or Sickness for which it was ordered.

A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

**Mental, Nervous or Emotional Disorders** means those conditions listed in the standard nomenclature of the American Psychiatric Association.

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

**Reasonable and Customary Expense** 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.

**Serious Emotional Disturbances of a Child** means a diagnosis of attention deficit disorder, disruptive behavior disorder, or pervasive development disorder, and where there are one or more of the following: (a) serious suicidal symptoms or other life threatening self destructive behaviors; (b) significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); (c) behavior caused by emotional disturbances that placed the child at risk of causing permanent injury or significant property damage; or (d) behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household for a

person under the age of eighteen years.

**Sickness** means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

**We, Us or Our** means Combined Life Insurance Company of New York.

**You, Your or Yours** means the Insured Student.

#### **PREFERRED PROVIDER NETWORK**

Utilizing the BeechStreet or MultiPlan Nationwide Preferred Provider Network may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. The BeechStreet Network and MultiPlan 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 BeechStreet Provider or MultiPlan. In order to use the services of a participating provider you must present your Combined Life Insurance Company of New York Medical Identification Card.

An Insured Person may contact BeechStreet at 1-800-432-1776, toll free number available Monday through Friday, 8:00 AM to 8:00 PM to receive information on participants [in](#) their area, or visit their web site at [www.beechstreet.com](http://www.beechstreet.com)

An Insured Person may contact MultiPlan at 1-800-672-2140, toll free number available Monday through Friday, 8:00 AM to 8:00 PM to receive information on participants in their area, or visit their web site at [www.multiplan.com](http://www.multiplan.com).

#### **DESCRIPTION OF BENEFITS**

<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT EXPENSE BENEFIT</b>
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When, because of Injury, the Insured Person suffers any of the following losses within 365 days from the date of the accident, We will pay as follows:

<u>For Loss of:</u>	<u>Amount</u>
Life	\$2,000
Two hands or two feet or sight of two eyes	\$2,000
One hand and one foot	\$2,000
One hand and sight of one eye	\$2,000



Medically Necessary and prescribed by a Doctor. We cover such charges the same way We treat covered charges for any other sickness.

**Biologically Based Mental Illness and Serious Emotional Disturbance of a Child Expense Benefit:**

If an Insured Person requires treatment for Biologically Based Mental Illness, We will pay for such treatment of a person of any age, and for Serious Emotional Disturbances of a Child under age 18, under the same terms and conditions applied to other medical conditions. The benefits include the following: (a) inpatient Hospital services; (b) outpatient services; and (c) prescription drugs.

We cover such charges the same way We treat covered charges for any other Sickness.

**Mental, Nervous or Emotional Disorders:**

**A) Inpatient:** If an Insured Person requires treatment for a Mental, Nervous or Emotional Disorders, We will pay for such treatment as follows:

When the Insured Person requires Hospital Confinement for treatment of a Mental, Nervous or Emotional Disorder, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit. However, We will not cover more than thirty (30) days of inpatient care for such services in any one calendar year.

Such confinement must be in a licensed or certified facility, including Hospitals.

**B) Outpatient:** When an Insured Person is not so Hospital confined, We will pay the Covered Percentage of the Covered Charges incurred for up to 20 days of active treatment in any calendar year, as shown in the Plan of Insurance, for covered outpatient services for the treatment of Mental, Nervous or Emotional Disorders.

The Mental, Nervous or Emotional Disorder must, in the professional judgment of health care providers, be treatable, and the treatment must be Medically Necessary.

Outpatient Treatment and Doctor services include charges made in a facility operated by the Office of Mental Health, or by a psychiatrist or psychologist

licensed to practice in this state or a professional corporation or university faculty practice corporation. We cover such charges the same way We treat Covered Charges for any other Sickness.

**Inpatient Chemical Abuse and Chemical Dependence**

**Expense Benefit:** If on account of Chemical Abuse or Chemical Dependence, an Insured Person requires inpatient treatment, we will pay for such treatment as follows:

When the Insured Person is confined as an inpatient in a Hospital or a Detoxification Facility, We will pay benefits for detoxification on the same basis as any other Sickness. But, we will not cover more than seven (7) days of active treatment in any one calendar year. When the Insured Person is confined in a hospital or Chemical Abuse Treatment Facility, We will pay benefits for rehabilitation services on the same basis as any other Sickness. But, we will not cover more than thirty (30) days of inpatient care for such services in any one calendar year.

As used in this provision, the term “Chemical Abuse Treatment Facility” means a facility: (a) in New York State, which is certified by the Office of Alcoholism and Substance Abuse Services; or (b) in other states, which is accredited by the Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse, or chemical dependence treatment programs.

**Outpatient Chemical Abuse and Chemical**

**Dependence Expense Benefit:** If on account of Chemical Abuse or Chemical Dependence, an Insured Person is not hospital confined as an inpatient, We will pay the Covered Percentage of the Covered Charges incurred for up to 60 visits during any one calendar year, for the diagnosis and treatment of Chemical Abuse and Chemical Dependence. Coverage will be limited to facilities in New York State, which are certified by the Office of Alcoholism and Substance Abuse Services as outpatient clinics or medically supervised ambulatory substance programs. In other states, coverage is limited to those facilities, which are accredited by the Joint Commission on Accreditation of Hospitals as alcoholism, substance abuse, or chemical dependence treatment programs. Outpatient Services consisting of consultant or treatment sessions will not be payable unless these services are furnished by a Doctor or Psychotherapist who: (a) is licensed by the state or territory where the person practices; and (b) devotes a substantial part of his or

her time treating intoxicated persons, substance abusers, alcohol abusers, or alcoholics. Outpatient coverage includes up to 20 outpatient visits during any one calendar year, for covered family members, even if the Insured Person in need of treatment has not received, or is not receiving treatment for Chemical Dependence and Chemical Abuse provided that the total number of such visits, when combined with those of the Insured Person in need of treatment, do not exceed 60 outpatient visits in any one calendar year, and provided further that the 60 visits shall be reduced only by the number of visits actually utilized by the covered family members. We treat such charges the same way We treat Covered Charges for any other Sickness.

“Chemical Abuse and Chemical Dependence” means an illness characterized by a physiological or psychological dependency, or both, on a controlled substance and/or alcoholic beverages. It is further characterized by a frequent or intense pattern of pathological use to the extent the user exhibits a loss of self-control over the amount and circumstances of use; develops symptoms of tolerance or physiological and/or psychological withdrawal if the use of the controlled substance or alcoholic beverage is reduced or discontinued; and the user’s health is substantially impaired or endangered or his or her social or economic function is substantially disrupted.

**Mammography Examination Expense Benefit:** We will pay the Covered Percentage of the Covered Charges incurred for a Mammographic exam. The charges must be incurred while the Insured Person is insured for these benefits. Benefits will be paid for the following: (a) one Mammogram at any age for an Insured Person who has a prior history of breast cancer or who has a first degree relative with a prior history of breast cancer, upon recommendation of a Doctor; (b) one baseline Mammogram for an Insured Person age thirty-five through thirty-nine; and (c) one Mammogram annually for an Insured Person age forty years or older. We cover such charges the same way we treat Covered Charges for any other Sickness.

**Cytologic Screening Expense Benefit:** We cover charges for Expenses incurred for an annual Cytologic Screening (Pap smear) for cervical cancer for women eighteen and older. We treat such charges in the same way We treat Covered Charges for any other Sickness. Cytologic Screening means collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating

the Pap smear. Cervical cytology screening also includes an annual pelvic examination.

**Chiropractic Care Expense Benefit:** We will pay for an Insured Person's Covered Charges for non-surgical treatment to remove nerve interference and its effects, which is caused by or related to Body Distortion. Body Distortion means structural imbalance, distortion or incomplete or partial dislocation in the human body which: (a) is due to or related to distortion, misalignment or incomplete or partial dislocation of or in the vertebral column; and (b) interferes with the human nerves. We treat such charges in the same way we treat Covered Charges for any other Sickness.

**Cancer Second Opinion Expense Benefit:** We cover charges for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer. If this Plan requires the use of Network Providers, the Insured Person is entitled to a second medical opinion from a non-participating specialist, at no additional cost beyond that which the Insured Person would have paid for services from a participating specialist, provided the Insured Person's attending Doctor provides a written referral. A second medical opinion provided by a non-participating specialist absent a written referral will be covered subject to the payment of additional coinsurance. We treat such charges the same way we treat Covered Charges for any other Sickness.

**Reconstructive Breast Surgery Expense Benefit:** We cover charges for inpatient hospital care for an Insured Person undergoing: (a) a lumpectomy or a lymph node dissection for the treatment of breast cancer; or (b) a mastectomy which is covered under this Plan. Coverage is limited to a time frame determined by the Insured Person's Doctor to be medically appropriate.

We also cover charges for breast reconstruction surgery after a mastectomy including: (a) all stages of reconstruction of the breast on which the mastectomy has been performed; and (b) surgery and reconstruction of the other breast to produce symmetry. Surgery and reconstruction will be provided in a manner determined by the attending Doctor and the Insured Person to be appropriate. We treat such charges the same way we treat any other Covered Charges for any other Sickness.

**Diagnostic Screening For Prostatic Cancer Expense**

**Benefit:** We cover charges for Diagnostic Screening for Prostatic Cancer as follows: (a) standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and (b) an annual standard diagnostic examination including, but not limited to, a digital rectal examination prostate-specific antigen test for men: (1) age fifty and over who are asymptomatic; and (2) age forty and over with a family history of prostate cancer or other prostate cancer risk factors. We treat such charges the same way we treat Covered Charges for any other Sickness.

**Diabetes Treatment Expense Benefit:**

We cover charges for the following Medically Necessary diabetes equipment services and supplies for the treatment of diabetes, when recommended by a Doctor or other licensed health care provider. We treat such charges the same way we treat any other Covered Charges for a Sickness. Such supplies include: blood glucose monitors, blood glucose monitors for the legally blind, data management systems, test strips for glucose monitors and visual reading, urine test strips, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices or oral agents for controlling blood sugar. We also cover charges for expenses incurred for diabetes self-management education.

Coverage for self-management education and education relating to diet shall be limited to Medically Necessary visits upon the diagnosis of diabetes, where a Doctor diagnoses a significant change in the Insured Person's symptoms or conditions which necessitates changes in a patient's self-management or upon determination that re-education or refresher education is necessary. Diabetes self-management education may be provided by a Doctor or other licensed healthcare provider, the Doctor's office staff, as part of an office visit, or by a certified diabetes nurse educator, certified nutritionist, certified dietician, registered dietician. Education may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet includes Medically Necessary home visits.

**Enteral Formulas Expense Benefit:** We will pay for an Insured Person's Covered Charges for enteral formulas when prescribed by a Doctor or licensed health care provider. The prescribing Doctor or health care

provider must issue a written order stating that the enteral formula is Medically Necessary and has been proven as a disease-specific treatment for those individuals who are or will become malnourished or suffer from disorders, which if left untreated will cause chronic physical disability, mental retardation or death.

We cover enteral formulas and food products required for persons with inherited diseases of amino acid and organic acid metabolism Crohn's Disease, gastroesophageal reflux with failure to thrive, disorders of the gastrointestinal motility such as chronic intestinal pseudo-obstruction and multiple, severe food allergies which if left untreated will cause malnourishment, chronic physical disability, mental retardation or death. We also cover modified solid food products that are low protein or which contain Medically Necessary modified protein in an amount not to exceed \$2,500 per calendar year or for any continuous period of twelve months. We treat such charges the same way we treat Covered Charges for any other Sickness.

**Maternity Expense Benefit:** We will pay benefits for an Insured Person's Covered Charges for maternity care, including hospital, surgical and medical care. We treat such charges in the same way we treat Covered Charges for any other Sickness.

We cover charges for a minimum of 48 hours of inpatient care following an uncomplicated vaginal delivery and 96 hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a healthcare facility. Covered services may be provided by a certified-nurse midwife, under qualified medical direction, affiliated or practicing in conjunction with a licensed facility, unless the attending Doctor, in consultation with the mother, makes a decision for an earlier discharge from the Hospital. If so, We will cover charges for one home health care visit. The visit must be requested within 48 hours of the delivery (96 hours in the case of a cesarean section) and the services must be delivered within 24 hours: (a) after discharge; or b) of the time of the mother's request, whichever is later. Charges for the home health care visit are not subject to any deductible, coinsurance or co-payments. Covered Charges include at least two payments, at reasonable intervals, for prenatal care and one payment for delivery and postnatal care provided. We also cover charges for parent education, assistance and training in breast or bottle feeding and the performance of any necessary maternal and newborn

clinical assessments. Newborn infant care is covered when the infant is confined in the hospital and has received continuous hospital care from the moment of birth. This includes: (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures, except circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth. Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility.

**End of Life Care Expense Benefit:** If an Insured Person is diagnosed with Advanced Cancer, We will cover services provided by a facility or program specializing in the treatment of terminally ill patients if the Insured Person's attending health care practitioner, in consultation with the medical director of the facility or program determines that the Insured Person's care would appropriately be provided by such a facility or program.

If we disagree with the admission of the Insured Person into the facility, or the provision or continuation of care by the facility, We will initiate an expedited external appeal. Until a decision is rendered, we will continue to provide coverage for care provided in the facility. The decision of the external appeal agent will be binding on both us and the Insured Person.

"Advanced Cancer" means a diagnosis of cancer by the Insured Person's attending health care practitioner certifying that there is no hope of reversal of primary disease and that the person has fewer than sixty days to live. We treat such charges the same way we treat Covered Charges for any other Sickness.

**Pre-Hospital Medical Emergency Services Expense Benefit:** When, by reason of Injury or Sickness, an Insured Person requires the use of a community or Hospital ambulance in a Medical Emergency, we will pay benefits for the Covered Percentage of the Covered Charges incurred in excess of the deductible shown in the Plan of Insurance. Covered Charges include Pre-Hospital Medical Emergency Services provided by a licensed ambulance service.

As used in this provision, Pre-Hospital Medical Emergency Services means the prompt evaluation and treatment of a Medical Emergency condition, and/or

non-airborne transportation of an Insured Person to a Hospital. Reimbursement for non-airborne transportation will be based on whether a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in: (1) placing the health of the person affected 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; (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.

Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, scene of accident or Medical Emergency to a Hospital or between Hospitals.

Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area. Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness. Air ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

**Bone Mineral Density Measurements and Tests**

**Expense Benefit:** If by reason of Injury or Sickness, an Insured Person requires Bone Mineral Density Measurements or Tests, We will pay the Covered Percentage of the Covered Charge, which is subject to annual deductibles and coinsurances. Individuals obtaining these services must meet the following criteria: (a) previously diagnosed as having osteoporosis or having a family history of osteoporosis; (b) symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; (c) are on a prescribed drug regimen posing a significant risk of osteoporosis; (d) lifestyle factors to such a degree as posing a significant risk of osteoporosis; and (e) age, gender and/or other physiological characteristics which pose a significant risk for osteoporosis. Coverage includes the detection of osteoporosis, outpatient prescription drugs and devices that have been approved by the federal Food and Drug Administration or generic equivalents as approved substitutes, and dual-energy X-ray absorptiometry.

**Contraceptive Services Expense Benefit:** We will pay the Covered Percentage of the Covered Charges for

Contraceptive Drugs and Devices, as well as the generic equivalents as substitutes. Such Drugs and Devices must be federally approved by the Food and Drug Administration and prescribed legally by an authorized health care provider. Covered services are subject to applicable co-payments under the Prescription Drug Benefit Plan.

**Early Intervention Services:** We cover charges for Medically Necessary Early Intervention Services; We will pay the Covered Percentage of the Covered Charges incurred up to a maximum of \$1,000 per policy year and an Early Intervention Services Benefit maximum of \$10,000. Visits used for Early Intervention Services shall not reduce the number of visits otherwise available under the policy.

**Eating Disorders:** If an Insured Person requires treatment for an Eating Disorder Condition such as: binge eating disorder including anorexia nervosa, and bulimia nervosa, and treatment has been provided by a state identified Eating Disorder Center or a Comprehensive Health Care Center, we will pay the Covered Percentage of the Covered Charges incurred by the Insured Person for such treatments.

#### EXCLUSIONS

The Plan does not cover nor provide benefits for:

1. Expense incurred as the result of dental treatment. This exclusion does not apply to treatment resulting from Injury to sound, natural teeth.
2. Services normally provided without charge by The Sage Colleges' Student Health Center, Infirmary, or Hospital, or by Health Care Providers employed by The Sage Colleges.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore.
4. Injury due to participation in a riot.
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 operation by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Injury or Sickness resulting from declared or undeclared war; or any act thereof.
7. Injury or Sickness for which benefits are paid under any Workers Compensation or Occupation Disease Law.
8. Injury sustained or Sickness contracted 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 upon receipt of a written request.
9. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of insurance.
  10. Elective treatment or elective surgery, except as specifically provided.
  11. Cosmetic surgery, except as the result of an Injury occurring while this Plan is in force as to the Insured Person.
  12. 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 Plan is paid by The Sage Colleges, with no contributions from the Insured Student.
  13. 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.
  14. Treatment of mental or nervous disorders except as specifically provided.
  15. Treatment of alcohol and substance abuse except as specifically provided.
  16. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile.
  17. Routine physical, preventive medicines, serums, vaccines, unless prescribed by a Doctor for treatment of an Injury or Sickness covered under this Plan except as specifically provided.
  18. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature.
  19. For expenses as a result of participation in a felony.
  20. Illness, Accident, treatment or medical condition arising out of participation in The Sage Colleges' interscholastic sports, intercollegiate sports or intercollegiate club sports activities.
  21. Mental health benefits or services for individuals who are presently incarcerated, confined or committed to a local correctional facility or a prison, or a custodial facility for youth operated by the Office of Children and Family Services;
  22. Mental health benefits or services solely because such services are ordered by a court;
  23. Benefits or services deemed cosmetic in nature on the grounds that changing or improving an individual's appearance is justified by the

individual's mental health needs.

#### **CONTINUOUS INSURANCE**

Any Insured Person who has continuous coverage under this Plan or any Prior Plan from one year to the next shall be covered for conditions first manifesting themselves while Continuously Insured, except for benefits payable under prior policies in the absence of this Plan. Prior Plan means the Student Health Insurance Policy or policies issued to The Sage Colleges immediately before this Policy or any Credible Coverage as defined in this Plan. Also, the total amount of benefits payable for such Injury or Sickness under this Plan and the Prior Plan cannot exceed the Aggregate Maximum of this Plan.

#### **COORDINATION OF BENEFITS PROVISION**

New York State Law permits Coordination of Benefits when an Insured Person is covered under more than one valid and collectible health insurance plan. A complete description of the Coordination of Benefits provision is included in the Master Policy on file with The Sage Colleges.

#### **REIMBURSEMENT & SUBROGATION**

If we pay covered expenses for an accident or injury you incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount you recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of your costs, disbursements and reasonable attorney fees. You must cooperate with and assist us in exercising our rights under this provision and do nothing to prejudice our rights.

## **APPEAL PROCEDURE**

### **Internal Appeal**

If your claim is denied, you will be notified of the reason with a description of any additional information necessary to appeal the denial.

If you or your provider would like additional information or have a complaint concerning the denial, please contact Our Claims Administrator, Klais & Company, Inc. at 1-800-331-1096. Klais will address concerns and attempt to resolve the complaint. If Klais is unable to resolve the complaint over the phone, you may file a written internal appeal by writing to Klais. Please include your name, social security number, home address, policy number and any other information or documentation to support the appeal.

The appeal must be submitted within 60 days of the event that resulted in the complaint. Klais will acknowledge your appeal within 10 working days of receipt or within 72 hours if the appeal involves a life-threatening situation. A decision will be sent to you within 30 days. If there are extraordinary circumstances involved, Klais may take up to an additional 60 days before rendering a decision.

### **External Appeal**

Under New York State Law, you have the right to an External Appeal ONLY when a claim is denied because services are not Medically Necessary or the services are Experimental or Investigational AND you or your provider must have received a Final Adverse Determination on your internal appeal OR you and the Plan must have agreed to waive the internal appeal process. A "Final Adverse Determination" means written notification that an otherwise covered health care service has been denied through the internal appeal process.

If a service was denied as Experimental or Investigational, you must have a life-threatening or disabling condition or disease to be eligible for an external appeal AND your attending physician must submit an Attending Physician Attestation form. An external appeal may only be requested if the denied service is a covered benefit under the plan. Instructions, forms and the fee required for an External Appeal may be found at <http://www.ins.state.ny.us/extapp/extappqa.htm>.

You must file an External Appeal within 45 days of receipt of a notice of Final Adverse Determination or within 45 days of receiving notice that the internal appeal procedure has been waived. An expedited external appeal will be decided within 3 days of receiving a request from the state. A standard external appeal will be decided within 30 days of receiving the request from the state.

#### **CLAIM PROCEDURES**

In the event of an Injury or Sickness:

1. An Insured Student should report at once to the Student Health Center for treatment or advice. If away from The Sage Colleges, secure treatment from your Doctor or from the nearest hospital.

A Company claim form is required for filing a claim. Claim forms are available from the College Health Center or you can download a claim form from: [www.ajfusa.com](http://www.ajfusa.com).

Mail the following items to the Claims Administrator at the address below:

- Completed claim form including Insured's name, address, student identification number, and the name of the University under which the student is insured.
  - All itemized medical and hospital bills.
2. Claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be considered.

SEND COMPLETED CLAIM TO:

**Klais & Company, Inc.**

1867 West Market Street

Akron, OH 44313

1 800-331-1096 EDI Payor No. 34145

**REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED.**

Conformity with State Statutes means any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is written is hereby amended to conform to the minimum requirement of such statutes.

#### **HIPAA Privacy Rule**

Under HIPAA Privacy Rule we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You may

view this notice on the internet at [www.sage.edu](http://www.sage.edu). Click on the Health Insurance section. If, at anytime, you wish to request a copy of Combined Life Insurance Company of New York's Privacy Notice, write to 5050 Broadway, Chicago, IL 60640 Attn: HIPAA Privacy Office, call 1-800-951-6206, select HIPAA or on-line at <http://www.combinedinsurance.com/policyholder-center/hipaa-insurance.html>.

**LIMITED BENEFITS HEALTH INSURANCE**

The insurance evidenced in this brochure provides limited benefits health insurance ONLY. It does NOT provide basic hospital, basic medical, major medical insurance, Medicare supplement, long-term care insurance, nursing home insurance only, home care insurance only, or nursing home and home care insurance as defined by the New York State Insurance Department.

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to The Sage Colleges.