

9. Expense incurred for treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
10. Expense incurred for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part. It also shall not include breast reconstructive surgery after a mastectomy;
11. Expense for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable;
12. Expense incurred for preventive medicines, serums or vaccines except as specifically provided in this Policy;
13. Expense incurred as a result of participation in a felony;
14. Expense incurred for voluntary or elective abortions unless otherwise provided in this Policy;
15. Expense incurred for any services rendered by a member of the Covered Person's immediate family;
16. Expense incurred for a treatment, service or supply which is not Medically Necessary;
17. Expense incurred for treatment of mental or nervous disorders except as specifically provided in this Policy;
18. Expense incurred for the treatment of alcoholism or drug addiction except as specifically provided in this Policy.

**Prescription Coverage** - 100% coverage after the payment of the applicable copay to a maximum benefit of \$1,000 / year. All major pharmacies are included.

- ♦ \$10 copay for generic drugs
- ♦ \$25 copay for brand name drugs
- ♦ \$35 copay for brand name when a generic is available

**Supplemental Medical Coverage** - If the Basic Accident and Sickness benefit of \$1,000 has been met, the Plan will pay 80% of the Preferred Allowance for In-Network providers and 65% of Out of Network providers up to an additional \$49,000 per Injury or Sickness.

**Referral Requirements** - Referrals from the Student Health Service (SHS) are required. Expenses incurred for medical treatment outside of the Student Health Service for which no prior approval or referral is obtained are excluded from coverage, and therefore not payable under the Plan. Obtaining a referral from the SHS meets the requirements for having the visit covered.

A SHS referral for outside care is not necessary only under the following conditions:

- ♦ Emergency Medical Condition;
- ♦ Medical care obtained when a student is no longer able to use the SHS due to a change in the student's status;
- ♦ Maternity;
- ♦ Medical care provided when a student has an acute gynecological condition, or their annual gynecological exam;
- ♦ Chiropractic care;
- ♦ Acupuncture;
- ♦ Laboratory testing performed by a designated laboratory;
- ♦ Any other conditions agreed upon by the policyholder and Us;

**Retroactive referrals are not issued.**

**Limited Benefit Health Plan** - The student health insurance plan is a limited benefit plan. It is not meant to provide 100% coverage, but basic coverage for students attending SUNY New Paltz. Use of the Beech Street preferred provider network will reduce students costs. Also, please remember that referrals from the Student Health Service are required.

### Student Health Services

Phone.....845-257-3400

Hours.....8:30 AM - 5:00 PM (Mon.-Fri)  
Answering service takes messages after hours.

Call 911 for emergencies.

*Referrals are only processed during normal business hours, and may require first being seen and evaluated at the Student Health Service.*

For questions about the policy contact:



### Collegiate Insurance Resources

Student Health Division  
172 Bechtel Road  
Collegeville, PA 19426  
800-322-9901  
[www.cirstudenthealth.com/newpaltz](http://www.cirstudenthealth.com/newpaltz)

*We suggest that you go to the website: [www.newpaltz.edu/studentinsurance](http://www.newpaltz.edu/studentinsurance) and print a full policy brochure so you will have a ready reference to the benefits of the Plan. Any provision of the Policy or the summary, which is in conflict with the statutes of the state in which the Policy is issued will be administered to conform with the requirements of such state statutes.*

# DON'T GET CAUGHT



## PAYING TOO MUCH FOR HEALTH INSURANCE!

STATE UNIVERSITY OF NEW YORK  
**NEW PALTZ**

### Student Accident and Sickness Insurance Summary

**2009-2010**

This document provides you with a basic summary of benefits under the SUNY New Paltz Student Insurance Plan. For a complete description of benefits, please go to our website, [www.newpaltz.edu/studentinsurance](http://www.newpaltz.edu/studentinsurance) to see the full policy brochure.

For Annual enrollment the cost will be \$433. Coverage begins August 20, 2009 and ends on August 20, 2010. The cost will be added to your tuition if you are taking 12 credits or more. Should you want to waive the student coverage, you must do so by September 6, 2009, the waiver deadline.

The SUNY New Paltz Student Accident and Sickness plan utilizes the Beech Street PPO National network to lower your costs. To see if your provider is in the network go to [www.beechstreet.com](http://www.beechstreet.com) or call Beech Street at 800-432-1776.

## **BENEFIT SUMMARY**

**Plan Maximum.....\$50,000 / incident**

### **Basic Accident Coverage**

100% of eligible expenses up to \$1,000 per injury. Expenses in excess of the \$1,000 are payable under the Supplemental Plan to a maximum of \$50,000 per condition.

### **Basic Sickness Coverage**

This plan will pay benefits on an allocated basis up to a maximum of \$1,000 per sickness. Expenses in excess of the \$1,000 are payable under the Supplemental Plan to a maximum of \$50,000 per condition.

A partial allocation list follows.

## **Hospital Charges**

Room and Board.....	\$400 / day
Miscellaneous.....	\$500 / Sickness
Emergency Sickness (Emergency Room).....	\$250 / Sickness
Surgical Expense.....	\$750 / Sickness
Doctor's Visit.....	\$ 20 per visit for Non-surgical services; \$ 50 for initial in-hospital medical visit

## **Outpatient Care**

Office Visit (plan change for 2009).....	Covered at 100% with a \$ 20 copay for In Network and 80% with a \$ 20 copay for Out of Network claims
Consultant Expense.....	\$150
Miscellaneous (Lab & X-ray).....	\$500 / Sickness
MRI and CAT Scans .....	\$400 maximum
Pre-Hospital Emergency Services - Ambulance .....	\$400 maximum
Other Pre-Hospital Emergency Services .....	\$200 maximum
Surgical Expense.....	\$750 / sickness
Second Surgical Opinion.....	Covered same as a Physician Visit
Abortion.....	\$200
Emergency Room.....	\$250 maximum for services deemed medical emergency only
Ambulance.....	\$400 / Sickness

## **EXCLUSIONS & LIMITATIONS**

This Policy does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth or for extraction of impacted wisdom teeth as provided elsewhere in this Policy;
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder;
3. Expense incurred for eyeglasses, contact lenses, hearing aids, or prescriptions or examinations for such except as required for repair caused by a covered Injury;
4. Expense incurred as a result of Injury due to participation in a riot;
5. Expense incurred as a result of an 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. Expense incurred for Injury or Sickness resulting from declared or undeclared war or any act thereof;
7. Expense incurred as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
8. Expense incurred as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, BCS will refund the unearned pro-rata premium;

**For a complete description of benefits, go to our website,  
[www.newpaltz.edu/studentinsurance](http://www.newpaltz.edu/studentinsurance) to see the full policy brochure.**