STUDENT ACCIDENT INSURANCE PLAN

Designed for Undergraduate Students of:

NYACK

Rockland Campus
1 South Boulevard
Nyack, NY 10960

2014-2015

Policy Number USO 58796

Underwritten by:
United States Fire Insurance Company
INTRODUCTION
This brochure is a brief description of the Student Accident Insurance Plan for students at Nyack College (Rockland Campus) only. The exact provisions governing this insurance are contained in the Master Policy under Form AH27259 issued to Nyack College on site at the school. The Master Policy shall control in the event of any conflict between the Policy and this brochure.

We suggest that you retain this brochure so you will have a ready reference to the benefits of the Plan. Any provision of the Policy or the brochure, 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. 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.

POLICY TERM
Coverage begins at 12:01 AM August 1, 2014 and continues until 12:01 AM on August 1, 2015.

ELIGIBILITY
Nyack College sponsors the mandatory Student Accident Insurance Plan described in this brochure that is charged on the tuition bill for all full-time undergraduate students at the Rockland Campus. Coverage is in effect 24-hours a day on and off campus.

REFUND PROVISION
In the event a Covered Person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request, less any claims paid. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days. No other refund of premium will be allowed.
DEFINITIONS

“Accident” means a sudden and unforeseeable event which:
(1) Causes Injury to one or more Covered Persons; and (2)
Occurs while coverage is in effect for the Covered Person.

“Covered Person” means a person eligible for coverage
for whom proper premium payment has been made and
who is, therefore, insured under this Policy.

“Doctor” means a licensed practitioner of the healing arts
acting within the scope of his license. Furthermore, Doctor
includes any healthcare practitioner required under New
York law providing a service covered under the policy.
Doctor does not include: (a) The Covered Person; (b)
The Covered Person’s spouse, dependent, parent, brother,
or sister; or (c) A person who ordinarily resides with the
Covered Person.

“Eligible Expense” means the Usual, Reasonable and
Customary charges for services or supplies which are
incurred by the Covered Person for the Medically Necessary
treatment of Injury. Eligible Expenses must be incurred
while this Policy is in force.

“Hospital” means a short-term, acute, general hospital
which: (1) Is duly licensed by the agency responsible
for licensing such hospitals; (2) Is primarily engaged
in providing, by or under the continuous supervision of
doctors, to inpatients, diagnostic services and therapeutic
services for diagnosis, treatment and care of injured or sick
persons; (3) Has organized department of medicine and
major surgery; (4) Has a requirements that every patient
must be under the care of a doctor or dentist; (5) Provides
24-hour nursing service by or under the supervision of
a registered professional nurse (R.N.); (6) If located in
New York State, has in effect a hospitalization review
plan applicable to all patients which meets at least the
standards set forth in section 1861 (k) of United States
Public Law 89-97 (42 USCA 1395X[k]; and is not, other
than incidentally:

• A place of rest, a place primarily for the treatment
of tuberculosis, a place for the aged, a place for drug
addicts, alcoholics, or a place for convalescent, custodial,
educational or rehabilitative care; or

• A military or veterans hospital or a hospital contracted
for or operated by a national government or its agency
unless:

(a) The services are rendered on an emergency basis; and
(b) A legal liability exists for the charges made to the
individual for the services given in the absence of insurance.

“Injury” means bodily harm that results, directly and
independently of all other causes, from an Accident. All
injuries to the same Covered Person sustained in one
accident, including all related conditions and recurring
symptoms of the Injuries, will be considered one Injury.

“Medically Necessary” or “Medical Necessity” means
the service or supply is: (1) Prescribed by a Doctor for the
treatment of the Injury; and (2) Appropriate, according to
conventional medical practice for the Injury in the locality
in which the service or supply is given.

“Usual, Reasonable and Customary” means: (1) With
respect to fees or charges, fees for medical services or
supplies which are; (a) Usually charged by the provider for
the service or supply given; and (b) The average charged
for the service or supply in the locality in which the service
or supply is received; or (2) With respect to treatment
or medical services, treatment which is reasonable in
relationship to the service or supply given and the severity
of the condition.

DESCRIPTION OF BENEFITS

BASIC ACCIDENT BENEFITS

If as result of an Injury, including Injury resulting from
intercollegiate sports, a Covered Person incurs Eligible
Expenses, the Company will pay 100% of the Eligible
Expenses within 52 weeks from the date of Accident, up to
an aggregate maximum of $2,500 per Injury. The following
Eligible Expenses will be considered: (a) treatment by a
Doctor; (b) Hospital services; (c) services of a licensed
practical nurse or R.N.; (d) X-ray service; (e) use of an
operating room, anesthesia, laboratory service; (f) use of
an ambulance; (g) use of an ambulatory medical center; or
(h) if ordered by a Doctor, prescription medicines, drugs
or any other therapeutic services or supplies. This includes
benefits for treatment of Injury to sound, natural teeth.
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If the Covered Person sustains any of the following losses as the result of a covered Accident, within 365 days after the date of Accident, the Company will pay the amount shown. “Member” means hand, foot or eye. Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable. Loss of a thumb or index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). The Principal Sum of $5,000 is the largest amount payable under this benefit for all losses resulting from any one Accident.

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<thead>
<tr>
<th>For Loss of</th>
<th>Benefit</th>
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<tbody>
<tr>
<td>Life..................................................</td>
<td>$5,000</td>
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<tr>
<td>Two or more members..............</td>
<td>$5,000</td>
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<tr>
<td>One member.................................</td>
<td>$2,500</td>
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MANDATED BENEFITS

This program also covers applicable mandated benefits as required by the State of New York.

EXTENSION OF BENEFITS

If a Covered Person is Totally Disabled on the date the Policy terminates, Eligible Expenses shall include charges incurred after the date of such termination with respect to Hospital Confinement that begins or Surgery performed during the next 31 days for the Injury or Sickness causing the Total Disability, subject to the applicable Maximum Amounts of this Policy. The Hospital confinement or Surgery must be only for the care and treatment of the Injury or Sickness which caused the Total Disability. The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

EXCLUSIONS

Benefits will not be paid for a Covered Person’s loss which:

1. Is caused by or results from the Covered Person’s own:
   (a) Intentionally self inflicted Injury, suicide or any attempt thereat; (b) Commission or attempt to commit a felony; (c) Participation in a riot or insurrection;

2. Is caused by or results from:
   (a) Declared or undeclared war or act of war; (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request; (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.); (c) Aviation, unless specifically provided in this Certificate; or

ADDITIONAL EXCLUSIONS

Benefits will not be paid for:

3. Dental care or treatment other than as provided in the Schedule and the Medical Expense Benefit;

4. Services or treatment rendered by a Doctor, Nurse or any other person who is:
   (a) Employed or retained by the Policyholder; or
   (b) Who is a Covered Person or a member of his immediate family;

5. An Injury that is caused by flight in an aircraft, except as a fare paying passenger;

6. Eyeglasses, hearing aids, or examinations or prescriptions therefore;

7. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

8. Cosmetic surgery, except for reconstructive surgery on an injured part of the body;

9. Any loss which is covered by state or federal worker’s compensation, employers liability, occupational disease law, or similar laws;

10. Rest cures or custodial care.
CLAIM PROCEDURE

In the event of an Injury, the Covered person should:

1. Complete a claim form and mail it to A-G Administrators within 30 days of the date of the Injury or as soon thereafter as possible. Mail the claim form to: A-G Administrators, Inc. P.O. Box 979, Valley Forge, PA 19482 or fax to 610-933-4122.

2. Claim forms are available online at www.cirstudenthealth.com/nyack or by calling 1-800-752-2008. If the providers have given you bills, attach them to the claim form.

3. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to by calling A-G Administrators at 1-800-752-2008.

4. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to A-G Administrators. No additional claim forms are needed as long as the Covered person’s name and identification number are included on the bill.

COORDINATION OF BENEFITS

The Policy pays primary, however, it will coordinate benefits with other health carriers when duplicate coverage exists. Total payment from this coverage and other health coverages under which the Covered Person is enrolled shall not exceed 100% of the R&C Charges for covered services.

SUBROGATION

When benefits are paid to or for a person under the terms of the policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or found legally liable by a Court of competent jurisdiction for the injury that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The person agrees to sign papers and do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf. He further agrees to furnish us with all relevant information and documents.
NYACK COLLEGE
TEMPORARY STUDENT ACCIDENT ID CARD

Name ____________________________________

Policy #: USO 58796
Effective Dates of Coverage: 8/1/14 - 8/1/15

Claims Administrator
A-G Administrators
P.O. Box 979, Valley Forge, PA 19482
Phone: 800-752-2008 Fax: 610-933-4122

IMPORTANT NUMBERS
THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES

› GENERAL INSURANCE QUESTIONS

USI Collegiate Insurance Resources
3070 Riverside Drive, Columbus, OH 43221
Phone..........................................................800-322-9901
Fax..............................................................614-481-2400
Website....................www.cirstudenthealth.com/nyack

CLAIM ADMINISTRATOR

For claim and benefit questions:
A-G Administrators
P.O. Box 979
Valley Forge, PA 19482
Phone..........................................................800-752-2008
Fax..............................................................610-933-4122

DIRECT CONTACT INFORMATION

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