

2007-2008

Student  
Accident and Sickness  
Insurance Plan

*For*  
***INTERNATIONAL  
STUDENTS OF:***



**HOFSTRA**  
UNIVERSITY®

Hempstead, New York

Policy No. CUH201381

## **ACCIDENT AND SICKNESS INSURANCE PLAN**

Hofstra University is authorized by the U.S. Department of Justice, Immigration and Naturalization Service to admit "F" (Student) and "J" (Exchange Visitor) visa students.

It is the policy of the University that all "F" and "J" Visa non-immigrant students must have accident and sickness insurance. No "F" or "J" visa holder will be permitted to enroll at Hofstra University without accident and sickness insurance coverage.

If an Insured Student wants coverage for their dependents (legal spouse and children to 19 years of age), they may become insured under this Plan providing the proper premium is paid.

### **POLICY TERM**

The insurance under Hofstra University's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 1, 2007. An Insured Student's coverage becomes effective on that date, or the date the application and full premium are received by the Company or the Plan Administrator, whichever is later. The Annual Policy terminates at 12:01 a.m. on August 1, 2008 or at the end of the period through which the premiums are paid. The second semester is effective 12:01 a.m. on January 1, 2008 and will terminate at 12:01 a.m. on August 1, 2008 or at the end of the period through which premiums are paid.

### **ELIGIBILITY**

All "F" and "J" visa non-immigrant students are required to enroll in this Plan if they do not have comparable accident and sickness insurance. Coverage will be in effect 24 hours a day.

### **IDENTIFICATION CARDS**

The Student Identification Card is located on the inside back cover of this brochure. Please detach and retain this card in a safe place. **No other card will be issued.** Identification cards for covered dependents will be provided by the Plan Administrator, The Allen J. Flood Companies, Inc. upon receipt of the completed enrollment form and the appropriate premium.

## **DEPENDENT COVERAGE**

All "F" and "J" visa non-immigrant students who are enrolled in the Student Accident and Sickness Insurance Plan may also enroll their Dependents. The term "Dependent" means: (a) the Insured Student's spouse residing with the Insured Student; or (b) the Insured Student's unmarried children under the age of nineteen years; or (c) a child born to an Insured Student while this Plan is in force will be covered by this Plan from the moment of birth. Coverage for such newborn children will consist of coverage for sickness or accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child, for dependent benefits, for the first 31 days from the moment of birth. To continue the child's dependent benefits past the first 31 days, the Insured Student must notify the Plan Administrator in writing within 31 days of the child's birth. If the Insured Student wishes to purchase Dependent Coverage, please obtain an Enrollment Form from the servicing agent, The Allen J. Flood Companies, Inc. Dependent Coverage must be purchased at the same time that students enroll in the Student Accident and Sickness Insurance Plan.

The term children includes an Insured Student's biological children; step-children; adopted children from the date of placement in the Insured Student's home and who depend on the Insured Student for their full support. A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.

### **COST OF INSURANCE**

	Annual 8/1/07-8/1/08	1st Semester 8/1/07-1/1/08	2nd Semester 1/1/08-8/1/08
Student	\$508.00	\$254.00	\$254.00
Spouse	\$616.00	\$308.00	\$308.00
Child	\$535.00	\$268.00	\$268.00

*The student rate includes a \$16.00 Annual and \$8.00 per Semester Administration Fee.*

## **COST OF INSURANCE 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 Insured Students withdrawing from the school to enter military service will be entitled to a pro-rata refund of costs upon written request. Costs received by the Company are fully earned upon receipt. **No other requests for a refund of costs will be considered.**

## **DEFINITIONS**

**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.

**Elective Treatment** means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person's Effective Date of coverage.

Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast implants; breast reduction; voluntary sterilization procedure or any sterilization reversal process; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; treatment for weight reduction; treatment of temporomandibular joint dysfunction and associated myofacial pain; radial keratotomy; learning disabilities or disorders or Attention

Attention Deficit Disorder; immunizations; treatment of infertility and routine physical examinations.

**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 and their covered Dependent(s) 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 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 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 Beech Street Nationwide Preferred Provider 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 Combined Life Insurance Company of New York Medical Identification Card found at the back of this brochure. An Insured Person may contact Beech Street at 1-800-432-1776, toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at [www.beechstreet.com](http://www.beechstreet.com).

## DESCRIPTION OF BENEFITS

### ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS

If as a result of an Injury or Sickness, an Insured Person incurs covered medical Expenses, We will pay the Covered Charges incurred within 52 weeks from the date of the accident or from the date of the first medical treatment of the Sickness based on the benefit schedule. The following Expenses will be paid: (a) miscellaneous hospital; (b) inpatient and outpatient surgery; (c) inpatient and outpatient anesthetist; (d) inpatient and outpatient Doctor visits; (e) consultant; (f) licensed nurse; (g) hospital outpatient department; (h) emergency room; (i) diagnostic x-ray and laboratory tests; (j) outpatient prescription drug; (k) pre-hospital medical emergency services; (l) durable medical equipment, prosthetic appliances and orthotic devices; and (m) other expenses incurred for the treatment of an Injury or Sickness. The first eligible Expense for an Injury must be incurred within 180 days from the date of the accident.

#### **Benefit Schedule**

We will pay, after a \$100.00 deductible per Injury or Sickness; however the \$100 deductible will be waived if the student seeks medical care at the Wellness Center first, (1) 80% of the Covered Charges incurred up to \$5,000; then (2) 100% of the Covered Charges incurred up to the Per Condition Aggregate Maximum of \$100,000 per Injury or Sickness.

**Elective Abortion Expense:** If as a result of pregnancy having its inception during the term insured, an Insured Person has a voluntary abortion, We will pay the Covered Charges incurred up to a \$150.00 maximum. Expenses for the voluntary abortion must be incurred while the Plan is in force as to the Insured Person.

### ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

If an Insured Person's Injury results in Loss of life within 365 days after the covered accident, the Principal Sum of \$25,000 for students and \$5,000 for dependents will be payable.

#### **STUDENT:**

<u>For Loss of:</u>	<u>Amount</u>
Life	\$25,000
Two hands or two feet or sight of two eyes	\$25,000
One hand and one foot	\$25,000
One hand and sight of one eye	\$25,000
One foot and sight of one eye	\$25,000
One hand or foot or sight of one eye	\$12,500

**DEPENDENT:**

<u>For Loss of:</u>	<u>Amount</u>
Life	\$ 5,000
Two hands or two feet or sight of two eyes	\$ 5,000
One hand and one foot	\$ 5,000
One hand and sight of one eye	\$ 5,000
One foot and sight of one eye	\$ 5,000
One hand or foot or sight of one eye	\$ 2,500

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of sight in that eye means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed by: (1) physical or mental illness, medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan; (2) an infection, unless it is caused solely and independently by a covered accident; (3) participation in a felony; or (4) the Insured Person being intoxicated or under the influence of any drug unless taken as prescribed by a Doctor.

<b>STATE MANDATED BENEFITS</b>
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**Biologically Based Mental Illness (Adults and Children) and Serious Emotional Disturbances of Children 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 the same terms and conditions applied to other medical conditions.

The benefits shall include the following:

- (a) inpatient Hospital services;
- (b) outpatient services;
- (c) prescription drugs, if this Policy includes the Prescription Drug Expense Benefit.

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



## **MENTAL, NERVOUS OR EMOTIONAL DISORDERS**

**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.

**Outpatient:** When an Insured Person is not so Hospital confined, We will pay the Covered Percentage of the Covered Charges incurred for at least 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

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 so 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

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 reeducation 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.

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, subject to the Deductible shown in the Plan of Insurance.

### **INTERNATIONAL ASSISTANCE PROGRAM**

The International Assistance Program (IAP) is included in the Student Insurance Plan that provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.



3. Urgent message relay between family, friends, personal physician, school, and Insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriation of remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact On Call International for any of these services:

Toll Free from U.S. and Canada: 1-800-850-4556

Dial Direct or Call Collect Worldwide: 1-603-898-9159 or

Contact our website: [www.oncallinternational.com](http://www.oncallinternational.com).

### **EMERGENCY MEDICAL EVACUATION**

If the event of a serious Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person, the Plan will pay benefits up to \$10,000. "Emergency Medical Evacuation" means: (a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or (b) for International Students, and their Dependents after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his/her Home Country to obtain further medical treatment to recover.

**"Covered Expenses"** are Expenses up to the maximum stated in the Plan of Insurance for: (a) Transportation, (b) medical services, and (c) medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company.

**"Home Country"** means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

**"Transportation"** means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured

Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

**Emergency medical evacuation must be approved in advance by the Company.**

### **REPATRIATION OF REMAINS**

In the event of the death of an Insured Person, We will pay the actual charges for the Covered Expenses for the preparation and transportation of the Insured Person's remains to his or her Home Country or home residence not to exceed a maximum of \$7,500.

This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit.

**"Covered Expenses"** include, but are not limited to, Expenses for embalming, cremation, coffins, and transportation.

**"Home Country"** means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

**Repatriation of remains must be approved in advance by the Company.**

### **24-HOUR NURSE ADVICE LINE**

Wouldn't you feel better knowing you could get health care answers from a Registered Nurse 24 hours a day? Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. ON CALL provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program.. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556.

*The school doesn't endorse this program nor guarantee the accuracy of any information that may be provided.*

### **EXCLUSIONS**

This 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 Hofstra University's infirmary, or hospital, or by health care providers employed by Hofstra University.
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 operated by a schedule 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 Occupational Disease Law.
8. Injury sustained or Sickness contracted while in the 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.
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. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect.
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 College, 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. Routine physical, preventive medicines, serums, or vaccines or unless prescribed by a Doctor for treatment of an Injury or Sickness covered under this Plan.
17. For international students, expenses incurred within the Insured Person's Home Country or Country of regular domicile.
18. Pre-existing conditions as defined in this Plan.
19. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician; or expenses non-medical in nature.
20. For expenses as a result of participation in a felony.
21. Suicide, attempted suicide, or intentionally self-inflicted Injury.
22. While the Insured Person is intoxicated or under the influence of any drug unless taken as prescribed by a physician.
23. Foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.
24. Illness, accident, treatment or medical condition arising out of intercollegiate, club or intramural sports. (All students participating in intercollegiate and/or club and/or intramural sports are covered under a separate policy held by the University).
25. 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.
26. Mental health benefits or services solely because such services are ordered by a court.
27. 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.

#### **PRE-EXISTING CONDITIONS LIMITATION**

A "Pre-existing Condition" is a sickness, injury, or related condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Doctor within the 6 consecutive months ending on the Enrollment Date.

We will not pay benefits for a Pre-existing Condition until: (a) the day after a 12 consecutive month period has passed from

the Insured Person's Effective Date; or (b) with respect to a pregnancy, the day after a 10 consecutive month period has passed from the Insured Person's Effective Date. Payment will be made in accordance with the provisions of this Plan. If an Insured Person becomes insured under this Plan and was covered under Creditable Coverage, We will credit the time the Insured Person was covered under prior Creditable Coverage in determining whether the exclusion for a Pre-existing Condition applies. A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 63 days prior to the Effective Date of the new coverage.

**Creditable Coverage:** This term means the following coverage an Insured Person had prior to the Effective Date under this Plan: (a) a group health plan; (b) health insurance or Health Maintenance Organization coverage; (c) Medicare; (d) Medicaid; (e) Military health care; (f) a medical care program of the Indian Health Services or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under the Federal Employee Health Benefits Program; (i) a public health plan as defined under Federal regulations; (j) a health benefit plan under Section 5(e) of the Peace Corps Act; or (k) any other similar coverage permitted under State/Federal law or regulations.

**Exception:** The Pre-existing Conditions exclusion does not apply to any of the following: (a) genetic information, in the absence of a diagnosis of a condition related to such information; (b) a covered newborn dependent child who, as of the last day of the 31-day period beginning with the date of birth, is covered under Creditable Coverage; or (c) a covered adopted dependent child under the age of 18, who, as of the last day of the 31-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage.

### **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 Hofstra University 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 Hofstra University.

## **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 Claim's Administrator, AmeriBen/IEC Group at 1-800-504-0142. AmeriBen will address concerns and attempt to resolve the complaint. If AmeriBen is unable to resolve the complaint over the phone, You may file a written internal appeal by writing to AmeriBen. 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. AmeriBen 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, AmeriBen 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

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/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 the Insured Person should:

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 University, secure treatment from your Doctor or from the nearest hospital.
2. A Company claim form is required for filing a claim. Claim forms are available from the Student Health Center.

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.
  - Drug bills (not cash register receipts) showing prescription number, name of drug, date prescribed and name of person for whom the drug was prescribed..
3. A 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:  
**AmeriBen/IEC Group**  
**P.O. Box 7186**  
**Boise, Idaho 83707**  
**For claim inquiries call: 1-800-953-1801**

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

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 NOTICE OF PRIVACY PRACTICES FOR  
PERSONAL HEALTH INFORMATION**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This is your Health Information Privacy Notice from Combined Life Insurance Company of New York (referred to as We or Us). This notice is effective April 14, 2003. This notice is solely for your information. You do not need to take any action.

This notice provides you with information about the way in which We protect Personal Health Information (“PHI”) that We have about you. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also explains your rights with respect to PHI.

The Health Insurance Portability and Accountability Act (“HIPAA”) requires Us to: Keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

**Use and Disclosure of PHI**

We obtain PHI in the course of providing and/or administering health insurance benefits for you. In administering your benefits, We may use and/or disclose PHI about you and your dependents. The following are some examples, however, not every use or disclosure in a category will be listed:



- **For Health Care Payment Purposes:** For example, We may use and disclose PHI to administer and process payment of benefits under your insurance coverage, determine eligibility for coverage, claims or billing information, conduct utilization reviews, or to another entity or health care provider for its payment purposes.
- **For Health Care Operations Purposes:** For example, We may use and disclose PHI for underwriting and rating of the plan, audits of your claims, quality of care reviews, investigation of fraud, performance measurements, care coordination, investigate and respond to complaints or appeals, provider treatment, review and provision of services.
- **For Treatment Purposes.** For example, We may use and disclose PHI to health care providers to assist in their treatment of you. We do not provide health care treatment to you directly.
- **For Health Services.** For example, We may use your medical information to contact you to give you information about treatment alternatives or other health related benefits and services that may be of interest to you as part of large case management or other insurance related services.
- **For Data Aggregation Purposes.** For example, We may combine PHI about many insured participants to make plan benefit decisions, and the appropriate premium rate to charge.
- **To You About Dependents.** For example, We may use and disclose PHI about your dependents for any purpose identified herein. We may provide an explanation of benefits for you or any of your dependents to you.
- **To Business Associates.** For example, We may disclose PHI to administrators who are contracted with Us who may use the PHI to administer health insurance benefits on our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits.

If your State has adopted a more stringent standard regarding any of the above uses or disclosures of your PHI, those standards will be applied.

**Additional Uses or Disclosures.** We may also disclose PHI about you for the following purposes:

- To comply with legal proceedings, such as a court or administrative order, subpoena or discovery requests.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.

- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To the Department of Health and Human Services for the investigation of compliance with HIPAA or to fulfill another lawful request.
- To federal officials for lawful intelligence, counterintelligence, national security purposes and to protect the President.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.
- In accordance with a valid authorization signed by you.

#### Your Rights Regarding PHI That We Maintain About You

You have various rights as a consumer under HIPAA concerning your PHI. You may exercise any of these rights by writing to Us in care of **AmeriBen/IEC Group, POB 7186, Boise, ID, 83707 Attention: HIPAA Privacy Office:**

- You have the right to inspect and copy your PHI that We maintain. If you request a copy of the information, We may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- You have the right to ask Us to amend the PHI that is contained in a “designated record set”, e.g., information used to make enrollment, eligibility, payment, claims adjudication and other decisions. You have the right to request an amendment for as long as we maintain the PHI. Requests must be made in writing and include the reason for the request. We may deny the request if the PHI is accurate and complete or if we did not create the PHI.
- You have the right to request a list of our disclosures of the PHI. Your request must state a time period, may not include dates before April 14, 2003 and may not exceed a period of six years prior to the date of your request. If you request more than one list in a year, We may charge you the cost of providing the list. We will notify you of the cost and you may withdraw or modify your request before any costs are incurred. Any list of disclosures provided by Us will not include disclosures made for payment, treatment or healthcare operations; made to you or persons

or persons involved in your care; incidental disclosures, authorized disclosures, for national security or intelligence purposes or to correctional institutions.

- You have the right to request to restrict the way We use or disclose PHI regarding treatment, payment or health care operations. You also have the right to request to restrict the PHI We disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If We do agree, We will comply with your request unless the information is needed to provide you emergency treatment. Your request must be in writing and state: (1) what information you want to restrict; (2) whether you want to restrict our use, disclosure or both; and (3) to whom you want the restrictions to apply.
- Uses and disclosures of your PHI, other than those listed above, require prior written authorization from you. You may revoke that authorization at any time by writing to Us at the address at the end of this notice.
- You have the right to request that We communicate personal information to you in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will comply with reasonable requests.
- You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. You may request a paper copy of this notice any of the above described by calling Us at 1-800-951-6206, select HIPAA or submitting the request to the Combined Life Insurance Company of New York, 5050 Broadway, Chicago, IL 60640 Attn: HIPAA Privacy Office.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Us. When filing a complaint, include your name, address and telephone number and We will respond. All complaints must be submitted in writing to Combined Life Insurance Company of New York, 5050 Broadway, Chicago, IL 60640 Attn: HIPAA Privacy Office. You may also contact the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

### **Changes To This Notice**

We reserve the right to modify this Privacy Notice and our privacy policies at any time. If We make any modifications, the new terms and policies will apply to all PHI before and

after the effective date of the modifications that We maintain. If We make material changes, We will send a new notice to the insured/subscribers.

If you have any questions regarding this notice, please call 1-800-951-6206, select HIPAA or send your written questions to the address at the end of this notice. Please include your name, the name of your insurance plan, your policy/ID number or copy of ID card, your address and telephone number and We will respond.

**All questions and requests regarding your rights under this Notice should be sent to:**

**Combined Life Insurance Company of New York**

C/o AmeriBen/IEC Group

POB 7186

Boise, ID 83707

Attention: HIPAA Privacy Office

### **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.

#### **The Plan is Underwritten By:**

Combined Life Insurance Company of New York.

Policy Number: CUH201381

#### **Plan Administrator**

The Allen J. Flood Companies, Inc.

Two Madison Avenue

Larchmont, NY 10538

(914) 834-9326

(800) 972-7629

#### **Claims Administrator**

AmeriBen/IEC Group.

POB 7186

Boise, ID 83707

Toll Free: 1-800-504-0142

[https:// services.ameriben.com](https://services.ameriben.com)

Refer to Plan No. **0806019**

#### **For a List of BeechStreet Providers**

1-800-432-1776

Visit the web site: [www.beechstreet.com](http://www.beechstreet.com)

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Hofstra University's International Plan.

**THIS IS YOUR ID CARD  
DETACH AND RETAIN**

Combined Life Insurance Company of New York  
**HOFSTRA UNIVERSITY - 2007-2008**  
International Student Insurance Identification Card  
Policy Number CUH201381

Insured Student: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Effective:  August 1, 2007 - August 1, 2008  
 January 1, 2008- August 1, 2008

This card does not prove eligibility nor guarantee coverage

**To Verify Coverage or Claim Inquiry**

AMERIBEN/IEC Group

POB 7186

Boise, ID 83707

1-800-504-0142



**For a list of Beech Street Providers:**

1-800-432-1776

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



**Beech Street Corporation**

The Managed Care Company