

Program Administered by:

HTH Worldwide

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1.888.350.2002
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hthstudents.com
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Assistance Services Provided by:



MEDEX Assistance Corporation
8501 LaSalle Road, Suite 200
Towson, MD 21286
1.800.527.0218
1.410.453.6330
www.medexassist.com

Servicing Broker:



Haylor, Freyer & Coon, Inc.
231 Salina Meadows
PO Box 4743
Syracuse, NY 13221-4743
1.800.289.1501
1.315.451.1500
FAX: 1.315.453.1722
www.haylor.com/student

Insurance Underwritten by:



This blanket accident and sickness policy is underwritten by the
UniCare Life & Health Insurance Company
NAIC # 842-80314

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REV 07/07



BLANKET STUDENT ACCIDENT AND SICKNESS INSURANCE

**Especially Designed for
International Students/Scholars
Attending the**

STATE UNIVERSITY OF NEW YORK

For International Students & Scholars, Practical
Training Participants and Faculty Temporarily Residing
in the USA, and for American Students and Scholars,
Practical Training Participants, Faculty and
Staff Traveling Abroad.

This brochure is a summary of your benefits under the
plan of insurance sponsored by your school. It is not a
contract of insurance. Your coverage is governed by a
policy of student accident and sickness insurance
underwritten by the UniCare Life & Health Insurance
Company, Policy Number U-1054-1/A-07. As evidence
of your coverage under the Policy, a Certificate of
Insurance will be issued to you.

2007 – 2008

**INJURY & SICKNESS
MEDICAL EXPENSE BENEFIT PLAN
SUMMARY**

**SCHEDULE OF BENEFITS – TABLE 1
LIMITS – COVERED PERSON
MEDICAL EXPENSES**

Maximum Benefit per Injury or Sicknesses \$100,000

Basic Medical Expense Benefit per Injury or Sickness
Up to \$4,000 Maximum: 100% of Reasonable Expenses after Deductible.

Supplemental Medical Expense Benefit (SMM) per Injury or Sickness

After Basic Medical Expense Benefit Maximum has been paid, 80% of Reasonable Expenses up to an additional \$3,000 Maximum

Catastrophic Medical Expense Benefit (CMM) per Injury or Sickness

After both Basic Medical Expense Benefit Maximum and the Supplemental Medical Benefit Maximums have been paid, 100% of Reasonable Expenses up to an additional \$93,000 Maximum

Deductible* \$100 per Injury or Sickness

**Participant's Deductible is reduced to \$0 if the initial treatment is received at the Recognized Student Health Center or if they are referred by the Recognized Student Health Center. The deductible will also be waived for emergency hospitalization or medical care when the health center is not available and the student is in severe pain and/or delay in receiving immediate medical care could result in placing the student's health in serious jeopardy.*

**SCHEDULE OF BENEFITS – TABLE 2
MEDICAL EXPENSES
INDEMNITY PLAN BENEFITS**

Physician Office Visits, Inpatient Hospital Services, Hospital and Physician Outpatient Services

For the Basic Medical Expense Benefit, after Deductible, 100% of Reasonable Expenses. For Supplemental Medical Expense Benefit, after Deductible, 80% of Reasonable Expenses. For Catastrophic Medical Expense Benefit, after Deductible, 100% of Reasonable Expenses.

**SCHEDULE OF BENEFITS – TABLE 3
MEDICAL EXPENSE BENEFITS**

The benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness and Deductible. In addition, Table 1 levels of coverage for Basic Medical Expenses Benefits, Supplemental Medical Expense Benefits, and Catastrophic Medical Expense Benefits; and Table 2 Plan Type Limits (Indemnity).

MEDICAL EXPENSE LIMITS – COVERED PERSON

Maternity Care for a Covered Pregnancy
Reasonable Expenses

Inpatient treatment of mental and nervous disorders
Reasonable Expenses for a maximum period of 60 days per Policy Year.

Outpatient treatment of mental and nervous disorders
Reasonable Expenses up to \$2,000 Maximum per Policy Year for a maximum of 30 Visits per Policy Year.

Outpatient Crisis Intervention Services related to treatment of mental and nervous disorders
Reasonable Expenses for up to 3 psychiatric emergency visits per Policy Year. Each visit will reduce the number of visits available under Outpatient Treatment of mental and nervous disorders.

Elective termination of pregnancy
Reasonable Expenses up to \$500 Maximum per Policy Year

Routine nursery care of a newborn child of a covered pregnancy
Reasonable Expenses up to \$1,500 Maximum per Policy Year

Medical treatment arising from participation in intercollegiate or interscholastic sports.
Reasonable Expenses up to \$1000 Maximum per Policy Year

Repairs to sound, natural teeth required due to an Injury
100% of Reasonable Expenses

Outpatient prescription drugs
100% of actual charge

Medical treatment received in the Home Country (While Insured), if NOT covered by Other Plan
100% of Reasonable Expenses up to \$5,000 lifetime maximum

Other benefits may apply as mandated by the State of New York. Please see full Certificate of Insurance for more details.

