

Student Accident and Sickness Insurance Plan

Designed for Students of



HARTWICK

est. 1797

**Oneonta, NY
("the Policyholder")**

2011-2012

**Administrator Policy Number: CHH0071572
Underwriter Reference Number: CAS9492041**

Underwritten by:
National Union Fire Insurance Company of
Pittsburgh, Pa. ("the Company"),
with its principal place of business in
New York, NY

ELIGIBILITY

Full-time students will be automatically enrolled in the Basic and Supplemental Accident and Sickness Expense Benefits and charged the premium on their tuition bill unless proof of other comparable coverage is provided. A student who initially waived coverage under the Policy but subsequently experiences ineligibility under another creditable plan may elect to enroll for coverage under the Policy within 63 days of the date of ineligibility under the other creditable plan in order to avoid a break in coverage. (Premiums will not be pro-rated.) Proof is required at time of enrollment by contacting Maksin Management Corp at 877-775-5430. Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been and continue to be met.

WAIVER PROCEDURE

Students, who are currently insured by a health insurance policy may waive out of the Basic and Supplemental Accident and Sickness Expense Benefits with proof of comparable coverage. **A waiver form must be completed and submitted to the school by the waiver deadline in order to have the premium removed from the tuition bill. Please see waiver deadlines below.** An online waiver form can be found at www.hartwick.edu/x23998.xml. Failure to meet the waiver deadline will result in the student being responsible for the insurance premium.

WAIVER DEADLINE

*Fall Semester: 8/24/11
Spring/Summer Semester: 12/31/11

*The Waiver Deadline for early arrival students is 8/11/11

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. on August 12, 2011 and it terminates at 12:01 a.m. on August 25, 2012. Coverage for Covered Students will be effective on: (a) the

Policy Effective Date; (b) the Effective Date of the coverage period elected; or (c) the day after the date the enrollment form and correct premium are received, whichever is latest. Coverage terminates for the Covered Person on the earlier of a) the date the Policy terminates; b) the last day for which premium has been paid; or, c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed. Should a Covered Student graduate or withdraw from the College, the insurance shall remain in effect until the end of the period for which the premium has been paid.

COVERAGE PERIOD

*Fall Semester: 8/25/11-12/31/11
Spring/Summer Semester: 1/1/12-8/25/12

*The Effective Date for early arrival students is 8/12/11

DEFINITIONS

Accident means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

Biologically Based Mental Illness means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. The following disorders covered by this definition are: schizophrenia/psychotic disorders; major depression; bipolar disorder; delusional disorders; panic disorder; obsessive compulsive disorders; anorexia; and bulimia.

Covered Person means a Covered Student while coverage under the Policy is in effect.

Doctor means: (a) legally qualified physician licensed by the state in which he or she practices; and (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 of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's immediate family member.

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 Covered Person's effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations.

Eligible Expense means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any; and (d) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

Emergency Medical Condition means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following: (a) the Covered Person's life could be in serious jeopardy; (b) bodily functions would be seriously impaired; or (c) a body organ or part

would be seriously damaged; or (d) serious disfigurement. Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

Experimental/Investigational means a drug, device or medical care or treatment that meets the following: (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished; (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law; (c) the drug, device, medical care or treatment or the patient's informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval; (d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis. Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating

facility or other facility studying substantially the same drug, device or medical care or treatment. Covered expenses will be considered in accordance with the drug, device, medical care or treatment at the time the expense is incurred.

Hospital means a short-term, acute, general hospital, which: (a) 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 and sick persons; (b) has organized departments of medicine and major surgery; (c) has a requirement that every patient must be under the care of a Doctor or dentist; (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.); (e) 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]); (f) is duly licensed by the agency responsible for licensing such hospitals; and (g) 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. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Intermediate Care Facility means a facility which provides for the use, in a full 24-hour residential therapy setting, or in a partial, less than 24-hour, residential therapy setting, any of the following therapeutic techniques, as identified in a treatment for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs:

a) chemotherapy; b) counseling; c) detoxification services; d) other ancillary services, such as medical testing, diagnostic evaluation and referral to other services identified in the treatment plan.

Injury means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any

other causes; (b) occurs after the Covered Person's effective date of coverage; and (c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one injury.

Medical Necessity/Medically Necessary means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided. A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is Experimental/Investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual or Center for Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment. The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Mental or Nervous Disorder(s) means any condition or disease regardless of its cause, listed in the most recent edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (other than those conditions caused by Biologically Based Mental Illness) on the date the medical care or treatment is rendered to the Covered Person.

Reasonable and Customary means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing. "Geographic area" means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply. Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date shown in the Schedule of Benefits.

Residential Treatment Facility means a facility which provides 24 hour treatment for people with drug abuse, alcohol abuse on an inpatient basis. It must provide at least the following: room and board; medical services; nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and group counseling; and educational and support services. The Company will recognize a Residential Treatment Facility if it's accredited for its stated purpose by the Joint Commission, and carries out its stated purpose in compliance with all relevant state and local laws.

Sickness means disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

SECTION I

BASIC ACCIDENT EXPENSE BENEFITS

The Company will pay the Eligible Expenses incurred within the Policy Year, up to an aggregate maximum of \$1,000 per Injury. When the Covered Person's Injury requires (a) services of a Doctor; (b) Hospital confinement; (c) services of a licensed practical nurse or R.N.; (d) x-ray service; (e) use of an operating room,

anesthesia, including the administration thereof, or laboratory service; (f) use of an ambulance; (g) emergency room; (h) use of an ambulatory surgical center or ambulatory medical center; (i) if ordered by a Doctor, prescription medicines, drugs, or any other Medically Necessary therapeutic services or supplies; or (j) home health care. The benefit includes coverage for treatment of Injury to sound, natural teeth.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

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:

For Loss of:	Amount
Life	\$3,500
Two or more Members	\$3,500
One Member	\$1,750
Thumb and Index Finger of the Same Hand.....	\$875

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 of an eye means the total, irrevocable loss of the entire sight in that eye. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. "Severance" means the complete separation and dismemberment of the part from the body.

If a Covered Person suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit.

SECTION II

BASIC SICKNESS EXPENSE BENEFITS

When a Covered Person suffers a loss from Sickness, the Company will pay the Eligible Expenses incurred, as allocated below, up to an aggregate maximum of \$1,000 per Sickness.

Hospital Room and Board Expense: When the Covered Person's Sickness requires Hospital confinement, the Company will pay the Eligible Expenses incurred for Hospital room and board up to the average semi-private rate.

Hospital Miscellaneous Expense: The Company will pay the Eligible Expenses incurred during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center. The Company will pay for anesthesia, operating room, laboratory tests and x-rays (including professional fees), oxygen, drugs (excluding take-home drugs), medicines, dressings, pre-admission testing and other Medically Necessary non-room and board expenses.

Surgical Expense: When the Covered Person's Sickness requires surgery, the Company will pay the Eligible Expenses based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile. When a Covered Person's Sickness requires two or more surgical procedures which are performed through the same approach, and at the same time or immediate succession, the Company will pay full value for the most expensive procedure performed and 50% of the value for the second procedure performed and 25% of the value for subsequent procedures performed. Assistant Surgeon's benefit is included in the amount payable for surgery.

Anesthetist Expense: When the Covered Person's Sickness requires surgery, the Company will pay the Eligible Expenses incurred for the services of an anesthetist.

In-Hospital Doctor's Fees Expense: If, while confined to a Hospital, the Covered Person's Sickness requires the services of a Doctor, the Company will pay the Eligible Expenses incurred for such services, limited to one visit per day.

Consultant or Specialist Expense: When the Covered Person's Sickness requires the

services of a consultant or specialist, as requested by the attending Doctor, the Company will pay the Eligible Expenses incurred for such services.

Outpatient Doctor's Fees Expense: When the Covered Person's Sickness requires the services of a Doctor, while not confined to a Hospital, the Company will pay the Eligible Expenses for such services, limited to one visit per day.

Outpatient Diagnostic X-ray and Laboratory Expense: When the Covered Person's Sickness requires diagnostic x-ray examinations, including ultrasound, MRI and CAT Scan, or laboratory services, under the Doctor's direction, the Company will pay the Eligible Expenses incurred for such services.

Outpatient Prescribed Medicines Expense: When the Covered Person's Sickness requires prescribed medicines by the attending Doctor, the Company will pay the Eligible Expenses incurred for such medicines.

Emergency Medical Condition Expense: The Company will pay the Eligible Expenses incurred for use of a Hospital emergency room, including operating room, laboratory and x-ray examinations and supplies. Such services must be provided within 24 hours after the appearance of symptoms of a Sickness.

Ambulance Expense: When the Covered Person's Sickness requires the use of an ambulance, the Company will pay the Eligible Expenses incurred for such services.

Abortion Expense: The Company will pay the Eligible Expenses incurred by the Covered Person for the voluntary abortion of a pregnancy that begins while the Covered Person has coverage under the Policy, up to a maximum of \$250.

Inpatient Treatment of Alcoholism and Substance Abuse Expense: When the Covered Person is confined as an inpatient at a Hospital, Residential Treatment Facility, or

Intermediate Care Facility, the Company will pay the Eligible Expenses incurred for such services, limited to not more than 7 days of active detoxification treatment in any Policy Year and not more than 30 days of inpatient rehabilitation services in any Policy Year.

Outpatient Treatment of Alcoholism and Substance Abuse Expense: When the Covered Person is not Hospital Confined, the Company will pay benefits for outpatient treatment services for alcoholism or alcohol abuse, substance abuse, chemical or substance dependency. Benefits are payable only for Eligible Expenses incurred at a facility in New York state certified by the office of alcoholism and substance abuse services or licensed by such office as outpatient clinics or medically supervised ambulatory substance abuse programs; or, in other states, those facilities accredited by the Joint Commission on accreditation of Hospitals as alcoholism 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 a psychotherapist who is licensed by the state in which he or she practices. Outpatient coverage is limited to one outpatient visit per day. Eligible Expenses for outpatient coverage include the following: a) up to 60 outpatient visits per Policy Year for the Covered Person in need of treatment; b) up to a maximum of 20 visits per Policy Year for covered family members, (including visits for remediation through counseling and education), provided that the total number of such visits, when combined with those of the Covered Person in need of treatment, does not exceed 60 visits in any Policy Year.

Home Health Care Expense: The Company will pay the Eligible Expenses incurred for home health care expenses after a \$50 deductible per Policy Year, up to 75% of such expenses, limited 40 visits per Policy Year. Four continuous hours of home health service shall be considered as one visit.

Inpatient Mental or Nervous Disorders Expense: When the Covered Person is con-

finied as an inpatient at a Hospital, the Company will pay the Eligible Expenses incurred in a Policy Year for active treatment in a Hospital defined by Section 1.03(10) of the Mental Hygiene Law on the same basis as any other Sickness, but not more than 30 days. Benefits for partial hospitalization program services shall be provided as an offset to covered inpatient days at a ratio of two partial hospitalization visits to one inpatient day of treatment.

Outpatient Mental or Nervous Disorders Expense: For Mental or Nervous Disorders: When the Covered Person is not hospital confined, the Company will pay the Eligible Expenses incurred in a Policy Year for outpatient care on the same basis as any other Sickness, but not more than 20 visits per Policy Year, limited to one visit per day.

SECTION III SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFITS

After the Company has paid the aggregate maximum of \$1,000 per Injury or Sickness under the Basic Accident and Sickness Expense Benefits, the Company will pay 80% of additional Eligible Expenses up to an aggregate maximum of \$25,000 per Injury or Sickness. Eligible Expenses for daily Hospital room and board will be limited to the average semi-private room rate.

SECTION IV OPTIONAL SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFITS

If elected, on a voluntary basis, by the Covered Student during initial enrollment in the Basic and Supplemental Accident and Sickness Expense Benefits, and the appropriate premium is paid, the Covered Student may become eligible for Optional Supplemental Accident and Sickness Expense Benefits.

After the Company has paid \$25,000 per Injury or Sickness under the Basic and Supplemental Accident and Sickness Expense Benefits, the Company will pay 80% of additional Eligible Expenses up to an aggregate

maximum of \$50,000 per Injury or Sickness. Eligible Expenses for daily Hospital room and board will be limited to the average semi-private room rate. Students who elect to purchase the Optional Supplemental Accident and Sickness Expense Benefits may enroll by completing the enrollment process at www.hartwick.edu/x23998.xml prior to the coverage period.

SECTION V REPATRIATION OF REMAINS EXPENSE BENEFIT

In the event an Injury or Sickness causes death while the Covered Person is outside a 100 mile radius from his or her current place of primary residence, the Company will pay eligible expenses incurred to transport his or her body to a mortuary near his or her current place of primary residence up to a maximum amount of \$10,000.

MEDICAL EVACUATION EXPENSE BENEFIT

The Company will pay for evacuation expenses to the nearest adequate medical facility following a covered Injury or Sickness if the Covered Person is outside a 100 mile radius from his or her current place of primary residence and his or her Doctor determines that adequate medical treatment is not locally available up to a maximum of \$10,000.

MANDATED BENEFITS

Coverage for the following benefits to be paid as any other Sickness except under certain coverages wherein there are internal limits: Maternity expense and routine newborn care, including 48 hours care in a Hospital or birthing facility following a normal vaginal delivery and a minimum 96 hours following a cesarean section; Breast Cancer Treatment; Breast Reconstruction; Clinical Trials Expense; Mammography and Cervical Cytological Screening; Prostate Cancer Screening; Drug Coverage for Treatment of Cancer; Second Medical Opinion For Cancer Treatment; Diabetes Expense; End of Life Care Expense; Pre-Hospital Medical Emer-

gency Services; Biologically Based Mental Illness Expense; Outpatient Alcoholism and Substance Abuse Expense; Contraceptive Drugs and Devices Expense; Bone Mineral Density Measurement and Testing Expense; Medical Foods up to \$2,500 per Policy Year. Please see the Policy on file with the College for complete details and any other applicable mandates.

EXTENSION OF BENEFITS

If a Covered Person is totally disabled on the date his or her coverage terminates, Eligible Expenses shall include charges incurred after the date coverage terminates with respect to Hospital confinement that begins or surgery performed within 31 days following the date of termination of insurance, subject to applicable maximum amounts of the Policy. The Hospital confinement or surgery must be only for the care and treatment of the Injury or Sickness which caused the total disability.

IN THE EVENT OF PREGNANCY

If a Covered Person is pregnant on the date the Policy terminates and the pregnancy commenced while insured while the Policy was in force, benefits will be payable for Eligible Expenses incurred after the Policy terminates until the earliest of: (a) the date the pregnancy ends; (b) the date the Covered Person becomes insured under another policy; or (c) the date the applicable maximum amount is reached. 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.

COORDINATION OF BENEFITS

Benefits for Accidents and Sickness are coordinated with other health insurance the Covered Person may have in force as described in the Policy.

CERTIFICATE OF CREDIBLE COVERAGE

Coverage under this plan is "Creditable Coverage" under federal Law. When coverage terminates, the Covered Person can request a

Certificate of Creditable Coverage, which is evidence of coverage under this plan. In order to obtain a Certificate of Creditable Coverage, please contact Maksin Management Corp at (877) 775-5430.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor provide benefits for Accident, Sickness, or treatment of a medical condition arising out of:

1. (a) mental or emotional disorders: (i) in excess of thirty (30) days for inpatient Hospital care; or (ii) in excess of twenty (20) visits for outpatient care; or (b) outpatient treatment for alcoholism and substance abuse in excess of sixty (60) visits, of which twenty (20) may be used for family members.
2. pregnancy, except to the extent coverage is required pursuant to New York Insurance Law sections 3221 and 4318, and except for complications of pregnancy as defined in section 3221(k)(5) and 52.16(f).
3. illness, accident, treatment or medical condition arising out of: a) war or act of war (whether declared or undeclared); b) participation in a felony, riot or insurrection; c) service in the Armed Forces or units auxiliary thereto; d) suicide, attempted suicide or intentionally self-inflicted injury; e) aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; f) interscholastic sports.
4. cosmetic surgery, except that *cosmetic surgery* shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part. However, if the policy provides hospital, surgical or medical expense coverage then coverage and determinations with respect to cosmetic surgery must be provided pursuant to New York Insurance Law 56 (Regulation 183).
5. treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), any state or Federal workers'

compensation, employers' liability or occupational disease law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally made.

6. dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.
7. eyeglasses, hearing aids, and examination for the prescription or fitting thereof.

CONTINUOUSLY INSURED

Continuously insured means a person has been continuously insured under the Policy and prior Student Health Insurance policies issued to the school. Persons who have remained continuously insured will be covered for conditions first manifesting themselves while continuously insured except for expenses payable under prior policies in the absence of the current Policy. Previously insured students must re-enroll for coverage in order to avoid a break in coverage in order to maintain coverage for conditions which existed in prior Policy Years. Once a break in continuous insurance occurs, the definition of Pre-Existing Condition will apply in determining coverage of any condition which existed during such break.

Travel Guard

Procedures on How to Access Travel Guard 24-hour Assistance Call Center

How to Contact Travel Guard:

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
 - Request an [international operator](#).
 - Request the operator to place a collect call to the USA at 1-715-295-9625.
- Our fax number is 01-262-364-2203.

When to Contact Travel Guard:

- Call Travel Guard when you require medical assistance or have a medical emergency.
- Call Travel Guard for all non-medical situations (lost luggage, lost documents, legal help, etc.).
- Call Travel Guard whenever there is a question.

Travel Guard is available 24-hours-a-day/ 7-days-a-week/ 365-days-a-year.

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Guard Services Medical Staff consists of full-time, onsite Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide to Travel Guard when you call:

- Advise Travel Guard who you are insured by.
- Provide your Policy number.
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

Description of Services

Information/General: These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political Warnings

Technical: These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Legal Referral
- Embassy/Consulate Information
- Lost/Stolen Luggage & Personal Effects Assistance
- Lost Document Assistance & Cash Transfer Assistance
- Enroute Travel Assistance
- Claims-related Assistance
- Telephone Interpretation

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/claims coordination.

Medical Assistance:

- Medical Referral
- Out-patient Assistance
- In-patient Assistance

AMERICAN HEALTH HOLDING, INC. 24-HOUR STUDENT EMERGENCY CARE HOTLINE

(American Health Holding, Inc. is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)

For confidential health care advice and information, 24 hours a day, 365 days a year, call toll-free (866) 315-8756.

Comprehensive Resources and Advice from Registered Nurses

- Direct access to an extensive Health Information Library, covering issues ranging from women's health to pediatrics. Detailed directories with topic codes and instructions for access to health-related topics.
- Choose to talk directly with a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
- Integrated phone access to specially trained personnel, trained to provide referral services for a number of health related concerns including mental health and/or substance abuse.

ID CARDS

Covered Students can pick up their personal ID card at the following address:

Hartwick College
Oneonta, NY 13820

For questions regarding your personal ID cards, please contact:

Regina G. Baker
Director of Student Accounts
607-431-4300

CLAIM PROCEDURE

To file a claim under the Blanket Accident and Sickness Plan, the Covered Student should:

1. If at the College, report immediately to Perrella Wellness Center so that proper treatment can be prescribed or performed.
2. If away from the College, consult a Doctor and follow his advice. Notify Perrella Wellness Center within 30 days after the date of the covered Accident or commencement of the covered Sickness or as soon thereafter as reasonably possible.
3. Secure a claim form from Perrella Wellness Center. Complete the claim form, if applicable, and submit it to the Claims Administrator within 30 days after the date of the covered Accident or commencement of the covered Sickness or as soon thereafter as reasonably possible. Claim forms must be completed and signed for claims to be considered. Claim forms are also available from the Claims Administrator or online at <http://www.maksin.com/hartwick.aspx>.
4. Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in the student's school name, student name, Administrator Policy Number (CHH0071572) and Hartwick College student ID number.
5. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by the Claims Administrator.
6. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator.

CLAIMS ADMINISTRATOR
Maksin Management Corp
P.O. Box 2647
Camden, NJ 08101-2647
Toll Free: (877) 775-5430

Only one claim form is required per Injury or Sickness. After filing the initial claim form, additional bills may be forwarded with name, College student ID number and school name/policy number. Questions regarding enrollment and payment or waiver, benefits, eligibility, claims procedures or claims status should be directed to:

Maksin Management Corp

P.O. Box 2647

Camden, NJ 08101-2647

Toll Free: (877) 775-5430

At Maksin Management Corp, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to our website at www.maksin.com.

It is the Covered Person's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

This brochure is a brief description of the Student Accident and Sickness Insurance Plan for students of Hartwick College available under policy series S30494NUFIC-NY. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy on file with the Policyholder. If there is any conflict between the contents of this document and the Policy, the Policy will govern in all cases. The Plan is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. and serviced locally by Mercer Health & Benefits. Any questions regarding the Policy should be directed to:

Maksin Management Corp

P.O. Box 2647

Camden, NJ 08101-2647

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