

Maritime College - State University of New York

2008-2009 Student Health Insurance Plan

Policy #UBM2757S

Summary of Coverage, Benefits & Limits

I. Basic Accident & Sickness Benefits

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| Maximum Benefit: | \$5,000 per Accident or Illness |
| Deductible: | \$0 |
| Coinsurance: | 100% of Covered Charges incurred up to \$150.00. 80% of Covered Charges incurred up to \$5,000. |
| Benefit Period: | 52 Weeks |

II. Supplemental Accident & Sickness Benefits

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| Maximum Benefit: | \$20,000 per Accident Except Intercollegiate & Club Sports |
| Maximum Benefit: | \$70,000 per Accident Intercollegiate Sports Only |
| Maximum Benefit: | \$25,000 per Accident Club Sports Only |
| Maximum Benefit: | \$20,000 per Illness |
| Deductible: | \$100 per Accident or Illness |
| Coinsurance: | 80% of Covered Charges incurred up to Maximum. |
| Benefit Period: | 104 Weeks |

III. Additional Benefits

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| Accidental Death: | \$1,000 |
| Accidental Dismemberment: | \$1,000 (Scheduled) |
| Repatriation of Remains: | \$25,000 |
| Emergency Medical Evacuation: | \$25,000 |
| Travel Assistance Services: | Provided by On Call International |

24 Hour assistance services apply when traveling 100 miles from your home or while in a foreign country that is not the student's country of permanent residence.

Please refer to the 2008-2009 Plan Brochure for complete details including a list of definitions, exclusions and state mandated benefits.

Frequently Asked Questions (FAQ's)

- 1) Who is Eligible? All full-time undergraduate students are automatically enrolled in the plan unless evidence of comparable or greater health insurance can be furnished. Graduate students can enroll in the program. If you are a graduate student and wish to enroll, please contact the University.
- 2) Can I use any physician or hospital? Yes, you may use any physician or hospital. The plan includes a PPO network. If a student uses a doctor or hospital in the network then the charge may be discounted which can reduce the patient's out-of-pocket costs. A list of physicians and hospitals in the network can be found online at: www.beechstreet.com.
- 3) Is pre-authorization or pre-certification required? The plan does not require pre-authorization or pre-certification. The determination of whether a medical expense is covered cannot be made until a claim is filed.
- 4) How do I file a claim? Obtain a claim form from the Infirmary or online at: <https://services.ameriben.com>. (Group #0806037). Submit the fully completed claim form and Itemized Bills to the Claims Administrator: Ameriben/IEC Group, P.O. Box 7186, Boise, ID 83707. Balance Due bills are not acceptable because they do not show the date of service, procedure code and diagnosis.
- 5) How can I find out about the status of a claim? After you have filed a claim, you may view the status of your claim online at: <https://service.ameriben.com>. You may also call an Ameriben Customer Care Representative at: 800-504-0142.
- 6) As a parent or guardian, may I speak with the Customer Care Unit about the status of my son's or daughter's claim? Due to recently enacted Privacy Laws, in order to discuss a claim with the Customer Care Unit you must mail or fax a fully completed HIPAA Consent Form to Ameriben prior to speaking with Ameriben about the claim. Consent forms can be obtained by calling Ameriben at: 800-504-0142.
- 7) Are Pre-existing Conditions Covered? Pre-existing conditions are not covered unless the patient can demonstrate proof of prior creditable coverage within 63 days of the plan effective date. Each day of prior creditable coverage reduces the pre-existing coverage period (12 months) by one day. Please consult the Plan brochure for a complete description of the Pre-existing Conditions Coverage limitation.
- 8) How does the Coordination of Benefits (COB) provision apply? Complete details regarding the order of payment are available in the Master Policy. Generally speaking, the student health plan is the student's primary coverage unless the student is employed and is covered by his or her employer's plan.