

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Designed for the Students of



Paul Smith's College
THE COLLEGE OF THE ADIRONDACKS

2007-2008

**This insurance plan includes a Preferred
Provider Organization (PPO) Provision.**

Policy No. CAS9112634

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PAUL SMITH'S COLLEGE

Dear Parents and Students:

Paul Smith's College is concerned about the health of its students and their protections against the high cost of medical care. The enclosed brochure describes the comprehensive plan by National Union Fire Insurance Company of Pittsburgh, PA (an AIG Company) designed for our students.

The Plan provides up to \$25,000 of medical expense benefits for each policy year. After satisfying a policy year deductible the plan pays 80% to the first \$2000, then 100% from \$2000 to the medical maximum of \$25,000. Coverage is for 24 hours a day and is valid world-wide. It becomes effective August 15, 2007 and ends August 15, 2008.

All students are required to have some form of medical insurance.

The College sponsored comprehensive plan is automatically provided for students not showing proof of other coverage.

Students insured under family or private medical insurance may waive enrollment in the college sponsored plan by providing current insurance information to process an on-line Insurance Waiver Form.

The insurance Waiver Form MUST be completed online at www.haylor.com/student by September 7, 2007 to have the annual charge of \$941.00 removed from your account. Waiver information must be completed annually.

If you are insured under HMO programs that do not provide coverage in Paul Smith's College area, you should not waive coverage.

Students on externship automatically drop to part-time status. Coverage under the family insurance may terminate at that time. Those students should contact Paul Smith's College the semester prior to externship if they wish to apply for coverage under the student plan or would like further information.

All international students at Paul Smith's College are required to have some form of medical insurance. Please contact Student Health Services for additional information.

Through our agent, Haylor, Freyer & Coon (HF&C) we try to satisfy student requests for other products like primary protection for personal property and study abroad/travel plans. To receive information on these or any of the Haylor, Freyer & Coon student plans, e-mail or call HF&C listed in the enclosed brochure.

Please review your current coverage. The student health program at Paul Smith's College is very important to you and to us. We urge you to give this matter serious consideration, so that you will have the complete medical program designed for you. Questions concerning our student medical insurance program should be directed during the academic year to the Student Health Services Office at (518)327-6319 or Haylor, Freyer & Coon at 1-800-289-1501.

If you are insured under family coverage, please make sure you have an insurance identification card (and a Pharmacy Prescription Card) for use while enrolled at the college.

Sincerely,
John W. Mills
President

NOTICE

This plan is considered to be comprehensive health insurance coverage. Please keep this brochure so you have a ready reference to an overview of the plan benefits. The coverage under this plan provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

CLAIMS

Claims can be electronically submitted by the participating providers. Claim forms are necessary when service has been rendered by a provider who cannot electronically submit claims or non network providers. Claim forms and instructions on procedures may be obtained from the College's agent, Haylor, Freyer & Coon, Inc. at www.haylor.com/student. Claims should be mailed to Diversified Group Administrators, Inc. P.O. Box 6540 Harrisburg, Pa 17112.

DEPENDENTS

Students enrolled in the College Plan may also enroll their dependent children up to age 19 and/or spouses.

In the event of a marriage, newborn baby or adoption please contact Halor Freyer & Coon for prorated premium to reflect correct coverage and enrollment dates.

PREMIUM REFUND

Except for medical withdrawal due to an injury or sickness, any student withdrawing from the school during the first 31 days of the policy period for which coverage has been purchased shall not be covered under this plan and a full refund of unused premium will be made. Students withdrawing after 31 days will remain covered for the full period for which the premium has been paid, and no refund will be made.

Coverage for a covered student entering the Armed Forces of any country will terminate as of the date of such entry. Those insured students will be entitled to a prorated refund upon written request within 30 days of the date of such entry.

Disclaimer:

This is only a brief description of the coverage available under the 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. If there is any conflict between the contents of this document and the Policy, the Policy will govern in all cases.

PAUL SMITH'S COLLEGE STUDENT HEALTH INSURANCE PLAN

This is a brief description of the Accident and Sickness Health Expense benefits available for Paul Smith's College students and the eligible dependents. The Plan is underwritten by National Union Fire Insurance Company of Pittsburgh, PA. The exact provisions governing this insurance are contained in the Master Policy. The Plan is administered by American Management Advisors, Inc.

POLICY PERIOD

Students:

Annual: Coverage for all students enrolled for the Annual Policy will become effective at 12:01 a.m. on August 15, 2007, and will terminate at 12:01 a.m. on August 15, 2008.

Fall Semester: Coverage for all students enrolled in the Fall Semester will become effective at 12:01a.m. on August 15, 2007, and will terminate at 12:01 a.m. on January 15, 2008.

Spring/Summer Semester: Coverage for all students enrolled for the Spring/Summer Semester will become effective at 12:01 a.m. on January 15, 2008 and will terminate at 12:01 a.m. on August 15, 2008.

Extension of Benefits Upon termination of insurance, whether due to termination of eligibility or termination of the policy, an extension of benefits shall be provided during a period of total disability for hospital confinements commencing or surgery performed during the next 31 days for injury, sickness or pregnancy causing the total disability.

MANDATORY ENROLLMENT WAIVER PROCESS

All students while enrolled at Paul Smith's College are required to have health insurance. **The college health insurance will be provided by National Union Fire Insurance Company of Pittsburgh, Pa.** Coverage begins 8/15/07 and ends on 8/14/08. These students will automatically be billed on their student account statements, unless proof of alternative coverage is provided to our agent, Haylor, Freyer & Coon through their website: www.Haylor.com/student by September 8, 2007.

Medical Treatment Benefit Per Policy Year

This plan will pay up to \$25,000 per policy year, after the \$100 deductible and coinsurance for Eligible Expenses incurred for medically necessary covered services, treatments, and supplies. When practical you should use Student Health Service on campus unless you are experiencing an emergency condition.

Brochure – Brief Summary Only

This brochure is only a brief summary of your coverage provided by policy # CAS9112634. The Policy is issued and on file with the Administrator and Paul Smith's College. This brief summary should not be considered as the complete policy information. All new enrollees will be sent an identification card.

DEPENDENT COVERAGE

Covered Students may also purchase Dependent coverage. Dependent means: (a) the Covered Student's spouse residing with the Covered Student; or (b) the Covered Student's unmarried Children or Grandchildren who reside with the Covered Student, are under the age of nineteen years and are chiefly dependent of the Covered Student for support and maintenance; or (c) a child born to or adopted by a Covered Student while this plan is in force. Newborns will be covered by this plan from the moment of birth; adopted children will be covered from the date of placement for adoption.

A newborn child and adopted child shall be insured for Injury or Sickness, including the necessary care and treatment of premature birth and medically diagnosed congenital defects and birth abnormalities as well as nursery care for newborn well-baby furnished any infant from the moment of birth for an initial period of thirty-one days. To continue the insurance beyond this initial 31 day period, the Covered Student must notify the Company of the birth or adoption in writing and pay any additional premium for the child's insurance within the 31 day period.

To obtain an enrollment form visit HFC's web site at; www.haylor.com/student, or email; student@haylor.com.

Please note: *Previously Covered Persons must re-enroll for dependent coverage by the dates specified in order to avoid a break in coverage for conditions that existed in a prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Conditions will apply.*

DEFINITIONS

ALLOWABLE CHARGES means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

DOCTOR as used herein 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 Covered Person's Immediate Family Member.

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.

COINSURANCE is a percentage of the Eligible Expense that is the Covered Person's responsibility to pay for certain services.

CONTINUATION OF BENEFITS if a student is enrolled in this program and has graduated, or is not returning to Paul Smith's College, the coverage can be continued for up to 6 months. Contact Haylor, Freyer & Coon, Inc. at the address shown on the back of this brochure.

COVERED PERSON means a Covered Student while coverage under this policy is in effect and those Dependents with respect to whom a Covered Student is insured.

COVERED STUDENT means a student of the Policyholder who is insured under this policy.

ELIGIBLE EXPENSES as used herein means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medical 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 this policy is in force as to the Covered Person.

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.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could be reasonably be expected to result in the complications listed above.

MEDICALLY 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 a 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 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 a service or drug not considered reasonable and necessary by the Health Care Financing Administration Medicare Coverage Issues Manual; or
- (g) It can be safely provided to the patient on more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.
- (h) Involve treatment of or the use of medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA).

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.

REASONABLE AND CUSTOMARY means the charge, fee or expense which is smallest of: (a) the actual charge; (b) the charge made for a covered service by the providers 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.

Geographical Area means the three digit zip code in which the service, treatment, procedure, drugs 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.

CREDITABLE COVERAGE means coverage under any of the following:

- (a) Any individual or group policy, contract or program, that is written or administered by disability insurance company, health care plan service, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of worker's compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.
- (b) The Federal Medicare Program pursuant to Title XVIII of the Social Security Act;
- (c) The Medicaid Program pursuant to Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928;
- (d) Chapter 55 of Title 10, United States Code, The Civilian Health and Medical Program of the Uniformed Services;
- (e) A medical care program of Indian Health Service or of a tribal organization;
- (f) A state health benefits risk pool;
- (g) A Health plan offered under chapter 89 of Title 5, United States Code, the Federal Employees Health Benefits Program;
- (h) A public health plan as defined by federal regulations or;
- (i) A health benefit plan under section 5(e) of the Peace Corps Act.

PRE-EXISTING CONDITION means a Sickness, Injury or condition, whether physical or mental regardless of its cause, for which medical advice, diagnosis, care or treatment was recommended for received within the 6 month period ending on the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

DEDUCTIBLE is a charge, expressed as a fixed dollar amount, which you must pay once each policy year before we will pay anything for benefits covered under the Policy.

SUMMARY OF BENEFITS

ELIGIBLE EXPENSE INCURRED: 80% to \$2000.00,
100% \$2,000.00 to
\$25,000.00

AFTER SATISFACTION OF \$100 DEDUCTIBLE, PER POLICY YEAR THIS PLAN PAYS: 100% of the Eligible Expenses per policy year excluding prescriptions.

AFTER SATISFACTION OF \$100 DEDUCTIBLE, PER POLICY YEAR COVERED PERSON PAYS: NOTHING except expenses not covered provided you use a participating provider, excluding pre-
scriptions.

PAUL SMITH'S COLLEGE STUDENT HEALTH PLAN

PROFESSIONAL PROVIDER BENEFITS & INSTITUTIONAL BENEFITS (SEE SUMMARY OF BENEFITS ABOVE)

- Inpatient Hospital Services
- Outpatient Hospital Services
- Surgery
- Anesthesia Services
- Hospital Outpatient Emergency Services
- Emergency Care
- Ambulatory Surgery Center Services
- Professional Provider Visits
- Diagnostic Service & Therapy
- Assistance at Surgery

MANDATED BENEFITS (THE FOLLOWING MANDATED BENEFITS WILL PAID IN ACCORDANCE WITH BENEFITS AS REQUIRED BY THE STATE OF NEW YORK)

- Second Medical Opinion
- Mastectomy Care
- Post Mastectomy Reconstruction
- Cervical Cytology
- Enteral Formulas
- End of Life Care
- Cancer Drugs
- Outpatient Alcoholism
- Mental and Nervous per Timothy's Law
- Chiropractic Care
- Maternity Care
- Mammography
- Bone Density Testing
- Diabetic Education
- Diabetic Equipment & Supplies
- Pre Hospital Emergency Medical Service
- Prostrate Cancer Screening
- Contraceptives
- Substance Abuse Treatment

ADDITIONAL BENEFITS

PRESCRIPTION MEDICINES

Retail Pharmacy: 30-day Supply, Mail order: 90-day Supply.

- \$50 deductible per person per policy year; \$1000 per person per policy year maximum; 20% co-payment for generic, 30% for preferred and 50% for non-preferred

OUTPATIENT MENTAL CARE

Benefits for outpatient services are limited to 1 visit per day. The Company will pay in accordance with the State Mandated benefit.

PREMIUMS

ANNUAL PREMIUMS - (8-15-07 TO 8-15-08)

Student:	\$941.00
Spouse or Child:	\$1113.00
Family:	\$2273.00

FALL PREMIUMS - (8-15-07 TO 1-15-08)

Student:	\$395.00
Spouse or Child:	\$467.00
Family:	\$955.00

SPRING / SUMMER PREMIUMS - (1-15-08 TO 8-15-08)

Student:	\$578.00
Spouse or Child:	\$646.00
Family:	\$1318.00

SUMMER PREMIUMS - (5-15-08 TO 8-15-08)

Student:	\$249.00
Spouse or Child:	\$279.00
Family:	\$569.00

For dependant enrollment, please go to: **www.haylor.com/student** and click on the Paul Smith's College icon. From there you will follow the instructions for dependent enrollment.

PREFERRED PROVIDER ORGANIZATION (PPO)

A Preferred Provider Organization (PPO), is an organization in which a group of Hospitals and doctors have agreed to provide medical care services to Covered Persons. The PPO for the policy will be selected by the company. The PPO provides these according to negotiated fee schedules that are considered full payment for services rendered, subject to policy provisions. A Covered Person has the option to use a PPO provider or a non PPO provider.

For treatment or care received out of the PPO geographic area, Benefits for covered expense will be payable at the non-PPO level. However, if such treatment is received in a non PPO facility because of an Emergency medical condition, benefits for covered expense are payable at the PPO level.

Benefits payable under the Policy for covered services rendered through the PPO network shall be based on Allowable Charges of its PPO Network Provider.

Benefits payable under the Policy for covered services out-side the PPO network shall be based on the Reasonable and Customary charges of the Out of Network Provider.

Non-participating Provider means a facility, professional provider or provider of additional health services that does not have a provider agreement to provide health services to students.

Participating Provider means a facility, professional provider or provider of additional health services that has a provider agreement to provide health services to students. Students can find a participating provider by calling 1-888-261-7900 or access the web at <http://providers.nhbc.com>. Your pin number is AMA 411.

DESCRIPTION OF BENEFITS

Payments will be made, as allocated herein for Eligible Medical Expenses incurred for any one eligible Injury including intercollegiate sports or any one Sickness, while insured under the Plan, not to exceed Policy Year Maximum while continuously insured of \$25,000.

To maximize your savings and reduce out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. A Non-Network Provider is subject to Reasonable and Customary (R&C) charge limits. Any charges in excess of the R&C are not covered under the Plan.

To locate a provider, go to <http://providers.nhbc.com>, enter your PIN # AMA411 and follow the instructions or call 1-888-621-7900.

EXPLANATION OF ELIGIBLE EXPENSES

After satisfaction of the \$100 per year deductible, the Plan will pay 80% of the Allowable Charges for Network Providers up to \$2,000. Claims in excess of \$2,000 will be paid at 100% of the Allowable Charge to a policy maximum of \$25,000. Non Network Providers will be paid at 80% of the Reasonable and Customary Charges, to a policy maximum of \$25,000, excluding prescription drugs which has its own Benefit Schedule.

WALGREENS HEALTH INITIATIVES PHARMACY NETWORK

The pharmacy network provides prescription drug coverage for all conditions. Prescriptions filled at any participating Walgreens pharmacy will be payable as described within the prescription drug benefit under the summary of benefits. The Covered Person is responsible for a 20% Co-payment per generic prescription. 30% co-payment per single source (preferred) prescription or 50% co-payment per multi-source (non-preferred) prescription. No claim forms are required. The participating pharmacy will file claims directly with the Administrator for reimbursement of the remaining charges.

You must show your identification card to receive benefits at a participating pharmacy.

For member services information, please call Walgreens Health Initiatives RX member services at 1-800-207-2568. this service is available after the issuance of the identification prescription card.

Student Health Center

Student Health Services is staffed with a full-time nurse and an office assistant. Students also have the opportunity to see a physician's assistant (PA) who visits twice a week and a nurse practitioner who visits once a week. The physician's assistant is overseen by the physicians or Adirondack Medical Associates, in Sarananc Lake, who contract with the College to provide physician medical care.

The Student Health Service is active in Health & Wellness issues on campus. A smoking cessation campaign is coordinated with the North Country Healthy Heart Network annually. Counselors are provided to work with the students to develop individual plans to aid in overcoming Smoking addiction. A flu immunization clinic is held on campus each winter in collaboration with the Franklin County Public Health Nursing Service. A delivery program for prescription drugs enabling students to have prescription medications delivered to them on campus is available and coordinated by the health center. The College nurse also works closely with the counseling staff in Student Development and Center for Accommodative Services to assist Student's with confidential issues in health and wellness.

The Student Health Center

Open 8:00 am -5:00 pm

Paul Smith's College

PO Box 265

Rt 86 & 30

Paul Smiths, NY 12970

518-327-6319

EXCLUSIONS

The Policy does not cover nor provide benefits for:

1. Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by health care providers employed by the Policyholder;
2. Preventative medicines, serums, or vaccines, except as specifically provided;
3. Organ Transplants;
4. Injury sustained or Sickness contracted while in service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
5. Injuries sustained as a result of a motor vehicle Accident to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable;
6. Cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy;
7. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
8. Expense incurred after the date insurance terminates for a Covered Person; except as may be specifically provided in the Extension of Benefits provision;
9. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
10. As a result of participation in a felony, riot;
11. For services or supplies rendered by an immediate family member of the Covered Person;
12. Personal Items or services such as television, telephone, or transportation;
13. Treatment of learning disabilities;
14. Expenses for eye examinations, eyeglasses, contact lenses or prescription for such except for aphasic patients (including lenses required after cataract surgery and soft lenses or sclera shells to treat sickness or injury, radial keratotomy or laser surgery);

15. Routine periodical physical examinations, except as specifically provided;
16. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
17. Treatment, services or supplies not medically necessary;
18. 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 scheduled airline maintaining regular published schedules on a regular established route;
19. For treatment of Mental or Nervous Disorders except as specifically provided in this policy;
20. Treatment of alcohol and substance abuse except as specifically provided;
21. Suicide, attempted suicide, or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
22. Hearing examinations or hearing aids.
23. Dental treatment except for treatment resulting from injury to sound, natural teeth.

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 or received by a Doctor during the six (6) consecutive months prior to the Effective Date of the Covered Person's Coverage under this Plan. The Pre-existing Condition Waiting Period is six (6) months. Coverage will not be provided for a pre-existing condition until the waiting period has elapsed. The Pre-existing Condition waiting period applies to all persons covered in this Plan and begins on the Covered Person's Effective Date. If a Covered Person receives treatment or service for a Pre-existing Condition: (a) we will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Covered Person's effective date; and (b) we will pay only for expenses incurred after such twelve (12) consecutive month period.

CONTINUOUSLY INSURED

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means the Student Health Insurance policy or policies issued to Paul Smith's College immediately before the current Plan; Injury or Sickness shall include an Injury sustained or a Sickness first manifesting itself, while the Covered Person is continuously insured under the Prior Plan and became insured under this plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Plan. Also, the total amount of benefits payable for Injury or Sickness under this Plan and the Prior Plan cannot exceed the Per Condition Aggregate Maximum.

AN IMPORTANT MESSAGE ABOUT HIPAA AND YOUR PRIVACY

Under HIPAA's Privacy Rule we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of National Union Fire Insurance Company of Pittsburgh, PA with its primary place of Business in New York, NY ("The Company") Privacy Notice, write to 175 Water Street, 3rd Floor, New York, New York 10038 Attn: HIPAA Privacy Office or call 1-800-225-4500, select HIPAA.

APPEALS

If a claim is wholly or partially denied, a written notice or a message on the Explanation of Benefits (EOB) will be sent to the Covered Person containing the reason for the denial. The notice or message will include a reference to the provision in the Plan and a description of any additional information, which might be necessary for reconsideration of the claim.

RIGHT OF RECOVERY

As a condition to receiving benefits under this policy, the Covered Person (or, if he or she deceased, an authorized representative of the Covered Person) agrees, except as may be limited or prohibited by applicable law:

- (a) to reimburse the Company for any such benefits paid to or on behalf of the Covered Person, if such benefits are recovered, in any form, from any Third Party or Coverage; and
- (b) if the Covered Person is a minor or is not competent to make this agreement, the legal guardian of the Covered Person's property makes the agreement on the Covered Person's behalf as a condition to receiving benefits under this policy on behalf of the Covered Person. If the Covered Person has guardian for his or her property, the person or person's who, in the company's opinion have assumed the custody and support of the minor or responsibility for the incompetent person's affairs make the agreement on the Covered Person's behalf as a condition to receiving such benefits under the Policy on behalf of the Covered Person.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. Report to the Student Health Center when they are open or go to the nearest Doctor or hospital within the Network. For information on network providers contact <http://providers.nhbc.com>
2. If away from Student Health Center, or if Health Service is closed, consult a Doctor and follow his/her advice.
3. Notify Diversified Group Administrators, Inc. within 30 days after the date of the Injury or commencement of the Sickness or as soon thereafter as is reasonably possible.
4. Complete the Claim Form in full and sign it.
5. The completed and signed Claim Form should be mailed within 90 days from the date of Injury or Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, Diversified Group Administrators, Inc., at the address on the back of the brochure.
6. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims cannot be processed from "balance due" statements. No additional Claim Forms are needed as long as the Covered Person's/Student's name and identification number are included on the bill.
7. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Diversified Group Administrators, Inc.. Office hours are 8:00 a.m. to 5:00 p.m. (EST) Monday through Friday.

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



Agent for Paul Smith's College

Haylor, Freyer & Coon

231 Salina Meadows Parkway

P.O. Box 4743

Syracuse, NY 13221

E-mail: student@haylor.com

1-800-289-1501

315-451-1500

and ask for a college specialist.

To waive student health insurance:

www.haylor.com/student

click on Paul Smith's College icon.

To enroll in student health insurance

www.haylor.com/student

click on Paul Smith's College icon.

For further information:

www.haylor.com/student

click on Paul Smith's College icon.

The Plan is Underwritten by:

National Union Fire Insurance Company of Pittsburgh, PA

Policy Number: CAS9112634

Plan Administrator:

American Management Advisors, Inc.

600 North Woodbourne Road

Langhorne, PA 19047

1-888-533-7654

This brochure is a brief description of the Plan Benefits.

The exact provisions governing the insurance are contained in the Master Policy issued to

Paul Smith's College