

an autopsy made in case of death where it is not forbidden by law.

We have the right to get a Physician's opinion about treatment or hospitalization. If you do not show up for an exam by a Physician when we request it, we may: 1) withhold payment of Covered Medical Expenses until the exam is done and the Physician's report is received; and 2) deduct from benefits the amount we had to pay the physician who was to make the exam.

#### CLAIM PROCEDURES

In the event of injury or illness, students should contact the Student Health Center in the MAC Building, MAC Room 112, Telephone 732-224-2106 at once for full instructions. If away from school, consult a Physician. All claim payments are made by the Claims Administrator listed below. Proof of Loss must be submitted within 90 days following the date of accident or start of sickness to the Claims Administrator at:

**Commercial Travelers  
Mutual Insurance Company**  
ATTN: College Claim Department  
70 Genesee St. • Utica, NY 13502  
1-800-756-3702

#### HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator at the address listed above.

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact the Claims Administrator at the address listed above when you need such certification.

#### Local Representative:

**T.L. GROSECLOSE ASSOCIATES, INC.**  
190 Tamarack Circle • Skillman, NJ 08558  
609-279-1500

**Underwritten & Claims Administered by:**  
**COMMERCIAL TRAVELERS  
MUTUAL INSURANCE COMPANY**  
70 Genesee Street • Utica, New York 13502

For Brochures, Forms and Claim Information go to:

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

*For a copy of the Company's  
privacy notice you may:*

*go to*

[www.commercialtravelers.com/privacy.html](http://www.commercialtravelers.com/privacy.html)

*or*

*Request one from the Health office  
at your school*

*or*

*Request one from:*

Commercial Travelers Mutual Insurance Company  
c/o Privacy Officer  
70 Genesee Street • Utica, NY 13502

*(Please indicate the school you attend  
with your written request.)*

#### Contents...

Eligibility & Cost  
Effective & Termination Dates  
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***Representations of this plan  
must be approved by the Company.***

Please keep this certificate as a summary of your insurance. The Insurance Policy is on file at the College and contains all of the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the certificate and the Policy, the Policy will govern and control the payment of benefits.

## **Group Student Accident and Sickness Insurance Program**

**Designed for  
Students of**

**BROOKDALE  
COMMUNITY  
COLLEGE**  
**(Part-Time Students)**

**2011–2012**

**This Certificate is Subject to  
the Laws of the State of  
New Jersey.**

*Underwritten by*  
**COMMERCIAL TRAVELERS  
MUTUAL INSURANCE COMPANY**  
Utica, NY

as policy form # CTGP-1000

CTGC-1000

11-G3A12(P/T-Bro)

Dear Brookdale Part-time Student:

The New Jersey Law mandating that all full-time (12 credits or more) students have hospitalization insurance does not apply to you, the part-time student. You, as a part-time student, are covered minimally by hospital/medical insurance while on campus and while traveling directly to campus from home and traveling directly home from campus.

If you wish to broaden that insurance coverage, you have the option to purchase the same Plan that is required for full-time students (24-Hour Accident and Sickness Coverage). If you purchase this insurance coverage you will be covered for hospitalization/medical costs evenings, weekends, holidays, non-school days, in addition to the previously stated "on-campus, to and from."

If you currently have adequate hospitalization insurance coverage you may not need this additional coverage. Keep in mind, however, that many family medical insurance plans either drop students once they reach age 19 or do not provide complete medical coverage. It may be to your advantage to retain this insurance regardless of other coverage since it may help to cover part or all of the costs of a particular hospitalization.

We have done our best to provide adequate coverage at a cost that will not be prohibitive in order to comply with the New Jersey Law. If you have any further questions, you may address them directly to The Agent, T.L. Groseclose Associates, Inc.

Sincerely,

James V. Palumbo  
Dean of Student Development

**Note:** Applications will be accepted during the first 30 days of each semester, only. Applications received later will be declined. Coverage will be in effect from the first day of the semester for which you are applying, or the date the premium is received by T.L. Groseclose Associates, Inc., The Agent, whichever is later.

Period of Coverage	Charge
Full Year (9/6/11–9/6/12)	\$25.50
Spring Semester (1/18/12–9/6/12)	\$19.50
Summer I (5/14/12–9/6/12)	\$12.00
Summer II (5/30/12–9/6/12)	\$12.00
Summer III (7/5/12–9/6/12)	\$12.00

### ELIGIBILITY AND COST

All eligible students are automatically enrolled under this Plan, unless they have elected to waive the coverage and provided proof of other insurance.

### MEDICAL EXPENSE BENEFIT SCHEDULE

Benefits are provided up to \$2,500 for Covered Medical Expense incurred, inpatient or outpatient, as the result of a covered accidental injury or sickness. The initial treatment for an accidental injury must be rendered within 30 days of the accident. Benefits for a covered injury or sickness are limited to treatment received within 52 weeks of the date of the accident or first treatment for sickness.

The Company will pay for the reasonable and necessary services in accordance with the usual and customary charge normally made for such services as follows:

	For Accidents	For Sickness
<b>Inpatient</b>		
Room/Board/ICU	U&C Semi-private	Up to \$225/day
Hospital Misc.	Up to \$1,000 Max	Up to \$1,000 Max
*Surgery	\$125 Unit Value	\$125 Unit Value; \$1,000 Max
Anesthetist	U&C	NIL
Private Duty RN	U&C	Up to \$25/day; \$250 Max; Hospital confined
Physician's Visits	U&C	\$25/visit; \$250 Max
<b>Outpatient</b>		
*Surgery	\$125 Unit Value	\$125 Unit Value; \$1,000 Max
Day Surgery Misc.	Up to \$1,000 Max	Up to \$1,000 Max
Anesthetist	U&C	NIL
Outpatient Misc.	U&C	Up to \$150; must be hospital rendered
Physician's Visits	U&C	Beginning w/ 2nd visit, \$25/visit; \$250 Max
Physiotherapy	U&C	Included in "Physician's Visits"
Emergency Room	U&C	Included in "Outpatient Misc."
X-rays/Lab Tests	U&C	Included in "Outpatient Misc."
Tests & Procedures	U&C	Included in "Outpatient Misc."
Radiation Therapy	NIL	Included in "Outpatient Misc."
Injections	U&C	Included in "Prescription Drugs"
Chemotherapy	NIL	Included in "Outpatient Misc."
Psychotherapy	NIL	Included in "Physician's Visits"
Misc. Supplies	Included in "Outpatient Misc."	Included in "Outpatient Misc."
<b>Other</b>		
Prescription Drugs, including prescription female contraceptives	Up to \$25	Up to \$35
Ground Ambulance	U&C	Up to \$100
Braces & Appliances	U&C	Included in "Outpatient Misc."
Consultant	U&C	Included in "Physician's Visits"
Home Health Care	U&C Basic Policy	U&C Basic Policy
Extended Care	U&C Basic Policy	U&C Basic Policy
Dental	Up to \$500/accident	NIL
<b>Mandated Benefits</b>		
Alcoholism Treatment	NIL	Treated as any other illness
Reconstructive Breast Surgery	NIL	Treated as any other illness
Treatment of Diabetes,		
Equipment/Supplies/Education	NIL	Treated as any other illness
Treatment of Wilm's Tumor	NIL	Treated as any other illness
Therapeutic Treatment of inherited Metabolic Diseases	NIL	Treated as any other illness
Mammography (age 35+) , Pap Smears & Prostate testing	NIL	Up to \$50
Chemical Dependency & Drug Addiction	NIL	Treated as any other illness
Maternity	NIL	Treated as any other illness
Childhood Immunizations	NIL	Treated as any other illness
Lead Poisoning Screening for Children	NIL	Treated as any other illness
Cancer Treatment; Bone Marrow Transplants	NIL	Treated as any other illness
Dental Trmt. for Severely Disabled or Children	NIL	Treated as any other illness
Hemophilia Treatment	NIL	Treated as any other illness
Infant Formulas	NIL	Treated as any other illness
Colorectal Cancer Screening	NIL	Treated as any other illness
Audiology and Speech Language Pathology	NIL	Treated as any other illness
Infertility Treatment	NIL	Treated as any other illness
Biologically Based Mental Illness	NIL	Treated as any other illness
Wellness Benefit	NIL	Scheduled
Orthopedic or Prosthetic Appliance	Treated as any other accident	Treated as any other illness
Newborn Hearing Screening	NIL	Treated as any other illness
Autism or Other Developmental Disability	NIL	Treated as any other illness
Hearing Aid Expense	NIL	Scheduled

\*Based on the 1974 California Relative Value Studies (CRVS), 5th Edition.

## EFFECTIVE AND TERMINATION DATES

For students enrolled during the Fall Semester, coverage will be in effect from either September 6, 2011 or the date of premium payment, whichever is later, until September 6, 2012. For students enrolled only during the Spring Semester, coverage will be effect from either January 18, 2012, or the date of premium payment, whichever is later, until September 6, 2012. For students enrolled only during the Summer Semesters, coverage will be in effect from either May 14, 2012, May 30, 2012, July 5, 2012, or the date of premium payment, whichever is later, until September 6, 2012. Coverage under the Plan expires at 12:01 A.M. September 6, 2012.

### Accidental Death & Dismemberment

\$1,000 payable when an injury results in the loss of life within 180 days of the accident. \$1,000 payable per Plan schedule for Accidental Dismemberment.

### MAJOR MEDICAL SUPPLEMENT

After paying \$2,500 in basic benefits under either the accident or sickness provision of the Plan for any one accident or sickness, this Plan will pay 80% of the expenses incurred in excess of \$2,500, up to, but not exceeding \$32,500 for Covered Medical Expenses for any one accident or sickness. Expenses must be incurred within two years from the date of accident or sickness.

No benefits will be paid under the Major Medical Expense for loss or expense caused by, contributed to or resulting from:

1. Room and board expenses which exceed the semi-private room rate;
2. Dental treatment;
3. Mental or Nervous Disorders;
4. Treatment for drug rehabilitation or addiction;
5. Injuries sustained during the organized practice or competition in intercollegiate, club, semi-professional, or professional sports;
6. Treatment expense incurred beyond 2 years from the onset of Sickness/Illness symptoms covered by the Plan or the original date of Injury covered by the Plan;
7. Psychology or Psychiatric treatment, evaluation or expense.

### EXTENSION OF BENEFITS

In the event that you are totally disabled as the result of a covered injury or sickness on the date that your coverage is to end as the result of the policy termination, the benefit period will be extended for an additional 90 days beyond the date of termination. Any covered medical expense incurred during this time will be covered subject to the policy's regular benefit limits, exclusions and limitations, and other applicable provisions.

## DEFINITIONS

"Accident" means an injury to the body of the Insured caused by physical trauma occurring while his or her coverage is in force which results directly and independently of all other causes from an accident and is not related to the normal functions of the body. Self-inflicted injuries caused by prolonged over-exertion, stress, strain or disease process or aggravation of an existing condition are expressly not covered.

"Benefit Period" means a period of time that begins on the original date of a loss covered by the Policy and continues from that date for 52 weeks. No benefits are payable for any expenses incurred for such loss before or after the Benefit Period.

"Covered Medical Expenses" means reasonable charges which are: 1) not in excess of usual and customary charges; 2) not in excess of the maximum benefit amount payable per service; 3) made for services and supplies which are a medical necessity; 4) made for services included in the benefits; and 5) in excess of the deductible amount, if any.

"Extended Care Benefits" means expenses incurred during confinement in an extended care facility. The Insured must be covered by the Policy when the confinement starts. Expenses must be usual and customary covered expenses and care must be prescribed by a physician. The physician has to certify that proper care would have meant continued confinement in a hospital if extended care was not obtainable.

"Home Health Care" means the nursing and other home health care services rendered to the Insured in his place of residence under the following conditions: 1) on a part-time or intermittent basis, except when full-time or 24-hour services are needed on a short-term basis; 2) if continuing hospitalization would have been required if Home Health Care was not available; 3) pursuant to a physician's order and under a plan of care established by the physician and a home health care provider.

"Hospital" means an institution that: 1) is duly licensed and operating within the scope of such license; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified physicians; 4) continuously gives 24-hour nursing service by R.N.'s; 5) has organized facilities or pre-arranged facilities for diagnosis and surgery on premises; 6) is not primarily a clinic, nursing, rest or convalescent home.

"Hospital Confined" means confined in a hospital for at least 18 hours by reason of an injury or sickness.

"Illness, Sickness, or Disease" means sickness or disease that causes loss beginning while the Policy is in force and which is not excluded under a pre-existing condition limitation.

"Injury" means accidental bodily injury resulting directly and independently of all other causes sustained while the Policy is in force.

"Medical Necessity" means those services or supplies given or prescribed by a hospital or physician which are: 1) essential for the symptoms and diagnosis or treatment of sickness or injury; 2) given for the diagnosis or direct care and treatment of sickness or injury; 3) in accordance with the standards of good medical practice; 4) not primarily for the convenience of the Insured or his physician; 5) the most appropriate supply or level of service which can safely be given to the Insured.

"Immediate Family Member" means the Insured's spouse, mother, father, brother or sister or the Insured's spouse's mother, father, brother or sister.

"Miscellaneous Supplies" include, but are not limited to, Ace Bandages, sutures and suturing supplies, Band-Aids, injections, medications, oxygen, blood and blood plasma.

"Physician" means a practitioner of the healing arts operating within the scope of his or her license. A physician includes at least the following 1) a Doctor of Medicine (M.D.); 2) a Doctor of Osteopathy (D.O.); 3) a Doctor of Dentistry (D.M.D. or D.D.S.); 4) a Doctor of Chiropractic (D.C.); 5) a doctor of Optometry (O.D.); 6) a Doctor of Podiatry (D.P.M.); 7) a Doctor of Psychology (Ph.D.); or 8) any other healthcare practitioner that state law requires us to recognize as a physician.

"Usual and Customary Charges" means a reasonable charge that is: (a) usual and customary when compared with charges made for similar services and supplies; and (b) made to persons having similar medical conditions in the locality of the school. No payment will be made under

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**PLEASE RETAIN THIS CARD  
THIS IS TO CERTIFY THAT**

\_\_\_\_\_  
Name of Insured

**IS PARTICIPATING IN THE 2011-2012  
STUDENT MEDICAL INSURANCE PLAN FOR  
BROOKDALE COMMUNITY COLLEGE  
Policy No. 2011G3A12**

*Possession of this card does not guarantee eligibility.  
The student must be enrolled in the plan.  
Eligibility is subject to Verification by Plan Administrator.*

the Policy for any expenses incurred which in the judgement of the Company are in excess of the usual and customary charges.

## EXCLUSIONS

No benefit will be paid for loss or expense caused by, contributed to, or resulting from:

1. Services given normally without charge by the Health Service of the school, or by any person employed or retained by the school or services covered or given by the student health fee;
2. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual Defects" means any physical defect of the eye which does or can impair normal vision;
3. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing Defects" means any physical defect of the ear which does or can impair normal hearing;
4. Dental treatment, except for accidental injury to sound, natural teeth;
5. War or any act of war, declared or undeclared, or while in the Armed Forces of any country (\*a pro-rata premium will be refunded upon request for such period not covered);
6. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
7. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted injury;
8. Injury sustained while: 1) participating in any interscholastic, intercollegiate, club, professional or semi-professional sport, contest or competition; 2) traveling to or from such sport, contest or competition as a participant; or 3) while participating in any practice or conditioning program for such sport, contest or competition;
9. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of air-

- craft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
10. Treatment in a Government Hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
  11. Being under the influence of any narcotic unless administered on the advice of a physician;
  12. For any loss sustained or contracted as a consequence of the Insured's being intoxicated;
  13. Elective surgery and elective treatment, as defined in the Policy;
  14. Routine newborn baby care, well-baby nursery and related Physician charges;
  15. Congenital conditions, except as specifically provided for newborn infants;
  16. Injury or sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
  17. Organ transplants; plastic or cosmetic surgery (unless related to the treatment of a covered accident); reimplantation, transplantation or experimental surgery;
  18. Benefit for snow skiing shall not exceed \$0 per covered accident;
  19. Covered accidents for which treatment by a licensed physician was not received within 30 days of the date of such accident;
  20. Hospital confinement for purposes of custodial care;
  21. Tackle football in any form;
  22. Elective abortion.

## LIMITATIONS

This Plan cannot establish physicians fees, and therefore, cannot guarantee that payments made by the Insurance Company will cover all physician and surgeon charges in full.

## CLAIMS PROVISIONS

**NOTICE OF CLAIM:** You must give written notice of claim to us or our authorized agent. This must be done within twenty (20) days after a claim begins or as soon as possible. Notice given by or on your behalf with enough information to identify you is notice to us.

**CLAIM FORMS:** When we receive a notice of claim, we will furnish claim forms. If we do not do this within 15 days after we get written notice, you can send us written proof of loss telling us of the occurrence, the character and extent of the loss for which claim is made.

**PROOF OF LOSS:** Written Proof of Loss must be given to us or our authorized agent within 90 days of the loss. If it is not given within the time required, the claim will not be invalid or reduced if it was not reasonably possible to do so.

Proof of loss must describe the incident, extent and the type of loss. For death claims, proof of loss means certified copies of the death certificate, autopsy (if performed), Coroner, Medical Examiner or Justice of the Peace reports. Police Motor Vehicle Accident Report or Police Incident Report, if applicable, are also Proof of Loss documents.

If the claim is for a continuing loss for which we made periodic payments, written proof of loss must be given to us within 90 days after the end of each period that benefits are payable, or as soon as possible.

**TIME OF PAYMENT OF CLAIMS:** We will pay all benefits due not more than 60 days after receipt of proof of loss.

**PAYMENT OF CLAIMS:** Benefits for loss of life will be paid to the beneficiary. If no beneficiary has been designated, benefits will be paid to your estate. Any other accrued benefits, not to exceed \$35,000 unpaid at your death may, at our option, be paid either to the beneficiary or to your estate. All other benefits will be paid to the Insured. We may pay benefits for Covered Medical Expenses directly to the provider of medical services if you request us to do so. Any such payment by us in good faith will end our liability to the extent of such payment.

**BENEFICIARY:** Accidental death benefits, if any, will be paid to the beneficiary as designated in writing by you and on file with the Plan Administrator. If no beneficiary has been named, benefits will be payable in the following order of preference: 1) to the spouse, if living; otherwise 2) equally to any lawful children, if living; otherwise 3) equally to the mother and father, if living; otherwise 4) to your estate.

**BENEFICIARY DESIGNATION:** You may choose one or more beneficiaries. We will give forms for this use. Such forms must be filed with the Plan Administrator. The beneficiary may be changed at any time. The beneficiary's consent is not required unless an irrevocable beneficiary has been named. The change will be effective only upon receipt by the Plan Administrator. The change will take effect on the date it is signed. Any payment we make in good faith before we receive any beneficiary change will end our liability to the extent of such payment.

**LEGAL ACTIONS:** No legal action can be brought to recover on the Policy prior to the end of 60 days after written proofs of loss have been given. No such action can be brought after 3 years from the time written Proofs of Loss are required to be given.

**PHYSICAL EXAMINATION:** As a part of Proof of Loss, we, at our own expense, have the right: 1) to examine the person of any Insured when and as often as we may reasonably require while a claim is pending; and 2) to have

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**Fully Insured, Claims Administered  
and Underwritten by:**

**Commercial Travelers Mutual Insurance Company**

College Claim Department

70 Genesee Street

Utica, New York 13502

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