

HEALTH CARE BEGINS AT THE RIT STUDENT HEALTH CENTER

# Student Accident and Sickness Insurance Program 2001 - 2002

For Students of

# RIT

Rochester Institute of Technology  
Rochester, New York 14623

Underwritten By:

COMPANION LIFE INSURANCE COMPANY

LYNBROOK, NY

Serviced by:  
**University Health Plans, Inc.**  
15 Broad Street  
Boston, MA 02109  
(800) 437-6448

Claims Administrator:  
**THE MAXON COMPANY**  
Post Office Box 606  
Neversink, NY 12766-0606  
(800) 999-3309  
(800) 842-6023 - Hearing Impaired (TTY)

Policy Number: SB02HM-33701  
(Excess Acc. Policy #SB02HM-33786)

form MC28291 5 00

# TABLE OF CONTENTS

## PART I Services Available at the RIT Student Health Center

## PART II Insurance Program - Basic Student Accident & Sickness

- Eligibility
- Master Policy
- Definition of Terms
- Annual Insurance Costs
- Waiver Process
- Term of Coverage
- Refund of Premium
- Description of Basic Benefits
- Description of Supplemental Benefits
- Other Benefits

## PART III Optional Benefits

- Enhanced Supplemental Benefit
- Medical Evacuation and
- Repatriation Expense Benefit

## PART IV Terms & Conditions - RIT Student Insurance Plans

- Continuously Insured
- Pre-Existing Conditions
- Exclusions and Limitations
- Termination of Insurance
- Extension of Benefits
- Insurance After Termination
- Certificate of Creditable Coverage
- Notice and Proof of Loss
- Claim Information

## PART V Excess Accident Plan

- Identification Card
- Accident and Sickness Insurance Enrollment Form (Last Page)

## PART VI

- Cole Vision Care

Underwritten by:

**Companion Life Insurance Company**

Lynbrook, NY

Dear Students and Parents or Guardians:

RIT is concerned about the health, safety and general physical and mental well-being of its students. We recognize, however, that students may encounter accidents and sickness while enrolled at RIT. RIT's Student Health Center is available for students to use when medical attention is needed. To supplement this, RIT offers a student insurance program. RIT requires all full-time undergraduates and all international students to have adequate medical insurance coverage.

Part I of this brochure provides information about the health care services and programs offered by the RIT Student Health Center. These services are funded through quarterly health fees, which all full-time undergraduate students are required to pay. The health fee is also used to support other health related services and health education on campus. Part-time and graduate matriculated students may use the Student Health Center by paying the quarterly fee, or by paying a per visit/service fee.

Parts II-V of this brochure outline the benefits offered in RIT's Student Insurance Plans underwritten by Companion Life Insurance Company. Part VI describes a new Eyecare Discount Plan that is available to RIT students enrolled in the basic medical insurance plan.

The 2001-02 Plans provide substantial benefits for covered medical expenses at a reasonable cost. Coverages include the "Basic Student Accident & Sickness Plan", the optional "Enhanced Supplemental Medical Plan" and the "Excess Accident Plan". Coverage is also available for a student's spouse and/or dependent children at an additional charge. At no charge to students, RIT maintains the Excess Accident Plan available to all RIT students for accidents occurring on campus or off-campus during a RIT sponsored activity.

### **Automatic Enrollment Process**

**Each year, all matriculated, full-time registered undergraduate, day division RIT students are automatically enrolled in the RIT offered Student Accident & Sickness Insurance Plan (Basic). An annual premium charge is assessed to the student's billing account. Under certain conditions, students may be able to waive this automatic enrollment. Refer to waiver section further on in this brochure. Waiver cards are mailed annually to students and may also be obtained at the Bursar's Office or website. These waivers must be returned to RIT by September 30, 2001. If full-time status is triggered later in the academic year, a pro-rated premium charge will be assessed. Waivers for pro-rated enrollment will be accepted within 30 days from the start of the quarter in which pro-rated enrollment was posted.**

**Note: Graduate and part-time students may voluntarily enroll in "Basic Student Accident & Sickness Plan."**

### **NEW for the 2001-02 academic year:**

**ALL international undergraduate and graduate students (full and part-time) will be automatically enrolled in the Basic Accident and Sickness policy on a semi-annual basis based on registration status. Certain foreign scholars will be eligible for exemption from RIT's required insurance enrollment and will not be billed for this coverage.**

For parents of entering students, we urge you to evaluate the RIT offered Student Insurance Plan for your student, not only based upon the absence of insurance coverage, but as an important Rochester medical community-based supplement to existing insurance coverage.

For further information please contact the Student Health Center at 716-475-2255 V or 716-475-5515 TTY or University Health Plans at 800-437-6448, info@univhealthplans.com.

Sincerely,

E. Cassandra Jordan  
Director  
RIT Student Health Center

## ***PART I SERVICES AVAILABLE AT THE RIT STUDENT HEALTH CENTER***

### **CONFIDENTIALITY**

The Student Health Center is very sensitive to the importance of confidentiality in the provider-patient relationship. Information is not released to Institute authorities, other colleges or agencies, or parents without the student's written authorization, except as required for insurance reimbursement or as required by law.

### **WHAT IS THE STUDENT HEALTH CENTER?**

The Student Health Center (SHC) provides a full range of primary care, treatment and referral services, as well as related health education programs. All programs and services are aimed at maintaining the physical and emotional well-being of RIT Students. The SHC is located in the August Center, a free-standing ambulatory care facility on the main campus between the residential and academic sides of campus. This well equipped facility provides medical treatment and office consultation space for a variety of outpatient services, as well as a 3 bed observation unit for use during Center hours. In addition to the August Center facility, the SHC provides emergency medical service coverage and/or transport 24 hours/day, 7 days/week via the RIT Ambulance.

### **HOW IS THE STUDENT HEALTH CENTER STAFFED?**

The SHC is staffed by physicians, nurse practitioners, nurses, health educators and support staff - all well trained, fully licensed professionals. The SHC providers are certified (as appropriate) in specialty areas that include Adult Medicine, Family Practice, Gynecology, Health Education, Sign Language Interpreting for the Deaf, and Alcohol and Other Drug Counseling. The Center serves as a teaching site for a variety of RIT

academic programs including its Physician Assistant and Nutrition Programs; practicum experiences are provided for students of other colleges as well.

### **WHEN IS THE STUDENT HEALTH CENTER OPEN?**

During the fall, winter and spring quarters, the SHC is open Monday-Thursday, 8:30 a.m. - 7:00 p.m.; Friday, 8:30 a.m.-4:30 p.m. During the summer and quarter breaks, the SHC is open weekdays, 8:30 a.m. - 4:30 p.m. The SHC is closed during university holidays when the residence halls are closed. After normal hours of operation, campus coverage is maintained through the RIT Ambulance dispatched by Campus Safety (475-3333 V or 475-6654 TTY) who may refer/transport serious medical conditions or emergencies to a local hospital emergency department as the case demands.

Important Note: Please remember that every effort is made by SHC personnel to accommodate students at the times listed in this brochure. Since this is a medical facility, however, unexpected emergencies occur making it impossible to adhere to fixed schedules at all times. Changes in hours are posted.

### **WHO CAN USE THE STUDENT HEALTH CENTER?**

Unless otherwise indicated, the services and programs listed in this guide are available during the academic year to all full-time undergraduate students who are required to pay the quarterly health fee. Part-time, graduate and co-op students can elect to pay the health fee and be eligible to receive all services, or use the SHC on a fee- for-service basis.

### **STUDENT HEALTH FEE COVERAGE AND FINANCIAL RESPONSIBILITY**

Most of the medical, mental health, and health education services provided by the SHC are paid for by the quarterly health fee with no additional charge to the patient or user of the service. This includes office visits, some routine laboratory work, some immunization service visits, minor surgery, bed observation, on-site specialty services, substance abuse counseling services, HIV antibody counseling services and health education programs. Diagnostic x-ray services are provided in cooperation with an off-campus radiology group. Billing for this service is routinely accomplished through the student's health insurance carrier. Charges for pharmaceuticals at the SHC or off-campus, referred procedures through the medical or gynecologic clinics, lab work processed at outside laboratories, tuberculin PPD tests, some serum injections, and certain specialty procedures are the responsibility of the student or parent/guardian. In addition, the cost of receiving medical care and psychiatric counseling beyond that provided by the SHC or other on-campus services including referrals to specialists, use of hospital emergency departments or hospitalization, is the responsibility of the student or parent.

### **HEALTH SERVICES AND HOW TO USE THEM OUTPATIENT CLINICS AND SPECIALTY SERVICES**

The SHC has three types of clinical services: Outpatient/General medical; Allergy/Immunization; and Sexual Health/Gynecology. All services operate on an appointment basis. Emergency appointments are accommodated as necessary.

#### **OUTPATIENT/ GENERAL MEDICAL CLINIC**

The Outpatient/General Medical Clinic is staffed by physicians, nurses teams and nurse practitioners, Monday through Friday from 8:30 a.m. to 4:30 p.m. Limited services are available Monday-Thursday from 4:30 p.m. to 7:00 p.m. When the SHC is closed, call Campus Safety (475-3333 V or 475-6654 TTY) for assistance.

#### **ALLERGY/IMMUNIZATION CLINIC**

Allergy injections are administered by appointment only on a regular basis in the Allergy Clinic at no additional charge to full-time undergraduate students. Students must provide their serum, instructions and schedule from their allergist.

#### **SEXUAL HEALTH/GYNECOLOGY CLINIC**

The Clinic is staffed by a full-time gynecologic nurse practitioner with training and experience in gynecology. Comprehensive services are provided by appointment and include complete pelvic examinations, Pap smears, contraceptive services, pregnancy testing and counseling, and routine gynecological treatment. Depo-Provera is also provided as an option for an additional charge.

#### **PHYSICAL EXAMINATIONS**

Routine physical examinations are not provided by the SHC. The SHC will assist students in arranging for physicals needed for co-op, internships, etc. The student is responsible for this cost.

#### **DISPENSARY SERVICES**

For the convenience of RIT students, a limited range of prescriptive and non-prescriptive items and non-returnable orthopedic soft goods may be purchased

at the SHC. Only prescriptions written by a SHC physician will be accepted. Payment is by check or cash at the time of service. The student may choose to use a community-based pharmacy.

#### **LABORATORY SERVICES**

Diagnostic laboratory testing is provided in support of all outpatient clinics and specialty services. Most of the lab work ordered at the SHC, including complete blood counts, mono testing, strep throat and urine cultures, cholesterol testing and glucose testing is sent to our reference lab. The patient is billed for this service by the laboratory.

#### **RADIOLOGY**

Diagnostic x-ray services are provided by a local radiology group. The patient is billed directly by the local radiology group for this service. Some HMO (Health Maintenance Organization) and PPG (Preferred Provider Group) based insurance plans exclude coverage for x-rays not authorized or taken in conjunction with that HMO/PPG. While every effort will be made by SHC staff to coordinate your level of coverage with the need for diagnostic x-ray services, you should be aware of your insurance coverage requirements and limitations at the time of your visit.

#### **EKG**

Electrocardiograph (EKG) diagnostic procedures are performed by staff physicians as needed. There is no additional charge for this service for students who have paid the quarterly fee.

### **MINOR SURGERY**

During regular medical clinic hours, certain minor surgical procedures are performed by SHC staff physicians. Procedures include suturing of some lacerations, incision and drainage of some abscesses, removal of some small growths, and splinting or casting for some minor fractures. There is no additional charge for this service for students who have paid the quarterly health fee.

### **BORROWED ARTICLES**

Crutches, canes and other re-usable medical supplies are available on a loan basis. Students will have their account charged for any equipment not returned.

### **BED OBSERVATION**

The SHC provides a three bed observation service. Patients can be maintained by providers for illness requiring observation, treatment and isolation of infectious disease, and for injury requiring in-bed care for the duration of hours of operation. This allows students to be observed and assisted until stable or until it is determined if another source of care is needed. There is no overnight service.

### **MEDICAL TRANSPORT SERVICES**

The SHC will assist students in arranging medical transport services. Where there is an acute medical need, transportation may be provided by taxi to assist patients in getting to consulting physicians or other referral from SHC staff providers, for which students must pay. TRANSPORT SERVICES ARE NOT ARRANGED FOR SCHEDULED APPOINTMENTS WITH CONSULTING PHYSICIANS. Short-term on-campus transportation to and from classes for disabling injuries may be authorized by staff providers for transport by the Campus Mobility Van. In addition to the above, the SHC sponsors an emergency ambulance service. The service is operated by well-trained emergency medical student volunteers, utilizing a modern, well-equipped Institute ambulance vehicle. The **RIT Ambulance** service operates on a 24 hour basis during academic year and is dispatched through Campus Safety (475-3333 V or 475-6654 TTY). **The ambulance transport is to the emergency facility only.**

### **HOW STUDENTS ARE ACTIVE IN THE STUDENT HEALTH CENTER**

The SHC welcomes and encourages student participation in the on-going process of maintaining the quality of services, improving the way we do things and developing new programs to meet student needs. Feedback: There are a number of places to direct your comments/suggestions on how we can improve our services. You are encouraged to speak directly to the staff who have served you or to their supervisor. A letter to the Director will receive a written response. Appointments to discuss concerns with the Director, the Medical Director or Staff Assistant are also encouraged. You may also give us your comments by e-mail. See the SHC home page (accessible through the RIT/Student Affairs home page) for details.

The Student Health Advisory Council (SHAC) represents all Institute students and exists to provide input and assistance in the planning and evaluation of services, the preparation and review of the budget and special projects of the SHC. The group is made up of representatives from various student organizations and elected bodies, as well as interested students. The SHC places great value on the work of the Council and encourages your active participation. Interested students should contact the SHC at (716) 475-2255 V or 475-5155 TTY or 475-5850 TTY. Peer Educators are students trained to help students by sharing information on sexuality issues, drugs, including alcohol and sexual assault, by identifying appropriate resources for health education and care, and by making referrals.

### **SIGN LANGUAGE INTERPRETER**

A full-time certified interpreter is on the staff to assist with those who are deaf or hearing-impaired.

### **MEDICAL EXCUSES FOR CLASS ABSENTEEISM**

The SHC does not issue written medical excuses. Verbal information will be made available to faculty only with the written permission of the student.

### **HEALTH EDUCATION**

Education is an integral part of the Student Health Center. Ask about our formal and informal classes, counseling for personal assistance, special presentations for your academic classes or campus residences, and resources for class assignments

## **PART II**

### **STUDENT INSURANCE PLAN - BASIC ACCIDENT & SICKNESS**

#### **ELIGIBILITY**

#### **1. UNDERGRADUATE STUDENTS**

(except international students)

(Day college/matriculated, or Co-Op):

Full-time students will be automatically enrolled for Basic Accident & Sickness coverage UNLESS THEY WAIVE THIS COVERAGE BEFORE THE WAIVER DEADLINE DATE OF SEPTEMBER 30, 2001, or later date if appropriate. Refer to waiver section further in this brochure.

Full-time students registering in the Fall will be billed the full annual premium at the time of registration. Students first attaining full-time status in the Winter, Spring or Summer quarters will be billed a pro-rata amount for the balance of the policy period. (These students may also waive coverage by filing out a waiver card within 30 days from the start of the quarter in which full-time status is attained.)

Note:

A. Full-time undergraduate evening division students should refer to #4 that follows.

B. Refer to Part III for enrollment method for adding Optional Supplemental and/or Med.Evacuation-Repatriation benefits.

#### **2. GRADUATE STUDENTS:**

Graduate students may voluntarily enroll in this plan by sending the enrollment form on the last page of this brochure with their payment to the Plan Coordinator: University Health Plans, 15 Broad Street, Boston, MA 02109.

### 3. INTERNATIONAL STUDENTS

All international full and part-time undergraduate and graduate students will be automatically enrolled in RIT's Basic Accident and Sickness policy. Certain foreign scholars will be eligible for exemption from RIT's required insurance enrollment and will not be billed for this coverage. International students will be billed semi-annually based on their active registration status for the period (Fall/Winter and/or Spring/Summer). Coverage will terminate on 2/28/02 if the student is not registered during the Spring/Summer period. Students first attaining active registration status in the Winter or Summer quarters will be billed 50% of the semi-annual premium and coverage will be provided until the next semi-annual billing cycle.

### 4. OTHER STUDENTS:

Full time, matriculated evening division students may also voluntarily enroll. ELI, SVP and foreign scholars may enroll through referral from their departments. Contact the RIT Business Services Office at 475-6135 for enrollment information.

### 5. DEPENDENT COVERAGE:

Insured students may also enroll their dependents (spouse and unmarried children under age 19 residing with and supported by the Insured) in this Student Insurance Plan. To enroll your dependents, complete the enrollment form on the last page of this brochure and mail with your payment to the Plan Coordinator: University Health Plans, 15 Broad Street, Boston, MA 02109. (Refer to "Addition of Dependents" section located further in this brochure.)

## **MASTER POLICY**

The Master Policy (referred to below as "this Policy" or "the Policy") issued to Rochester Institute of Technology (the Policyholder) contains the complete details of coverage and is the governing document. It may be inspected during normal business hours at the Business Services Office. The Master Policy shall prevail in the event of any conflict between this brochure and the Policy.

## **DEFINITION OF TERMS**

**"Expense"** as used herein means those charges for any treatment, service or supplies: (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, and (c) 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.

**"Hospital"** means a facility which meets all of these tests: (a) it provides in-patient services for the care and treatment of injured or sick people and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a doctor; and e) it is run as a hospital under the laws of the jurisdiction which it is located.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home. The term "Hospital" includes substance abuse treatment facility during any period in which it provides effective treatment of substance abuse to the Covered Person.

**"Injury"** means bodily injury caused by an accident. This includes related conditions and recurrent symptoms of such injury.

**"Medically Necessary"** means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. 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. (b) It is not the appropriate treatment for the Covered Person's diagnosis or symptoms. (c) It exceeds (in scope, duration, or intensity) that level of care which is needed to provide safe, adequate, and appropriate diagnosis or 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.

**"Sickness"** means disease or illness including related conditions and recurrent symptoms of the sickness. Sickness also includes Pregnancy and Complications of Pregnancy.

All Injuries or Sicknesses due to the same or related cause are considered one Injury or Sickness.

**"Preexisting Condition"** means any injury, illness or condition that was diagnosed or treated or would have caused a prudent person to seek diagnosis or treatment, within 6 months prior to the Covered Person's effective date of insurance.

**"Reasonable and Customary"** means the charge which is the smallest of (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it, and (c) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

**"Dependent"** means : (a) the Covered Student's spouse residing with the Covered Student; and (b) the Covered Student's unmarried child under the age of nineteen years. The child must reside with, and be fully supported by the Covered Student.

The term "child" includes a Covered Student's adopted child and step-child residing with the Covered Student and who chiefly depends on the Covered Student for its full support.

## **ANNUAL INSURANCE COSTS**

### BASIC BENEFITS

Student Only .....	\$344.00
Spouse (Additional).....	\$688.00
Child(ren) (Additional) .....	\$512.00

### OPTIONAL ENHANCED SUPPLEMENTAL

Each Insured.....	\$219.00*
-------------------	-----------

### OPTIONAL REPATRIATION AND MEDICAL

#### EVACUATION EXPENSE BENEFIT

Student Only .....	\$15.00*
Each Dependent (Additional) .....	\$25.00*

\* NOTE: These optional coverages are per insured and are not pro-ratable.

## WAIVER PROCESS

You may waive automatic enrollment in RIT's student insurance plan if:

- a. you are covered under other medical insurance, and
- b. you process a waiver form within 30 days from the date that your automatic enrollment in the plan begins. (For fall quarter enrollments - if waiver processed by July 16, the insurance charge will be adjusted on the 1<sup>st</sup> fall quarter tuition billing), and

For International Students only:

- c. Refer to RIT Center for Student Transition & Support website for special conditions and instructions:  
<http://www.rit.edu/internationalservices>.

Methods to process waiver form :

- ❖ Online through University Health Plans – [www.universityhealthplans.com](http://www.universityhealthplans.com) Click on RIT, click on waiver form; this option available for Fall Quarter only, or
- ❖ Go to RIT Bursar's Office for form or go to website at <http://finweb.rit.edu/Bursar> Print and complete waiver form and fax to (716) 475-5487 or deliver to Bursar's Office.

## TERM OF COVERAGE

All students and dependents enrolled in the Plan will be insured for the period for which premium has been paid, including interim vacations. Coverage begins at 12:01 A.M., on September 1, 2001 or the date premium is paid, if later, and ends at 12:01 A.M. on September 1, 2002 except as noted below.

### INTERNATIONAL STUDENTS

All students and their dependents will be insured for the period which premium has been paid, including interim vacations. Coverage begins at 12:01 am on September 1, 2001 or the date premium is paid, if later, and ends at 12:01 am on March 1, 2002. If the second semi-annual premium is paid, coverage will extend to 12:01 am on September 1, 2002.

### ADDITION OF DEPENDENTS

If an Insured adds a new dependent after the effective date of coverage, coverage will become effective for such dependent on the date the application and premium is received. An enrollment card and premium must be submitted within the thirty (30) day enrollment period for which the student is first enrolled. If the dependent is a newborn child and no other children are covered under the plan, notification of the birth along with the appropriate premium must be submitted within 30 days of such birth. (Addition of a spouse must be within 30 days of marital status change.)

An enrollment card and premium need not be submitted if the newly added dependent is a child and the Insured already has one or more covered children. However, written notice of the new child must be submitted within the 30 day period.

Benefits for covered newborn children are payable for medically diagnosed congenital defects, birth abnormalities or premature birth. Benefits are not payable for routine nursing care of a newborn well baby following full-term or premature birth.

## REFUND OF PREMIUM

Premium received is fully earned upon receipt. Refund of premium will be considered only as specifically provided below. No other refunds will be allowed.

### WITHDRAWAL FROM SCHOOL

Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first thirty-one (31) days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid, and no refund will be allowed.

### ENTRY INTO ARMED FORCES

Insureds entering the armed forces of any country on full-time active duty 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 notice received by the Company.

## DESCRIPTION OF BASIC BENEFITS

### ACCIDENT EXPENSE BENEFITS

Basic Accident.....100% of the first \$3,000 of reasonable and customary medical expenses, plus an additional \$100,000 Supplemental Accident Medical Expense

Should you or a covered dependent incur expenses for physicians and surgeons, hospital confinement, X-rays, laboratory tests, nurses, prescribed medicines, plaster casts, surgical dressings, use of an ambulance, or other Reasonable and Customary medical expenses due to a covered injury, Companion will pay up to \$3,000 per accident. The first expense must be incurred within 60 days of the date of the accident causing the Injury, provided that the expenses were solely the result of a covered injury.

## SICKNESS EXPENSE BENEFIT

Basic Sickness.....First \$2,000 paid per the following benefit schedule, plus  
an additional \$50,000 Supplemental  
Sickness Medical Expense Benefit

Should you or a covered dependent incur expenses for hospital, surgical or medical treatment, services, or supplies due to a covered Sickness, Companion will pay benefits as specified below up to an aggregate limit of \$2,000 per sickness.

### **Schedule of Plan Benefits for Sickness (for first \$2,000 of covered expenses per sickness):**

**Hospital Room and Board Expense Benefits** - When due to covered sickness, you or your covered dependent require hospital confinement, Companion will pay 100% of your or your covered dependent's hospital room and board expense at the semi-private room rate.

(Room and board expense does not include any charges in excess of the Daily Room and Board Maximum of \$425 per day.)

**Miscellaneous Hospital Expense Benefit** - When you or your covered dependent incur charges for miscellaneous hospital expenses such as anesthesia and operating room charges; laboratory test and X-ray charges; charges for oxygen tent usage; drug, medicine and dressing charges and other medically necessary, prescribed hospital expenses, Companion will pay 100% of these charges, up to a \$1,200 maximum.

**Nurse Expense Benefit** - When you or your covered dependent incur charges for nursing services, Companion will pay up to \$60 per day during a hospital confinement.

**Maternity Benefits** - When you or your covered dependent are confined in a hospital for inpatient childbirth, Companion will pay benefits in the same manner, and subject to the same conditions and limitations as any other covered sickness. However, in no event will benefits for the mother and newborn be less than 48 hours confinement following a non-cesarean delivery or 96 hours following a cesarean section unless, at the mother's option, an earlier discharge is arranged.

If an earlier discharge is arranged, Companion will pay benefits for at least one home visit for the mother, not subject to any deductibles, coinsurance or copayments. The first home visit may be requested at any time within 48 hours of time of delivery (96 hours for cesarean section) and shall be conducted within 24 hours following either the time of discharge from the hospital, or the time which the mother requests, whichever is later.

Other maternity benefits include parent education, assistance and training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments.

**Surgical Expense Benefit** - When you or your covered dependent require surgery on an inpatient or outpatient basis, we will pay 100% of the reasonable and customary expenses incurred, up to a maximum of **\$1,500** per sickness paid in accordance with the 1974 California Relative Value Studies having a \$110 Unit Value.

Surgical expenses include charges by a physician for surgical procedures, necessary preoperative treatment during a hospital stay in connection with such procedure and usual postoperative treatment.

**In-Hospital Doctor's Fee Expense Benefits** - When you or your covered dependent require a doctor's services due to reasons of sickness for which benefits are payable under the Miscellaneous Hospital Expenses Benefits provision, Companion will pay 100% of expenses incurred up to \$65 per visit for non-surgical services limited to one visit per day. An additional \$125 will be paid for the services of a consultant or specialist to confirm or determine a diagnosis.

**Out-Patient Expense Benefits** - When you or your covered dependent require Out-Patient Services, Companion will pay benefits at 100% in accordance with the following schedule:

Outpatient Services..... up to \$750  
Diagnostic X-ray and laboratory:..... up to \$750  
MRI and CAT Scans: ..... up to \$1,000

This benefit is provided (a) for students when referred for such services by the RIT Student Health Center or when required by an attending physician when the RIT Student Health Center is not available, or (b) for dependents when required by the attending school physician.

**Out of Hospital Doctor's Fee Expense Benefits** - When due to sickness, you or your covered dependent require a doctor's services while not confined as a resident bed-patient in a hospital or charges incurred up to \$65 per visit for a physician's office visit up to a maximum of one visit per day not to exceed 10 visits. An additional \$125 will be paid for the services of a consultant or specialist to confirm or determine a diagnosis.

Benefits are not payable for the first visit unless at the time treatment is received; (a) the Student Health Center is open and a referral is obtained, (b) the Student Health Center is closed, (c) the student is 50 miles or more from campus, (d) the student is an active participant in a Co-op program or (e) the student is not eligible to be seen at the Student Health Center.

**Ambulance Expense Benefits** - When, due to sickness, you or your covered dependent require the use of a professional ground service ambulance in an emergency, Companion will pay benefits up to a maximum amount of \$100.

**Prescribed Medicines** - When, due to sickness, you or your covered dependent require prescribed medicines, Companion will pay the expense actually incurred up to \$200 per sickness after a \$1 per prescription deductible.



**Dental Treatment Expense for Impacted Wisdom Teeth or Dental Abscesses** – When you or your covered dependent require services of a legally qualified dentist or dental surgeon for removal of one or more impacted wisdom teeth (or dental abscesses), Companion will pay up to \$100 per tooth. The per tooth benefit will be paid once for either confined or outpatient care. No other Policy benefits are payable.

**Abortion Expense Benefit** - If as a result of pregnancy having it's inception while covered under this policy, you or your covered dependent has a voluntary abortion, Companion will pay up to \$250. No other Policy benefits are payable.

**Mental and Nervous Conditions Benefits** – When you or your covered dependent require treatment for a mental or nervous condition, or for the evaluation and subsequent diagnosis of Attention Deficit Disorder, Companion will pay 80% of expenses incurred for outpatient services equal to one visit per day, up to a maximum of \$2,000. For an additional benefit, refer to the Supplemental Expense Benefit as described further in this brochure.

This benefit is payable only when referred by the RIT Student Health Center or the Counseling Career Development Center unless (a) the student is 50 miles or more from campus, (b) the student is an active participant in a Co-op program, or (c) the student is not eligible to be seen at the Student Health Center or Counseling or Career Development Center.

**Alcoholism and Substance Abuse Expense Benefits** - If a Covered Person requires treatment for alcoholism or alcohol abuse, substance abuse or substance dependency, Companion will pay benefits for up to a maximum of 60 visits per calendar year for outpatient treatment services. Companion will also pay for up to a maximum of 20 visits per calendar year for covered family member services for outpatient services (including visits for remediation through counseling and education), provided that the total number of such visits, then combined with those of the Covered Person's in need of treatment, does not exceed 60 visits in any one calendar year. Up to an additional 5 visits may be arranged for covered family members even if the Covered Person who needs treatment has not received, or is not receiving it.

Payment will be made only for expenses incurred by a hospital or detoxification facility. Outpatient services consisting of consultant or treatment sessions will not be payable unless these services are furnished by a doctor or psychologist who is licensed by the state or territory where the person practices, and devotes a substantial part of his or her time treating intoxicated persons or alcoholics. Outpatient coverage is limited to one outpatient visit per day. If these benefits provide reimbursement for charges already covered by other provisions of this Policy, no benefits shall be payable under Alcoholism and Substance Abuse Expense Benefits.

**Diabetes Expense Benefit** - When, due to sickness, you or your covered dependent incur expenses for the treatment of diabetes, Companion will pay 100% of usual and customary charges for blood glucose monitors and blood glucose monitors for the legally blind; data management systems; test strips for glucose monitors and visual reading and urine testing strips; insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices and oral agents for controlling blood sugar. These items must be recommended or prescribed by a doctor. Coverage is also provided for medically necessary diabetes self-management education and education relating to diet.

**DESCRIPTION OF SUPPLEMENTAL  
MEDICAL EXPENSE BENEFITS**

**ACCIDENT**

Supplemental Accident.....80% up to an additional maximum lifetime benefit of \$100,000 per accident

Supplemental Accident Expense Benefits resulting from accidental Injury are payable at 80% up to an additional maximum lifetime benefit of \$100,000 per accident for covered medical expenses incurred by you or your covered dependent. This benefit is available after \$3,000 of covered expenses have been incurred per accident.

**SICKNESS**

Supplemental Sickness.....80% up to a maximum lifetime benefit of an additional \$50,000 per sickness

Supplemental Sickness Medical Expense benefit resulting from sickness are payable at 80% up to a maximum lifetime benefit of an additional \$50,000 for sicknesses for covered medical expense incurred by you or your covered dependent. This benefit is available after \$2,000 of covered expenses have been incurred per sickness.

**COVERED SUPPLEMENTAL MEDICAL EXPENSE BENEFITS**

Covered medical expense incurred for services and supplies must be medically necessary; must be prescribed or ordered by the attending physician, and will not include amounts in excess of Reasonable and Customary charges. Covered medical expenses include fees for diagnosis and treatment by a legally qualified doctor, surgeon, registered nurse, professional anesthetist, radiologist, or physical therapist; hospital room and board charges (payment will be limited to the hospital's normal semi-private room rate); medically necessary services and supplies during hospital confinement as an inpatient; expenses for laboratory, diagnostic X-rays examinations; expenses for prescription drugs and medicines; expenses for the rental of durable medical equipment, whichever is less; expense for professional ambulance service to the nearest hospital, up to a maximum of \$250; expense for repair of injuries to sound natural teeth caused by a covered accident and rehabilitative services medically necessary to restore bodily function due to a covered sickness or accident. These rehabilitative services are subject to review and approval by Companion.

**Covered Medical Expense Exceptions** - Charges for services or supplies to the extent that benefits are available for the services or supplies elsewhere under this Policy.

**OTHER BENEFITS**

**Home Health Care Benefits** - Companion will pay benefits for expenses incurred for covered home health care services provided that it is medically necessary; furnished by, or under arrangements made by a licensed Home Health Agency; covered under a home care plan which is pursuant to the written order of a doctor and is renewed every 60 days. Except as specifically provided in the Policy, the services must be delivered in the patients place of residence on a part-time, intermittent, visiting basis while the patient is confined as a result of Injury or Sickness.

**Mammograms and Cervical Cytological Expense Benefits** - Benefits are payable for charges for cervical cytology, annual screening for women 18 years of age and older and for mammograms for women of any age who have had a prior history of breast cancer or whose mother or sister has a prior history of breast cancer. When recommended by a physician, benefits will be paid for a baseline mammogram on an annual basis for women between the ages of thirty five and forty and a mammogram on an annual basis for women forty years of age and older.

**In addition, the following benefits are provided: Chiropractic Care, Enteral Formulas, Mastectomy, Breast Reconstruction, and Second Medical Opinion. Please see the Policy at the Business Services Office for specific benefits and limitations.**

## **PART III OPTIONAL BENEFITS**

### **ENHANCED SUPPLEMENTAL BENEFIT**

An Enhanced Supplemental Benefit is available under the plan for an additional premium, subject to the enrollment conditions shown below. (Mental and Nervous conditions are not eligible for coverage under this benefit.)

When this optional benefit is purchased, payment will be made for 100% of Covered Medical Expenses incurred for an Injury or Sickness while insured and in excess of \$103,000 for any one accident, and in excess of \$52,000 for any one sickness, up to a Maximum Lifetime Benefit of \$250,000 for any one accident or sickness payable under this benefit. Covered Medical Expenses are those expenses for physicians and surgeons, hospital confinement,

X-rays, laboratory tests, nurses, prescribed drugs, casts, surgical dressings, use of an ambulance and other usual and customary medical expenses incurred for the care and treatment of Injury or Sickness, subject to the Exclusions section of this Policy. This optional benefit begins on the date the Basic Benefits begin, or the date premium is received, if later, and ends on the date the Basic Benefits end. The general terms and conditions of the Policy will apply to this optional benefit.

Only students insured for the Basic Benefits may purchase this Enhanced Supplemental Benefit. Purchase must be made by 10/1/01 for the Fall Quarter, or within 30 days after the start of the quarter in which the student is first enrolled for Basic Benefits for the academic year.

**Note: Full-time undergraduate students may submit an enrollment form on the last page with payment for this Enhanced Supplemental Benefit only. The premium for the Basic Plan will be automatically billed on the Student Account.**

Students purchasing this Enhanced Supplemental Benefit must also enroll any dependents who are insured for the Basic Benefits. Dependents may not be enrolled for this Enhanced Supplemental Benefit Without the student being enrolled or without being insured for the Basic Benefits.

### **OPTIONAL MEDICAL EVACUATION AND REPATRIATION EXPENSE (International Students and Domestic Students Traveling Overseas)**

International students and domestic students traveling overseas may enroll for this benefit for themselves and their insured dependents. International students automatically enrolled in the Basic insurance plan will have this benefit included in the coverage.

After being hospitalized for at least 5 days, benefits will be paid up to \$10,000 for the expense incurred to transport you or your covered dependent to a specialized medical facility or to your home country. If death occurs while insured under this Policy, Companion will pay benefits up to \$7,500 for the expense incurred for preparing and transporting you or your covered dependent's remains to your home country. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to your home.

## **PART IV TERMS & CONDITIONS - RIT STUDENT INSURANCE PLANS**

### **CONTINUOUSLY INSURED**

Continuously insured means a person has been continuously insured under this 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 this Policy. Previously insured dependents and students must re-enroll for coverage in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous insurance occurs, the definition of injury or sickness will apply in determining coverage of any condition which existed during such break. A 15 day grace period will apply for those students and dependents re-enrolling from the prior year.

No benefits are payable as a result of this Provision to the extent benefits are payable under the prior plan in the absence of this Policy. For any one accident or sickness, the total amount of benefits payable under this Policy and the prior plan cannot exceed the Accident Medical Expense Benefit, the Sickness Medical Expense Benefit or the Supplemental Accident and Sickness Benefit.

### **PREEXISTING CONDITIONS**

Expenses incurred by a Covered Person as a result of a preexisting condition will not be considered covered expense unless no charges are incurred or treatment rendered for the condition for a period of 12 months while covered under this Policy. Months or days used toward satisfaction of the preexisting conditions limitation under another policy or plan will count as time used toward satisfaction of this Policy's preexisting conditions limitation, provided the Covered Person's previous coverage was continuous to a date not more than 60 days prior to the date coverage is effective under this Policy.

### **EXCLUSIONS AND LIMITATIONS**

RIT's Student Insurance Policies do not cover:

1. Expense incurred as a result of dental treatment, except for treatment resulting from injury to sound, natural teeth or for the extraction of impacted wisdom teeth as provided elsewhere in this Policy.
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service Infirmary, or Hospital, or by health care providers employed by the Policyholder.
3. Expense incurred for eyeglasses, contact lenses, hearing aids, or prescriptions or examinations except as required for repair caused by a covered injury.
4. Expense incurred as a result of Injury due to a participation in a riot.
5. Expense incurred as a result of an 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 regularly established route.
6. Expense for Injury or Sickness resulting from declared or undeclared war or any act thereof.
7. Expense incurred as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.

8. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed when this Policy is in effect.
10. Expense incurred for 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 child which has resulted in a functional defect.
11. Expense for Injuries sustained as the result of a motor vehicle accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
12. Expense incurred after the date the insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
13. Expense incurred as a result of suicide or attempted suicide.
14. Expense incurred for Injury resulting from the play or practice of interscholastic sports except as noted in Part V.
15. Expense incurred for treatment of mental or nervous disorders except as specifically provided in this Policy.
16. Expense incurred for the treatment of alcoholism or drug addiction except as specifically provided in this Policy.

### **TERMINATION OF INSURANCE**

Benefits are payable under this Policy only for that covered expense incurred while the Policy is in effect as to the Insured. No benefits are payable for expense incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits Provision.

### **EXTENSION OF BENEFITS**

If a Covered Person is confined to a hospital on the date his or her coverage terminates, charges incurred during the continuation of that hospital confinement shall also be included in the term "Expense", but only when they are incurred during the 90 day period following such termination of insurance.

### **INSURANCE AFTER POLICY TERMINATION**

Students insured under this Accident and Sickness Insurance plan whose eligibility ends may purchase continuation coverage by calling University Health Plans at (800) 437-6448 by 9/1/02.

### **CERTIFICATE OF CREDITABLE COVERAGE**

Your coverage under this health plan is "creditable coverage" under Federal law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusion or limitations. In order to obtain a Certificate of Creditable Coverage, please contact The Maxon Company, 76 North Broadway, Irvington, NY 10533 or at (800) 826-2966.

### **NOTICE AND PROOF OF LOSS**

Written notice of injury or illness must be given to The Maxon Company within thirty (30) days after the date when such illness or injury occurred. Failure to give such notice within the time provided in the Policy shall not invalidate any claims if it can be shown it was given as soon as was reasonably possible.

Notice given by or on behalf of the claimant to the Company or to any authorized agent of the Company, with particulars sufficient to identify the Insured, shall be deemed to be notice to the Company. Proof of loss on which a claim is based must be furnished to The Maxon Company no later than ninety (90) days after the date of such loss. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it shall be shown it was not reasonably possible to furnish such proof, and that such proof was furnished as soon as was reasonably possible.

### **CLAIM INFORMATION**

In the event of injury or sickness, the Insured should:

Report to the RIT Student Health Center to obtain appropriate medical treatment during its hours of operation.

When away from the Institute, or when the Student Health Center is not available, secure treatment from a physician, out-patient facility or hospital, pay the bill and obtain a receipt. Notify The Maxon Company with all particulars within thirty (30) days.

Claim forms may be obtained from the RIT Student Health Center, University Health Plans and The Maxon Company. Only one claim form is required for each accident or sickness. However, a fully completed form must be submitted before claims related to a medical condition can be paid.

Medical care providers are reimbursed directly unless a receipted bill is presented. If a bill has been paid, reimbursement will be made to the Insured Student.

## **PART V EXCESS ACCIDENT PLAN**

At no charge to students, RIT maintains an excess accident plan for all RIT students. This Policy provides up to \$10,000 of coverage for accidents occurring on campus or occurring off-campus at an RIT sponsored activity. Expense incurred for injury resulting from the play or practice of intercollegiate sports is limited to \$1,000. All other primary medical insurance benefits must first be paid prior to this Policy's benefits being paid. The RIT Basic Student Accident and Sickness Insurance plan is considered primary coverage for those enrolled in it. Any accident claims submitted under the Basic plan will automatically be submitted to the Excess Accident Plan if all accident expenses have not been covered and the accident meets the definition of a covered accident under this Plan. Claim forms for students not enrolled in the RIT Basic Plan can be obtained by calling the RIT Business Services Office at (716) 475-6135.

Claims Administrator:  
**THE MAXON COMPANY**  
 Post Office Box 606  
 Neversink, NY 12765-0606  
 (800) 999-3309  
 (800) 842-6023 - Hearing Impaired (TTY)

Underwritten By:  
**Companion Life Insurance Company**  
 Lynbrook, NY

Plan Coordinator:  
**University Health Plans, Inc.**  
 15 Broad Street  
 Boston, MA 02109  
 (800) 437-6448  
 www.universityhealthplans.com  
 Email: Info@univhealthplans.com

This plan also covers all mandated benefits as required by the state in which this policy is issued. This Policy 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. The expected benefit ratio of this Policy is 72%. This ratio is the portion of future premiums which the Company expects to return as benefits when averaged over all people with this Policy.

**Please keep this brochure as a general summary of the insurance. The Policy on file at Rochester Institute of Technology 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 brochure and Policy, the Policy will govern and control the payment of benefits.**

***PART VI***  
***VISION BENEFITS***

The Vision One discount program is available to participants in the Student Health Insurance Plan through Cole Vision® at no additional cost. This program may help you save on many eye care products, including eyeglasses and contact lenses, nonprescription sunglasses, contact lens solutions and accessories.

The Vision One program is available at many optical centers nationwide – such as **Sears, JCPenney, Target, most Pearle Vision Centers** and others – as well as through selected independent optometrist and ophthalmologist offices.

When you visit a Vision One location, show your Student Health Insurance card, and any applicable services or merchandise you receive will be discounted right at the point of purchase. There are no claim forms to complete and no waiting for reimbursement.

Here is an example of some of the discounts you are eligible for:

Frames	Vision One Cost	Typical Savings
Up to \$60 retail	\$25	58%
\$60 to \$80 retail	\$35	56%
\$80 to \$100 retail	\$45	55%
Over \$100 retail		35% off retail
Exams - Spectacle		\$5 discount
Lenses		
Single Vision	\$30	46%
Bifocal	\$50	42%
Trifocal	\$60	45%
Lens Options	Additional	
Standard Progressive (no-line bifocal)	\$50	33%
Polycarbonate	\$30	40%
Scratch Resistant Coating	\$12	40%
Ultraviolet Coating	\$12	40%
Anti-Reflective Coating	\$35	30%
Photochromic	\$30	25%
Solid or Gradient Tint	\$ 8	33%
<b>Contact Lenses</b>		
Non-Disposable Contacts		20%
Disposable Contacts		10%
Exams – Contacts		\$10 discount

To find the nearest Vision One location log on to the Cole Managed Vision website at [www.cmvc.com](http://www.cmvc.com) or call 1-800-424-1155, weekdays from 9 a.m. to 9 p.m. ET and Saturdays from 9 a.m. to 5 p.m. ET to speak to a representative. Cole Managed Vision Plan #47034.

---

(Detach and Retain for your Records)

**2001-02 IDENTIFICATION CARD**

---

(Name of Student)

If premium has been paid, the Student whose name appears above has been insured under a policy issued to:

Rochester Institute of Technology

Policy # SB02HM-33701

Underwritten by: Companion Life Insurance Company

Lynbrook, NY

*To verify coverage, please contact The Maxon Company at (800) 999-3309 or (800) 842-6023-TTY*

---

(For Back of ID Card)

**CLAIM INSTRUCTIONS**

Claims must be submitted to the company within 90 days after the date of treatment. Mail all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the school under which the student is insured to: The Maxon Company, PO Box 606, Neversink, NY 12765-0606 Telephone: (800) 999-3309 or (800) 842-6023-TTY.

Only one claim form is required for each accident or sickness. However, a fully completed form must be submitted before claims related to a medical condition can be paid.

Medical care providers are reimbursed directly unless a receipted bill is presented. If a bill has been paid, reimbursement will be made to the Insured Student. Cole Managed Vision Plan questions 1-800-424-1155.

**ROCHESTER INSTITUTE OF TECHNOLOGY**  
**ACCIDENT AND SICKNESS PLAN ENROLLMENT FORM FOR**  
**(A) OPTIONAL COVERAGES, (B) GRADUATE STUDENTS AND DEPENDENTS AND (C) DEPENDENTS OF**  
**UNDERGRADUATES AND INTERNATIONAL STUDENTS**

**2001-02**

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

ADDRESS \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Make check payable to: Companion Life Insurance Company*  
*Detach and mail to: University Health Plans, 15 Broad Street, Boston MA 02109*

INSURANCE COSTS

(Check appropriate boxes):

	9/1/01 - 9/1/02 <u>Full Year</u>	12/1/01 - 9/1/02 <u>Winter/Spring/Summer</u>	3/1/02 - 9/1/02 <u>Spring/Summer</u>	6/1/02 - 9/1/2 <u>Summer</u>
<b><u>BASIC COVERAGE</u></b>				
Student Only	<input type="checkbox"/> \$ 344	<input type="checkbox"/> \$ 258	<input type="checkbox"/> \$ 172	<input type="checkbox"/> \$ 86
Spouse (Additional)	<input type="checkbox"/> \$ 688	<input type="checkbox"/> \$ 516	<input type="checkbox"/> \$ 344	<input type="checkbox"/> \$ 172
Child(ren) (Additional)	<input type="checkbox"/> \$ 512	<input type="checkbox"/> \$ 384	<input type="checkbox"/> \$ 256	<input type="checkbox"/> \$ 128
<b><u>OPTIONAL COVERAGES (Require Basic Coverage Enrollment)</u></b>				
Enhanced Supplemental Benefit	<input type="checkbox"/> \$ 219 per person	<input type="checkbox"/> \$ 219 per person	<input type="checkbox"/> \$ 219 per person	<input type="checkbox"/> \$ 219 per person
Medical Evacuation & Repatriation				
Student Only	<input type="checkbox"/> \$ 15	<input type="checkbox"/> \$ 15	<input type="checkbox"/> \$ 15	<input type="checkbox"/> \$ 15
Each Dependent (Additional)	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 25

**NOTE: Voluntary enrollment period ends 30 days after beginning of each quarter.**

NAME OF SPOUSE: \_\_\_\_\_

NAME(S) OF DEPENDENT CHILDREN \_\_\_\_\_