

# **DEPENDENT MEDICAL COVERAGE**



The State University  
of New York

## **BLANKET STUDENT ACCIDENT AND SICKNESS INSURANCE**

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For the dependents of International Students & Scholars, Practical Training Participants and Faculty Temporarily Residing in the USA, and for dependents of American Students and Scholars, Practical Training Participants, Faculty and Staff Traveling Abroad.

## **STATE UNIVERSITY OF NEW YORK**

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This brochure is a summary of your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of student accident and sickness insurance underwritten by BCS Insurance Company BCS-3514-DEP-15. As evidence of your coverage under the Policy, a Certificate of Insurance will be issued to you.

**2015 – 2016**

BENEFITS/RESOURCES

Upon receipt of your insurance ID card, participants will have access to the [hthstudents.com](http://hthstudents.com) website which offers a wealth of important information via a personalized, password protected web page. Information includes:

- Access to a domestic and international physician network
- Individuals can check the status of claims they have submitted to HTH Worldwide by viewing their claims history
- A pharmaceutical translation guide
- Security information
- Medical term and phrase translations in 9 different languages
- News columns that relay tips on national healthcare systems abroad and healthy travel practices, as well as warnings on health hazards and disease outbreaks around the world. All articles are also archived and can be retrieved using an intelligent key word search. Participants can have email alerts on topics of their choice sent to them automatically via email.

INJURY & SICKNESS

MEDICAL EXPENSE BENEFIT PLAN SUMMARY

SCHEDULE OF BENEFITS – TABLE 1	
LIMITS – COVERED PERSON	
MEDICAL EXPENSES	

Maximum Benefit per Injury or Sicknesses	\$100,000
Deductible	\$50 per Injury or Sickness

SCHEDULE OF BENEFITS – TABLE 2	
MEDICAL EXPENSES	
INDEMNITY PLAN BENEFITS	

Physician Office Visits, Inpatient Hospital Services, Hospital and Physician Outpatient Services  
100% of Reasonable Expenses after deductible.

SCHEDULE OF BENEFITS – TABLE 3	
MEDICAL EXPENSE BENEFITS	

The benefits listed below are subject to Maximums per Injury and Sickness and Deductible. In addition, Table 1 and Table 2 Plan Type Limits (Indemnity)

LIMITS – COVERED PERSON
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Maternity Care for a Covered Pregnancy  
Reasonable Expenses

Inpatient treatment of mental and nervous disorders including drug or alcohol abuse  
Reasonable Expenses for a maximum period of 60 days per Period of Coverage

Outpatient treatment of mental and nervous disorders including drug or alcohol abuse  
Reasonable Expenses or a maximum period of 40 visits per Period of Coverage

Elective termination of pregnancy  
Reasonable Expenses up to \$500 Maximum per Period of Coverage

Routine nursery care of a newborn child of a covered pregnancy  
Reasonable Expenses up to \$1,500 Maximum per Period of Coverage

Annual cervical cytology screening for women 18 and older  
100% of Reasonable Expenses

Low dose mammography screening, one baseline mammogram and one mammogram per year  
100% of Reasonable Expenses

Medical treatment arising from participation in intercollegiate or interscholastic sports.  
Reasonable Expenses up to \$1,500 Maximum per Period of Coverage

Vaccinations (Meningitis and MMR) required by Participating Organization or Institution  
100% of Reasonable Expenses

Repairs to sound, natural teeth required due to an Injury  
100% of Reasonable Expenses

Outpatient prescription drugs  
Prescription Drug Program with the Copayment stated below. Limited to a 31 day supply for initial fill or refill. 1) Generic Drugs: All except a \$10 Copayment per prescription; 2) Brand Name Drugs: All except a \$20 Copayment per prescription; 3) Injectibles: All except a \$10 Copayment per prescription

Medical treatment received in the Home Country (While Insured), if NOT covered by Other Plan  
100% of Reasonable Expenses up to \$5,000 Period of Coverage maximum.

Other benefits may apply as mandated by the State of New York. Please see full Certificate of Insurance for more details.

**WHAT THE INSURER PAYS FOR COVERED MEDICAL EXPENSES:**

If a Covered Person incurs expenses while insured under the Plan due to an Injury or a Sickness, the Insurer will pay the Reasonable Expenses for the Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any Complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit for the Eligible Participant stated in Coverage A - Medical Expenses of Table 1 of the Schedule of Benefits. Benefits are subject to the Deductible Amount, Coinsurance, Copayments, and Maximum Benefits stated in the Schedule of Benefits, specified benefits and limitations set forth under Covered Medical Expenses, the General Policy Exclusions, the Pre-existing Condition Limitation and to all other limitations and provisions of the Policy.

**COVERED GENERAL MEDICAL EXPENSES AND LIMITATIONS:**

Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise. No Medical Treatment Benefit is payable for Reasonable Expenses incurred after the Covered Person's insurance terminates as stated in the Period of Coverage provision. However, if the Covered Person is in a Hospital on the date the insurance terminates, the Insurer will continue to pay the Medical Treatment Benefits until the earlier of the date the Confinement ends or 31 days after the date the insurance terminates. If the Covered Person was insured under a group policy administered by the Administrator immediately prior to the Coverage Start Date shown on the Identification Card issued to the Participant, the Insurer will pay the Medical Treatment Benefits for a Covered Injury or a Covered Sickness such that there is no interruption in the Covered Person's insurance.

- 1. **Physician office visits.**
- 2. **Hospital Services:** Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement. The Insurer will not pay for Hospital room

and board charges in excess of the prevailing semi private room rate unless the requirements of Medically Necessary treatment dictate accommodations other than a semi private room. If Tests and X-rays are the result of a Physician Office Visit or of Hospital and Physician Outpatient Services there is no additional Copayment for these Tests or X-rays. A Deductible may apply. However, if there is neither a Physician Office Visit nor Hospital or Physician Outpatient Services delivered, the Hospital and Physician Outpatient Services Copayment applies.

3. **Emergency Hospital Services:** Emergency Hospital Services are Emergency Medical Care delivered in a Hospital emergency room as defined in this Policy. If the there is no admission to the Hospital, there will be a Copayment as stated in the Schedule of Benefits.

**ADDITIONAL COVERED GENERAL MEDICAL EXPENSES AND LIMITATIONS:**

These additional Covered Medical Expenses are limited to the Reasonable Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

- 1. Pregnancy
- 2. Annual cervical cytology screening for cervical cancer and its precursor states for women age 18 and older
- 3. Mammography screening, when screening for occult breast cancer is recommended by a Physician
- 4. Colorectal cancer screenings
- 5. Diabetic Supplies/Education
- 6. Prostate screening tests
- 7. Breast Reconstruction due to Mastectomy
- 8. Hormone Replacement Therapy

**HOME COUNTRY COVERAGE (WHILE INSURED):**

Expenses incurred within the Covered Person's Home Country while insured under the Policy will be considered as Covered Medical Expenses up to the limits stated in the Schedule of Benefits. The Insurer will not cover any medical expense incurred in the Home Country after the Home Country medical expense coverage limits described above have been exceeded. Payment is subject to the Limitations and Conditions on Eligibility for Benefits provision.

**SCALP PROSTHESIS:**

The Insurer will pay the provider 100% of the Reasonable Expense for scalp prosthesis that is Medically Necessary for hair loss suffered as a result of alopecia areata, resulting from autoimmune disease.

**LEAD SCREENING:**

The Insurer will pay the provider 100% of the Reasonable Expense for lead poison screening for Covered Persons at 12 months of age and benefits for screening and diagnostic evaluations for Covered Persons under age 6 who are at risk for lead poisoning in accordance with guidelines set forth by the Division of Public Health.

**LOW PROTEIN FOOD PRODUCTS:**

The Insurer will pay the provider 100% of the Reasonable Expense for low protein food products for the treatment of inherited metabolic diseases, if the low protein food products are Medically Necessary. Inherited Diseases shall mean a disease caused by the inherited abnormality of body chemistry.

**DEFINITIONS**

**Accident (Accidental)** means a sudden, unexpected and unforeseen, identifiable event producing at the time objective symptoms of an Injury. The Accident must occur while the Covered Person is insured under the Plan.

**Covered Medical Expense** means an expense actually incurred by or on behalf of a Covered Person for those services and supplies which are:

(1) Administered or ordered by a Physician; (2) Medically Necessary to the diagnosis and treatment of an Injury or Sickness; (3) Are not excluded by any provision of the Policy; and incurred while the Covered Person's insurance is in force under the Policy, except as stated in the Extension of Benefits provision. A Covered Medical Expense is deemed to be incurred on the date such service or supply which gave rise to the expense or charge was rendered or obtained. Covered Medical Expenses are listed in Table 3 and described in Section 2.

**Emergency Hospitalization and Emergency Medical Care** means hospitalization or medical care that is provided for an Injury or a Sickness condition manifesting itself by acute symptoms of sufficient severity including without limitation sudden and unexpected severe pain for which the absence of immediate medical attention could reasonably result in: (1) Permanently placing the Covered Person's health in jeopardy, or (2) Causing other serious medical consequences; or (3) Causing serious impairment to bodily functions; or (4) Causing serious and permanent dysfunction of any bodily organ or part. Previously diagnosed chronic conditions in which subacute symptoms have existed over a period of time shall not be included in this definition of a medical emergency, unless symptoms suddenly become so severe that immediate medical aid is required.

***This enrollment form is ONLY FOR DEPENDENTS of students/scholars currently insured in the health insurance plan for the State University of New York***

Dependent coverage is available at the time the student is enrolled or within 31 days of marriage, birth, or arrival in the U.S.

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 SUNY Campus \_\_\_\_\_ Student ID or Social Security # \_\_\_\_\_  
 Home Country \_\_\_\_\_  
 U.S. Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Birth Date: (mm/dd/yyyy) \_\_\_\_\_ ☐ Female ☐ Male ☐ Student ☐ Scholar

### Dependent Information

Name of Dependents: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 Spouse \_\_\_\_\_ ☐ Female ☐ Male  
 Child \_\_\_\_\_ ☐ Female ☐ Male  
 Child \_\_\_\_\_ ☐ Female ☐ Male  
 Child \_\_\_\_\_ ☐ Female ☐ Male

	Period of Coverage		Spouse		Children		# of Months	Total
Inbound	8/15/2015 - 8/14/2016	Monthly	<input type="checkbox"/>	\$230.67	<input type="checkbox"/>	\$124.44	x	\$
		16-Day Rate	<input type="checkbox"/>	\$127.56	<input type="checkbox"/>	\$69.56	x	\$
Outbound	8/15/2015 - 8/14/2016	Monthly	<input type="checkbox"/>	\$230.67	<input type="checkbox"/>	\$124.44	x	\$
		16-Day Rate	<input type="checkbox"/>	\$127.56	<input type="checkbox"/>	\$69.56	x	\$
Total								\$
Start Date ____ / ____ / ____ Number of Months _____								

Make checks payable to **HTH Worldwide Insurance Services** and mail with enrollment form to HTH Worldwide Insurance Services, 100 Matsonford Road, One Radnor Corporate Center, Suite 100, Radnor, PA 19087. REMITTANCE IN U.S. FUNDS ONLY.

I understand that expenses incurred by my dependents for conditions for which they receive treatment for medical advice, or had symptoms, prior to effective date of coverage, may not be covered until they have been enrolled in the plan for 6 continuous months.

Signature of Student/Scholar \_\_\_\_\_ Date \_\_\_\_\_

*Reminder for Dependents: Please enclose a photocopy of your I-94. This is required by the Insurance Company*

Verification: I verify that the above applicant(s) is/are dependent(s) of \_\_\_\_\_

*an international student duly enrolled in the SUNY International Student & Scholar Insurance Program.*

Verified by: (name & title, i.e. FSA) \_\_\_\_\_ Date \_\_\_\_\_

**Injury** means bodily injury caused directly by an Accident. It must be independent of all other causes. To be covered, the Injury must first be treated while the Covered Person is insured under the Policy. A Sickness is not an Injury. A bacterial infection that occurs through an Accidental wound or from a medical or surgical treatment of a Sickness is an Injury.

**Medically Necessary** services or supplies are those that the Insurer determines to be all of the following: (1) Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition; (2) Provided for the diagnosis or direct care and treatment of the medical condition; (3) Within standards of good medical practice within the organized community; (4) Not primarily for the patient's, the Physician's, or another provider's convenience; (5) The most appropriate supply or level of service that can safely be provided. For Hospital stays, this means acute care as an inpatient is necessary due to the kind of services the Covered Person is receiving or the severity of the Covered Person's condition and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.

**Reasonable Expense** means the normal charge of the provider, incurred by the Covered Person, in the absence of insurance, (1) for a medical service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or (2) for a supply which is identical or substantially equivalent. The final determination of a reasonable and customary charge rests solely with the Insurer.

**Sickness** means an illness, ailment, disease, or physical condition of a Covered Person starting while insured under the Plan.

## LIMITATIONS AND EXCLUSIONS

### PRE-EXISTING CONDITION LIMITATION

The Insurer does not pay benefits for loss due to a Pre Existing Condition while the Covered Person is continuously insured during the first 6 months of coverage unless a Written request for dependent coverage is submitted within 30 days following the date on which he or she first becomes eligible for coverage starting on the Eligible Participant's effective date of coverage. Pre Existing Conditions will be covered after the Covered Person's coverage has been in force for 6 months however, a Pre-Existing Injury or Sickness covered after the Pre-Existing waiting period will be subject to the same limitations and exclusions as an Injury or Sickness incurred during Coverage under this Policy. The origin, cause, or nature of the Pre-Existing Injury or Sickness will be used to determine the applicable Coverage, limitations, and exclusions. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit.

GENERAL POLICY EXCLUSIONS

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

- 1. The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and intentional misuse of prescription drugs.
- 2. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
- 3. Expenses incurred as a result of pregnancy that is not covered.
- 4. Participating in an illegal occupation or committing or attempting to commit a felony.
- 5. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
- 6. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority and participation in a riot
- 7. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Maximum Benefit Principal Sum up to \$5,000

The Insurer will pay the benefit stated below if a Covered Person sustains an Injury in the Country of Assignment resulting in any of the losses stated below within 364 days after the date the Injury is sustained:

Loss	Benefit
Loss of life	100% of the Principal Sum
Loss of one hand	50% of the Principal Sum
Loss of one foot	50% of the Principal Sum
Loss of sight in one eye	50% of the Principal Sum

Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye.

If more than one of the losses stated above is due to the same Accident, the Insurer will pay 100% of the Principal Sum. In no event will the Insurer pay more than the Principal Sum for loss to the Covered Person due to any one Accident. The Principal Sum is

stated in Table 1 of the Schedule of Benefits. There is no coverage for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.

MEDICAL EVACUATION, REPATRIATION AND BEDSIDE VISIT BENEFITS

Medical evacuation and repatriation expenses for insured student, scholars, and their dependents *must* be arranged for and approved in advance by HTH Worldwide.

MEDICAL EVACUATION BENEFIT

If an Insured Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services, while traveling more than 100 miles from their place of residence, the Administrator will coordinate and pay for a medically-supervised evacuation, up to \$1,000,000, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care and if adequate care is not available locally and the Injury or Sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Insured Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Insured Person can continue his/her trip or can use the original transportation arrangements that he/she purchased. Only one transport is covered in connection with one course of an illness or accident. The Insurer will pay Reasonable Charges for escort services if the Insured Person is a minor or if the Insured Person is disabled during a trip and an escort is recommended in writing by the attending Physician and approved by the Insurer. All evacuations must be approved and coordinated by HTH Worldwide. Transportation must be by the most direct and economical route.

REPATRIATION OF REMAINS BENEFIT

If an Insured Person dies, while traveling more than 100 miles from their place of residence, the Insurer will pay the necessary expenses actually incurred, up to \$50,000, for the preparation of the body for burial, or the cremation, and for the transportation of the remains to his/her Home Country. This benefit covers the legal minimum requirements for the transportation of the remains. It does not include the transportation of anyone accompanying the body, urns, caskets, coffins, visitation, burial or funeral expenses. Any



expense for repatriation of remains requires approval in advance by HTH Worldwide.

### BEDSIDE VISIT BENEFIT

If an Insured Person is Hospital Confined due to an Injury or Sickness for more than 3 days, is likely to be hospitalized for more than 3 days or is in critical condition, while traveling outside his/her home country, the Insurer will pay up to \$5,000 for the cost of one economy round trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one person designated by the Insured Person. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend.

*The Medical Evacuation, Repatriation of Remains and Bedside Visit benefits are underwritten by BCS Insurance Company, Oakbrook Terrace, IL, NAIC #38245, through a policy issued to the Global Citizens Association under policy Form 55.302. Complete information on the insurance is contained in the Certificate of Insurance. If there is a difference between this program description and the Certificate wording, the Certificate controls.*

### POLITICAL, MILITARY OR NATURAL DISASTER EVACUATION SERVICES

In the event that DRUM considers an occurrence in a host Country an emergency situation, and upon the direction of an Appropriate Authority (officials of the embassy of a person's Home Country or a similar official of a Host Country), to leave that country, or a person is considered to be a "persona non grata" in that country, DRUM will, on a best efforts basis, arrange and pay for an evacuation to a safe haven and then back to the appropriate Home Country. DRUM will provide up to 10 days of meals and lodging where the individual is delayed at a safe departure point prior to returning to the appropriate Home Country. Upon agreement of DRUM, the individual may return to:

- a. The Country of permanent residence,
- b. Where the program sponsor is located (in the US),
- c. Back to the Host Country, or
- d. To another program location of the program sponsor.

DRUM will arrange for evacuation transportation as it deems appropriate, and unless otherwise necessary, only at economy fares. If an evacuation must be delayed due to the level of hostilities, DRUM will keep in contact with the individual and the program sponsor about when and how an evacuation will take place.

DRUM's obligation to pay for the individuals Political, Military or Natural Disaster Evacuation services will be limited to a maximum of \$100,000 per person for an emergency occurrence.

*Worldwide Insurance Services, LLC offers Political, Military and Natural Disaster Evacuation Services through Drum Cussac Group Limited (DRUM), an independent third party service provider based in the UK. This brochure contains only a summary of DRUM's evacuation services. A comprehensive*

*review of all DRUM political and natural disaster evacuation services can be found in the DRUM "Description of Covered Services" on file at SUNY Central. If there are any inconsistencies between the DRUM evacuation services described in this brochure and those listed in the "Description of Covered Services" at SUNY Central, the SUNY Central documentation shall control.*

## HOW TO ENROLL

If you are a dependent of a student, scholar, visiting faculty member or other individual affiliated with The State University of New York (SUNY), you must complete the attached application and mail it with your payment to:

### HTH Worldwide Insurance Services

Attn: Enrollment Department  
100 Matsonford Road, One Radnor Corporate Center,  
Suite 100, Radnor, PA 19087  
610.254.8700

## CERTIFICATION OF GROUP HEALTH PLAN COVERAGE

If you are no longer eligible to be insured under this plan, you should request a Certificate of Group Health Plan Coverage from HTH Worldwide Insurance Services. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under this plan.

## HOW TO FILE A CLAIM

Claims are to be submitted to HTH Worldwide, P.O. Box 30259, Tampa, FL, 33630, USA. See the [www.hthstudents.com](http://www.hthstudents.com) website for claim forms and instructions on how to file a claim.

## PREFERRED PROVIDER NETWORK

This policy includes the voluntary utilization of the Aetna Open Choice Nationwide Preferred Provider Network. Utilizing this Network will decrease your out-of-pocket costs under this Accident and Sickness Insurance Plan. Aetna Open Choice consists of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize an Aetna Open Choice provider. In order to use the services of a participating provider you must present your HTH Identification Card. An insured person may visit [www.hthstudents.com](http://www.hthstudents.com) to receive information on providers in their area or may contact HTH Worldwide Customer service at **1.888.350.2002**.



**Program Administration and  
Assistance Services Provided by**

# **HTH Worldwide**

100 Matsonford Road, One Radnor Corporate Center,  
Suite 100, Radnor, PA 19087

[hthstudents.com](http://hthstudents.com)

FAX: 1.610.254.8797

**For customer service assistance inside the U.S.:**

1.888.350.2002

[studentinfo@hthworldwide.com](mailto:studentinfo@hthworldwide.com)

**For medical evacuation assistance inside the U.S.:**

+1.610.254.8771

[globalhealth@hthworldwide.com](mailto:globalhealth@hthworldwide.com)

**Servicing Broker:**



Haylor, Freyer & Coon, Inc.  
231 Salina Meadows, PO Box 4743  
Syracuse, NY 13221-4743  
1.800.289.1501  
1.315.451.1500  
FAX: 1.315.453.1722  
[www.haylor.com/suny](http://www.haylor.com/suny)

**Insurance Underwritten by:**



BCS Insurance  
2 Mid America Plaza, Suite 200  
OakBrook Terrace, IL 60181  
1.800.621.9215

*Neither the State of New York, through its agents, nor the State University of New York through its agents and employees, is responsible in any manner whatsoever for the payment of any claim for health-related services provided to individuals covered under this insurance policy. The State of New York and State University of New York are not responsible for obligations incurred by individuals who are not covered by this insurance policy. All individuals participating in the University's health insurance programs described herein are responsible for reviewing all descriptions of the scope and level of coverage offered by this policy. Such participants will be solely responsible for obtaining additional coverage not provided under this program if such is deemed necessary by the participant.*