



State University of New York
Upstate Medical University

Office of the Dean	315.464.4816
Admissions	315.464.4570
Campus Activities	315.464.5618
Financial Aid	315.464.4329
Multicultural Resources	315.464.5433
Registrar	315.464.4604
Residential Life	315.464.5106
Student Services	315.464.8855

August 1, 2011

Dear Student:

We are pleased to announce that the student health insurance plan for the 2011/2012 school year will continue to be underwritten by Excellus BlueCross BlueShield, Central New York Region. Attached is an outline of the benefit package. Should you purchase insurance through Excellus BCBS, a comprehensive benefit package will be sent to you with your insurance card from them.

We strongly encourage you to use this plan in conjunction with the Student Health Services. While you are on either campus (Syracuse or Clinical Campus) you are advised to first visit the Student Health Services Office.

PLEASE READ THE FOLLOWING CAREFULLY!

Academic Year 2011-2012

Bi-Annual Premium

Premiums for the student health insurance policy are payable on a Bi-Annual (6 month) basis (August and February). A student enrolling in the middle of a coverage period need only pay **up to** the end of that coverage period.

6 month coverage period

\$1,418.34 - Individual Contract
\$3,225.48 - 2 Person Contract
\$3,926.70 - Family Contract

A representative from Excellus BCBS will be here during the incoming Fall Registration to answer any questions you may have regarding the policy.

If you wish to enroll in the health plan, please complete the attached application and return it with the required premium in the enclosed envelope directly to Excellus BlueCross BlueShield. **Payment maybe made by check, money order or the following two credit cards: Visa and Mastercard only.**

If your current insurance plan (or parent's plan) extends beyond the initial registration date, you may enroll at a later date by contacting EBS Benefit Solutions at (877) 684-5684 or if you have any questions about the policy or coverage, call: Kimberly Eastman at (315) 671-6535.

Sincerely,

Sharon Huard
Associate Dean
Student Affairs

**EXCELLUS BLUECROSS BLUESHIELD
CENTRAL NEW YORK REGION
Student Health Insurance
2011-2012**

This plan is to be used in conjunction with the Student Health Services. While you are on either campus (Syracuse or Clinical Campus) you are advised to first visit the Student Health Services Office at that campus.

Attached is an outline of the benefit package. Should you purchase insurance a comprehensive benefit package will be sent to you with your insurance card from Excellus BlueCross BlueShield.

If you wish to enroll in the health insurance plan, please complete the attached application and return it with the required premium in the enclosed envelope directly to Excellus BlueCross BlueShield.

Premium:

Premiums for the student health insurance policy are payable on a Bi-Annual (6 month) basis (August and February). If you are enrolling in the middle of a coverage period, please contact Blue Cross Blue Shield at (877) 684-5684 for the amount due.

	<u>1 Month</u>	<u>Bi-Annual</u>
Individual	\$236.39	\$1,418.34
2-Person	\$537.58	\$3,225.48
Family	\$654.45	\$3,926.70

Coverage/Payment periods:

August 18, 2011	to	February 17, 2012
February 18, 2012	to	August 17, 2012

Important Phone Numbers:

Benefit/Claims-Syracuse (315) 671-6535
(benefit questions prior to receiving an I.D. Card)

Benefit/Claims - Excellus BlueCross BlueShield Customer Service:
(benefit questions after receiving an ID.Card) (800) 633-6066

Enrollment/Billing: EBS Benefit Solutions: (877) 684-5684



P.O. Box 22999, Rochester, NY 14692

A nonprofit independent licensee of the BlueCross BlueShield Association

College Blue ENROLLMENT FORM

SUNY Upstate Student Enrollment EBS-RMSCO, Inc PO Box 332 Liverpool, NY 13088

Instructions on Back. All Dates = mm/dd/yy [] Check if name change [] Check if new address Please print clearly.

Form section for CHECK DESIRED ACTION and CHECK DESIRED MEDICAL COVERAGE. Includes checkboxes for Add Student (AA), Add Dependent (AB), Change Coverage (AC), and Transfer to COBRA (AD). Also includes a table for CHECK PERSON(S) COVERED with columns for Self, Spouse & Child(ren) (A), Self & Child(ren) (B), Self & Spouse (C), and Self (D).

Form section for STUDENT INFORMATION - Must be completed. Includes fields for Social Security #, Sex, Birthdate, Last Name, First, Street, City, State, Zip, Permanent Address, Name of School, School Address, Effective Date of Full-time Student Status, Day Phone, and E-Mail Address. Also includes a checkbox for 'Check if married' and a field for Date of Marriage.

FAMILY MEMBER INFORMATION [] Check relationship and indicate dependent name or indicate dependent name and birthdate to be cancelled.

Table for FAMILY MEMBER INFORMATION with 4 rows. Each row includes checkboxes for (S)pouse, (D)ependent, (H)disabled, and Other; fields for Last Name (if different) and First Name; Social Security #; Sex (M/F); and Birthdate (mm/dd/yy).

OTHER COVERAGE INFORMATION - Must be completed. You may be contacted for additional information.

Form section for OTHER COVERAGE INFORMATION. Includes instructions to provide a copy of 'Certificate of Coverage' and a question: 'Have you or any member of your family been enrolled in any other insurance policy in the last 63 days (including Dental, Medicare or Medicaid)?'. Includes checkboxes for Yes/No and 'Check previous insurance company'.

RELEASE - You must sign and date this form to be eligible for insurance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. I have thoroughly read, understand and agree to comply with the terms of the Release on the back.

Student Signature _____ Date _____

GROUP INFORMATION Must be completed by Group Representative. Shaded areas are optional.

Table for GROUP INFORMATION with columns: Coverage, Group/Sub Group #, Chk digit, Pkg #, School Name, Student Status. Includes checkboxes for (A)Active, (A)COBRA, and (A)Cancellation.

Group Rep Signature/Date: _____



EBS-RMSCO, Inc.
Employee Benefit Solutions

**PO BOX 4982
SYRACUSE NY 13221
FAX 315-671-9869**

PHONE 800-828-0078

SUNY Credit Card Authorization

Date: _____

Subscriber Name: _____

Subscriber SSN#: _____

I _____ authorize EBS-RMSCO, INC to charge the amount of \$_____ to my credit card for payment of my insurance premium.

Visa

Mastercard

Credit Card#

_____/_____/_____/_____

Expiration Date ____/____

Daytime Phone Number: _____

This authorization applies to the current premium due only. Authorization must be provided to us each quarter.



**SUNY UPSTATE MEDICAL UNIVERSITY
COLLEGE BLUE BENEFIT SUMMARY**

Effective: August 18, 2011

Comprehensive Benefit Summary	<ul style="list-style-type: none"> . \$100 Individual deductible, \$300 Family deductible . Carry-over deductible: Covered expense applied toward deductible for services received in October, November or December may be carried over and applied against deductible for the next year
Coinsurance	<ul style="list-style-type: none"> . After deductible has been met, 80% of the payable up to \$4,000, then 100% for the remainder of the calendar year. . Participating Physician Services subject to \$25 Copayment
Inpatient Hospital	<ul style="list-style-type: none"> . Hospital - Unlimited Days . Routine Nursery Care . Skilled Nursing Facility - Unlimited Days . Mental Health Care - 30 days per calendar year . Alcohol/Substance Abuse Care - 30 days per calendar year . Maternity Services . Consultations
Outpatient Hospital	<ul style="list-style-type: none"> . Hospice Care - 210 days . Home Health Care – 365 visits per calendar year . Surgery . *Mammography and Cervical Cytology Screening – Covered in full . Outpatient Substance Abuse Visits - 60 visits per calendar year . Outpatient Mental Health – \$25 copayment up to 50 visits per calendar year
Participating Physician Services	<ul style="list-style-type: none"> . Diagnostic office visit - \$25 Copayment . Second Medical Opinion - \$25 Copayment . *Routine Mammography Screening – Covered in full . *Routine OBGYN Services (Cervical Cytology Screening) – Covered in full . *Prostate Cancer Screening – Covered in full . Chiropractic Care - \$25 Copayment . Bone Density Testing - \$25 Copayment . Diabetic Treatment, Educational Equipment - \$25 Copayment
Other	<ul style="list-style-type: none"> . Medical Emergency /Accidental Injury . Pre-Surgical Testing . Second Surgical Opinion . Anesthesia . Allergy Testing and Treatment . Ambulance . Diagnostic Services (machine tests, laboratory tests, x-rays) . Therapy Services (radiation, respiration, chemotherapy, physical) . Elective Sterilization . Kidney Dialysis . Durable Medical Equipment, Prosthetics, Medical Supplies . *Routine Well Child Visits and Immunizations – Covered in full . *Routine Physical Exam and Adult Immunization – Covered in full.
Prescription Drugs*	<ul style="list-style-type: none"> . Tier 1: \$10 Copayment Retail: 30 day supply . Tier 2: \$30 Copayment Mail Order: 90 day supply (1copay for each 30 day supply) . Tier 3: \$45 Copayment

* Benefits changing due to HealthCare Reform

* Should a doctor choose a brand name drug when an FDA-approved generic equivalent is available, the benefit will be based on the generic drug's cost and the member will have to pay the difference, plus any applicable coinsurance. If the prescription has no approved equivalent, the benefit won't be affected.

On demand health care for your on demand life.

24/7 access to care, knowledge, resources and support

That's Blue on demand. Experience it now at go.excellusbcs.com/mylife

- 5,000+ Health Topics at your fingertips
- Free Fitness and Nutrition programs with Step Up
- Find a Doctor or Specialist
- Prescription Drug Savings Tools
- Request ID cards, print out claim forms and more

Please Note: This is a summary of contract benefits only. Official benefits and conditions of coverage is contained in the contract.