



## WAGNER COLLEGE

### Student Accident & Health Plan Summary

All full-time undergraduate students are automatically enrolled in the Hard Waiver Accident & Health Plan. The Hard Waiver Accident & Health Plan is provided at an annual cost of \$210 per undergraduate student, which includes a fee for administration of the program by the Student Health Center. The information below is a brief summary of the Student Accident & Health Plan available through the College.

**Excess Coverage:** This plan will consider benefits after any other valid and collectible insurance pay its benefits. This plan will cover eligible deductibles and co-payments not covered by your primary insurance carrier.

<b>ACCIDENT AGGREGATE LIMIT:</b>	<b>\$10,000</b>
Deductible:	\$0
Benefit Schedule	100% for the first \$500; then 80% thereafter up to the maximum of \$10,000 per accident in accordance with the Usual, Reasonable & Customary (URC) charges.
Benefit Period	24 months from the date of accident

<b>SICKNESS AGGREGATE LIMIT</b>	<b>\$10,000 Aggregate Limit</b>
<b><i>Inpatient Sickness Hospital Benefit</i></b>	<b>\$10,000</b>
Deductible:	\$0
Benefit Schedule	100% of the first \$500; 80% thereafter to the aggregate limit in accordance with URC. Hospital room and board is limited to semi-private rate. Includes coverage for all charges incurred while hospital confined.
Benefit Period:	12 months
<b><i>Outpatient Sickness Benefit Limit</i></b>	<b>\$1,000</b>
Referral Requirement:	Requires a referral from the Student Health Center
Benefit Schedule:	100% of the URC
Covered Services:	Includes but not limited to emergency room visits, diagnostic x-ray and lab, physician office visits. Outpatient services for mental illness and chemical & substance abuse are also covered under this benefit. Expense for an annual cervical smear or Pap smear test for female covered persons 18 and older.
<b><i>Outpatient Surgical Benefit Limit:</i></b>	<b>\$1,000</b>
Referral Requirement:	Requires a referral from the Student Health Center
Benefit Schedule:	100% of URC
Covered Services	Includes coverage for all URC charges incurred during the outpatient surgery.

*The above outline of coverage is intended only as a quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the College.*  
**NOTICE:** This plan contains certain Exclusions and Limitations. Please obtain a copy of the brochure in order to determine if services would be covered under this Plan.

# WAGNER COLLEGE

## STUDENT ACCIDENT & HEALTH PLAN HARD WAIVER REQUEST – Fall 2010

### FAILURE TO READ THIS FORM MAY COST YOU \$210.00

All full-time undergraduate, resident and commuter students are required to carry health insurance while attending Wagner College. You will be billed \$210.00 for the Student Accident & Health Plan, unless you demonstrate that you have comparable health insurance and specifically waive coverage.

*To decline coverage under the Wagner College Student Accident & Health Plan and avoid the \$210.00 charge to your account, you must:*

1. **Make a copy of your insurance card.**
2. **Fill out this form.**
3. **Return this form with the copy of your insurance card by March 26, 2010 ; via Fax # 718-420-4170**
4. **Please check one of the following boxes.**

- I decline enrollment in the Student Health Insurance Plan. I declare that I have comparable medical insurance coverage of no less than \$50,000 Medical benefit for accident or sickness, in force in the U.S.
- I have read the descriptive material and am required to enroll in the Wagner College Student Accident & Health Plan because I have no primary insurance.
- I have read the descriptive material and would like to supplement my existing coverage with The Wagner College Student Accident & Health Plan.

### PLEASE PRINT INFORMATION BELOW

\_\_\_\_\_  
Student's Last name, First name

\_\_\_\_\_  
Student ID #      Date of Birth MM/DD/YY

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

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number                      Group Number

\_\_\_\_\_  
Address of Insurance Company

\_\_\_\_\_  
Policy Expiration Date

I acknowledge that health insurance is required to attend Wagner College. I further acknowledge that a request to waive student health insurance **must be submitted every year** that I attend Wagner College. **Note: If this form is not returned, or if it is returned incomplete or after the deadline above, automatic billing of the health insurance fee may not be waived.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date