

GROUP EXCESS MEDICAL INSURANCE

Underwritten by First Rehabilitation Insurance
Group Policy Number 1147 (Effective 1/1/83 as amended, effective 1/1/93) or Group
Policy Number XGNY4303 depending on your class.

ELIGIBILITY: Full-time teachers, full-time nurses, full-time administrators and dependents as specified in the Certificate of Insurance.

ELIGIBLE DEPENDENTS: This term includes:

1. the wife or husband of the Employee, and
2. any unmarried child of the Employee who is
 - (a) less than 19 years of age;
 - (b) 19 years but under 25 years of age, enrolled as a full-time student in an accredited school, college, or university and primarily supported by the Employee;
 - (c) 19 years of age or older, mentally or physically incapable of earning a living and primarily supported by the Employee, provided the Employee submits proof of the child's incapacity and dependency to the Insurance Company within 31 days after the date the child fails to qualify under (a) or (b) above. The Insurance Company has the right, at reasonable intervals during the 2-year period following the date the child fails to qualify under (a) or (b) above, to require proof of the continuation of such incapacity and dependency. After the 2-year period, the Insurance Company may require subsequent proof not more often than once a year.

The term "child" will include a child born of the Employee, a child legally adopted by the Employee, a proposed adoptive child, in writing, dependent upon the Employee for support, and a stepchild of the Employee living with the Employee in a normal parent-child relationship.

It is provided that no one may be a Dependent who is eligible for the insurance as an Employee and no one may be a Dependent of more than one Employee.

SCHEDULE OF BENEFITS:

\$1,000,000 Excess Medical Expense Benefit covering those items in excess of those payable by your underlying Blue Cross/Metropolitan Life Insurance Company's Major Medical (Empire Plan) as presently constituted.

\$1250 Co-Insurance Reimbursement Benefit

\$250 Individual/\$750 Family Deductible Reimbursement Benefit

Outpatient Psychiatric Coverage at 80% of reasonable and customary charges to a maximum of \$20 per visit and \$1,000 per year.

Co-Payment reimbursement for outpatient psychiatric care if an APM Provider is visited

In-hospital private duty nursing coverage equal to 50% of usual and customary charges for the *first* 48 hours of private duty nursing while hospitalized

Outpatient rehabilitation benefit

Reasonable and customary reimbursement

OTHER INFORMATION:

Specific details concerning waiting periods, effective dates of individual insurance, effective date of dependent insurance and termination of insurance are contained in the Certificate of Insurance.

Retirees are eligible for coverage under the Group Excess Medical Insurance provided they have been insured persons for 30 days prior to retirement and have made application for coverage within 60 days of termination of active service.

MAKING CLAIMS:

Excess Medical Benefit claims forms should be submitted to First Rehabilitation Insurance Company within 90 days of sickness or injury or vision care procedure. If this is not possible, then claims should be submitted as soon as reasonably possible.

**First Rehabilitation Insurance Company
600 Northern Blvd.
Great Neck, NY 11021
1-800-365-4999**

For claim forms, please visit First Rehabilitation Insurance Company's web site at www.firstrehab.com. You may access the claim form in the download section by following the instructions using New York as the state and XGMM as the product line.

If your vision care is with First Rehabilitation Insurance Company, these forms are also available.

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