

However, this limitation will not apply if, during the period immediately preceding the effective date of coverage under this plan, the Insured was covered under a prior qualifying insurance program for six consecutive months. Prior qualifying service of less than six months will be credited toward satisfying the preexisting condition limitation. This waiver of the preexisting condition limitation will be effective provided the Insured becomes eligible and applies for coverage under the Policy within 90 days of the termination of his or her prior coverage.

Exclusions

The Policy does not cover Loss nor provide benefits for:

1. Preventive medicines, serums or vaccines of any kind; routine physical or other examinations where there are no objective indications of impairment of normal health; or well baby care, except as shown in the schedule of benefits.
2. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth, except as provided in the Schedule of Benefits.
3. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except as shown in the Benefit Schedule.
4. Temporomandibular Joint disorder, unless shown in the Benefit Schedule.
5. Cosmetic surgery or treatment for congenital anomalies, except for reconstructive surgery as the result of a Covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a Covered Injury and is necessary for its treatment.
6. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
7. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which the Insured Person is required to pay.
8. Expenses incurred after: the date insurance terminates as to the Insured Person; the

Aggregate Lifetime Maximum Benefit for each Covered Injury or Sickness has been attained; or the end of the Benefit Period specified in the Benefit Schedule.

9. Elective surgery or treatment.
10. Loss resulting from the Insured Person's participation in a riot or felony.
11. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Sickness.
12. Birth control, including elective surgical procedures or devices except as otherwise provided by the benefits mandated by the state of Maine.
13. Any expenses in excess of Usual and Customary charges.
14. Treatment of nervous or mental disorder or treatment of alcoholism or drug addiction except as provided for in the Benefit Schedule.
15. Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
16. Loss resulting from playing, practicing, traveling to or from, or participating in, any intercollegiate, club or professional sports, in excess of \$2,000.

Claim Procedure

In the event of Accident or Sickness the student should:

1. If at school, report immediately to the Student Services Office so that proper treatment can be prescribed or approved.
2. If away from the School, consult a doctor and follow his advice. Notify the Student Health Services or the Claims Administrator within 30 days of the covered accident or commencement of covered illness, or as soon thereafter as is reasonably possible.
3. Claim forms can be obtained from the Student Services, or on-line from Cross Insurance at:
www.crossagency.com/cm
Submit the completed claim form, together with copies of itemized bills and your other insurance carrier's Explanation of Benefits, within 90 days after first treatment to Commercial Travelers. (The address is on the claim form.)
4. After the first \$100 of eligible expense coverage is excess to all other insurance. Claims

must be filed with your other insurance carrier(s) prior to filing under this Plan.

Claims Paid By:

Commercial Travelers

Mutual Insurance Company

70 Genesee Street • Utica, NY 13502
1-800-756-3702

For a copy of the Company's Privacy Notice, go to:
www.commercialtravelers.com/privacy.html

Serviced By:

Cross Insurance

217 Main Street, PO Box 3028
Lewiston, ME 04243-3028
(207) 783-8591 or 1-800-537-6444
Web site: <http://www.crossagency.com>

Representations of this plan

must be approved by the Company.

Note: The time you were covered under this plan may count as creditable coverage under State and Federal Law if you leave this plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact Cross Insurance if you need such certification.

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

Anthem BlueCross & BlueShield Individual HealthChoice

The College is also pleased to offer additional coverage to the Basic Student Health Insurance Plan, underwritten by Anthem BlueCross and BlueShield. The Anthem BlueCross and BlueShield plan is a separate coverage which begins paying benefits for most covered services after the calendar year deductible has been met. Covered services are paid based on a percentage of the Anthem BlueCross and BlueShield schedule of maximum allowance. The Anthem BlueCross and BlueShield policy is the secondary payer after all other insurance in force. For additional information, please contact Cross Insurance or visit the agency website.



2004–2005

Student Accident and Sickness Insurance

Policy #: 2004-J3A12

Underwritten by:

**Commercial Travelers
Mutual Insurance Company**
Utica, NY

as policy form # SHME-01

04-J3A12(Bro.)

Central Maine Community College 2004–2005 Student Accident and Sickness Insurance Plan

Central Maine Community College is pleased to announce the availability of a 12 month Student Accident Insurance plan with an enhanced accident and additional sickness option. All full-time students are automatically enrolled in the Accident-Only Insurance Plan 1. Plan 2 adds Sickness coverage and increases the benefit limits for both plans.

Students who purchase the optional Accident and Sickness plan will be insured for 12 months. Coverage begins upon arrival on campus for duly authorized school activities. Coverage expires on August 31, 2005.

The benefits of both plans are described in detail in this brochure. It should be noted that after the first \$100 of eligible expense, school insurance benefits are secondary to other collectible insurance coverages (if applicable).

It is strongly recommended that all students carry Insurance while attending CM. The enclosed enrollment form should be completed and returned to indicate enrollment in the Optional plan prior to September 1, 2004. Once enrolled, a student may not cancel the insurance. Coverage continues until the Policy expires.

PLEASE READ THE FOLLOWING PAGES CAREFULLY!

ID CARD

Name of Insured

CENTRAL MAINE COMMUNITY COLLEGE
POLICY# 2004-J3A12

Claims to: **Commercial Travelers**
70 Genesee Street
Utica, NY 13502
1-800-756-3702

PLAN 1—AUTOMATIC BASIC ACCIDENT BENEFITS (All Eligible Full-time Students are covered)

Accident benefits are provided up to \$2,000 for covered medical expense incurred as an inpatient or outpatient, as a result of a covered accident, until the termination date, or any extension of benefits of the Policy. Expenses are subject to the Non-duplication and Extension of Benefits provisions. This plan provides Accident-Only benefits and also provides Routine Physical Examinations which are covered at 100% of U&C, not to exceed \$200. The benefit includes pre-sports physicals. All full-time students are automatically covered under this plan for 12 months. The first \$100 of covered expenses are paid regardless of other insurance coverage.

PLAN 2—OPTIONAL BASIC SICKNESS AND SUPPLEMENTAL EXPENSE BENEFITS Annual Premium \$165.00 Plan 2 will cover Basic Sickness Benefits up to a maximum of \$1,000 up to the following limits:

Benefits

Hospital Room & Board

Miscellaneous Inpatient Hospital Expense including anesthesia, use of operating room, nurse services of an LPN or RN, laboratory tests, X-ray examinations, prescription drugs and medications, casts & temporary surgical appliances

Surgical Expense (Inpatient or Outpatient)

Anesthetist

Assistant Surgeon

Miscellaneous Outpatient Expense (Hospital and non-hospital) including services & supplies prescribed by the attending physician

Diagnostic X-rays and Laboratory Tests

In-Hospital Physician's Fees

Out-of-Hospital Physician's Fees

Chiropractic

Dental Treatment

Ambulance Expense for Emergency Transportation

Mental Health Care

Outpatient

Inpatient

Alcohol & Drug Dependency

Outpatient

Inpatient

Maternity

Prescription Drugs

For Sickness

Up to \$200

U&C up to \$300

70% of U&C; max \$1,000
per operation

25% of Surgery Allowance

25% of Surgery Allowance

U&C up to \$300

U&C up to \$75

\$35/visit; one visit per day

\$35/visit; one visit per day

\$35/visit; one visit per day

N/A

70% of U&C

50% of U&C up to \$1,000

Same as any other Sickness

80% of U&C up to \$1,000

Same as any other Sickness

Same as any other Sickness

\$30 per claim

SUPPLEMENTAL EXPENSE BENEFITS—After incurring \$2,000 in expenses for a covered accident or \$1,000 for a covered sickness which are payable under the Basic Accident or Basic Sickness section above, eligible expenses in excess of the \$2,000 for an accident or \$1,000 for a sickness are payable at 80% of the usual and customary charges up to an aggregate maximum of \$5,000 for any one sickness or accident.

*U&C means Usual and Customary

Coverage for Mandated Benefits

Your Student Accident and Sickness Insurance Plan includes, but is not limited to, benefits for the following coverages as mandated by the state of Maine: Home Health Care Expense; Hospice; Treatment of Inborn Error of Metabolism; Diabetic Supplies and Education; Treatment of Mental and Nervous Conditions; Treatment for Alcoholism and Drug Dependency; Maternity Including Newborn Coverage; Dental Anesthesia and facility charges for certain individuals; Prescription Contraceptives and Outpatient Contraceptive Services and Cancer Screening Tests, including Mammograms (annually after age 40), Pap Smears, and Prostate Cancer Screening; and Breast Reconstruction Surgery, which is payable under the Surgical Expense Benefit. See the Policy on file at the College for benefit amounts if you need to file a claim under one of these benefits.

Extension of Benefits

The benefits under the Policy terminate on September 1, 2005; however if an Insured Person is hospitalized on the date his or her insurance terminates, benefits will continue to be paid until completion of that hospital confinement, not to exceed 31 days from such termination date or the maximum Policy benefits, whichever occurs first. **Please be sure that you purchase new insurance coverage upon termination so you don't have a break in coverage.**

Limitations and Reductions

Non-duplication of Benefits Provision: After the first \$100 of eligible expense, the Policy will not duplicate benefits for expense covered by any Other Valid and Collectible medical, health or accident insurance or prepayment plan. Benefits payable under the Policy will be excess and secondary to such other coverage.

If the Insured Person is insured under any other valid and collectible insurance or plan which is also excess to other coverage, We will pay a maximum of 50% of the benefits otherwise payable.

Preexisting Condition Limitation: Benefits are payable for expenses incurred as the result of a preexisting condition after the first six months following the effective date of the Insured's coverage.