

STUDENT HEALTH INSURANCE PLAN

BATES COLLEGE

2007–2008

Policy No. 2007J3A40

Serviced by:

Cross Insurance
Lewiston, ME

Underwritten by:

Commercial Travelers Mutual
Insurance Company
Utica, NY

as policy form # SHME-01

Bates College Student Health Insurance Plan

Student Health Insurance Quick Reference Guide...

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Presented by:

Cross Insurance
Lewiston, ME

Underwritten by:

Commercial Travelers
Mutual Insurance Company
Utica, NY

Policy Number:

2007J3A40

Coverage Dates:

August 15, 2007 thru August 14, 2008

For questions concerning coverage or claims, contact:

Bates College Health Services
207-786-6199

or

Cross Insurance
217 Main Street
PO Box 3028
Lewiston, ME 04243-3028
1-800-537-6444
www.crossagency.com/bates

The Bates College Student Health Insurance Plan

This brochure is a brief description of the Student Health Insurance Plan made available to students through Bates College. This plan has been developed especially for Bates College students. **The plan provides benefits for covered accidents and sickness that occur on and off campus, on a world-wide basis, 24 hours per day, during the period for which premium has been paid.**

Bates College requires that all full time students enrolled in 3 or more classes carry health insurance. Students must verify that they have other adequate insurance coverage of at least \$100,000 in order to waive automatic enrollment in the Bates College Student Health Insurance Plan. If you currently have coverage, it is your responsibility to determine that it meets or exceeds the coverage available through Bates College's Student Health Insurance Plan. Often a student covered by a parent's plan at home, has limited or no benefits while at College, other parts of the U.S. or in a foreign country. When reviewing your current medical insurance coverage, be sure it provides coverage to students who are over the age of 19, that it provides access to care in the State of Maine, and provides comprehensive coverage, extending beyond emergency care to include physician and hospital services. Students wishing to supplement their existing coverage by remaining in the Bates Plan may do so.

All students will automatically be enrolled in either the Bates College Student Health Insurance Plan or the International Insurance Plan. Students who wish to have the expense for this coverage removed from the College charges may do so by providing other insurance information online through the "Garnet Gateway". See the section titled "Online Student Waiver Process" for directions on waiving the insurance plan. The deadline to waive coverage is **September 30, 2007**. For those students beginning in the Winter Term, the deadline to waive coverage is **January 31, 2008**. Students who complete the waiver by September 30, 2007 do not need to complete the waiver again for January. **No waivers will be accepted after the deadline.**

STUDENT ELIGIBILITY

Bates College students enrolled in 3 or more classes are required to provide proof of adequate health insurance coverage. Students are auto-

matically enrolled in and billed for the Bates College Student Health Insurance Plan. When the student's insurance is not a domestic or U.S. based company, the student will be required to remain enrolled in the Bates Plan. If a student who has waived coverage, experiences a loss of coverage during the policy year and wishes to be insured by the Bates Plan, please contact the Student Financial Services in Libbey Forum at Bates College for enrollment.

PREMIUM REFUND

Any insured student withdrawing from college during the first 31 days for any reason, other than a medical withdrawal, will not be covered under the Policy and a full refund of the premium will be made. A student withdrawing due to medical reasons will remain covered until the termination date of the policy. In the event an Insured Person leaves school to enter active military service, coverage will cease and pro-rata refund of premium will be made for such person upon written request received at Cross Insurance within 90 days of withdrawal from school.

POLICY TERM AND PLAN COSTS

Coverage for the Bates College Student Health Insurance Plan for the Annual Term becomes effective at 12:01 a.m. on August 15, 2007 and will terminate at 12:01 a.m. on August 15, 2008. Coverage for the Winter term becomes effective at 12:01 a.m. on January 1, 2008 and will terminate at 12:01 a.m. on August 15, 2008. An eligible student's coverage becomes effective on that date, or in the event of a qualifying event, the date the application and full premium are received by the College.

PLAN COSTS

Class of Insured	Annual Rates 8/15/07 thru 8/14/08	Winter Rates 1/1/08 thru 8/14/08
Student Only	\$684	\$450

ONLINE STUDENT WAIVER PROCESS

Fall Deadline is September 30, 2007

Winter Deadline is January 31, 2008

Bates College students may waive coverage if documented proof of comparable coverage in another health insurance plan is provided via the Online Waiver Form by the deadline. **No waivers will be accepted after the deadline.** Recognizing that health insurance situations may change, each year students will be asked to provide proof of

comparable coverage in order to waive participation in the Bates College Student Health Insurance Plan. To document proof of comparable coverage, students must complete the Online Waiver Form. **The Online Student Waiver Process is the only accepted process for waiving the insurance.**

Before you access the Waiver Form, have your current health insurance ID card ready. You will need this information to complete the Online Waiver Form. In order to waive the insurance, you will need to know the name of your current insurance company, the policy number, and the policy holder name.

To complete the online process, log on to the Garnet Gateway and select the "Student Menu," then "Financial Records" and then choose the second option under Financial Records, "Student Health Insurance Waiver."

Immediately upon submitting the Online Waiver Form, students will receive a confirmation number as documentation that the form has been submitted. Please print this confirmation for future reference; it is your documentation that the Online Waiver Form was submitted. **The deadline for completing the Online Waiver Process is September 30, 2007. For students beginning in the Winter Term, the deadline to waive coverage is January 31, 2008.** Students who complete the waiver by September 30, 2007 do not need to complete the waiver again for January.

STUDENT HEALTH CENTER

For enrolled students, it is to your advantage to first seek treatment at the Bates College Health Services in order to reduce your out-of-pocket expenses. Failure to utilize the Health Center may result in greater out of pocket expense.

DEFINITIONS

The following important definitions apply to this plan:

Covered Injury means a bodily Injury that is sustained by an Insured person while he/she is insured under the Policy or the School's prior policies and is caused by an accident directly and independently of all other causes. Coverage under the School's policies must have remained continuously in force from the date of Injury until the date services or supplies are received for them to be considered as a Covered Medical Expense under the Policy. All Injuries sustained by one person in

any one accident, including all related conditions and recurrent symptoms of these Injuries are considered a single Covered Injury.

Covered Medical Expense means those charges for any treatment, service or supplies that are not in excess of the Usual and Customary charges therefor; not in excess of the charges that would have been made in the absence of this insurance; and incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

Covered Sickness means Sickness, disease or trauma related disorder due to Injury which causes a loss while the Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness includes Complications of Pregnancy.

Hospital Confined or Hospital Confinement means a stay of eighteen or more consecutive hours as a resident bed patient in a Hospital.

Insured Student means a student of the School who is eligible and insured for coverage under the Policy.

Loss means medical expense caused by an Injury or Sickness which is covered by the Policy.

Medical Emergency means any Injury or Sickness involving acute pain or infection that requires immediate medical attention. Medical emergency includes, but is not limited to broken bones, lacerations, and acute respiratory distress.

Medically Necessary means that a service or supply is Medically Necessary only when it meets all of the following requirements: 1) it must be ordered by a Physician; 2) it must be consistent with the diagnosis, care and treatment of the condition; 3) it must be in accordance with the standards of good medical practice; 4) it must be safe and effective in treating the condition for which it is ordered; 5) it must not be experimental or investigative; 6) it must be of the proper quantity, frequency and duration for the care and treatment of the condition for which it is ordered; 7) its purpose must be to restore health and extend life and not merely for the convenience of the patient or the Physician; and 8) the final determination of Medically Necessary rests solely with the Company.

MEDICAL EXPENSE BENEFITS SCHEDULE

<i>Benefit Category</i>	<i>Benefit Description</i>
Plan Maximum	\$100,000 per diagnosed accident or sickness per policy year
Deductible	\$100 per person per policy year before any benefits are paid
Out of Pocket Maximum	\$5,000 Per Policy Year. Once the Out of Pocket Maximum has been satisfied, then eligible expenses from the following benefit categories are payable at 100% of the Usual and Customary Charge up to the Plan Maximum of \$100,000 per condition per policy year: Office Visits, Hospital & Non-Hospital Diagnostic X-ray and Lab Expense, ER Expense, Misc. Outpatient Expense, Hospital Room & Board, Surgical Expense, Mental and Nervous Disorders, Alcohol and Drug Dependency, and Durable Medical Equipment. The Out of Pocket Maximum is satisfied by compilation of the \$100 deductible and 20% co-insurance amounts from the above categories only. Co-payments and amounts in excess of specific benefit maximums, non-covered services, and penalties do not apply towards satisfying the Out of Pocket Maximum.
Office Visits	\$10 co-payment, then 100% of Usual & Customary
Diagnostic X-ray and Lab Expense	100% of Usual & Customary for the 1st \$500, then 80% thereafter
Emergency Room Expense	\$50 co-payment (waived if admitted), then 80% of Usual & Customary
Miscellaneous Outpatient Expense	80% of Usual & Customary for services and supplies prescribed by the attending physician not otherwise provided by the benefit schedule
Hospital Room & Board	80% of Usual & Customary including Intensive Care, Misc. Inpatient Expenses, Physician visits, and Room & Board (semi-private room rate)
Surgical Expense	80% of Usual & Customary (Inpatient and Outpatient), including Surgeon, Assistant Surgeon, and Anesthetist
Mental and Nervous Disorders, Alcohol and Drug Dependency	Inpatient and Outpatient are paid as any other illness
Diagnostic Testing & Treatment for Learning Disabilities	Payable as any other illness up to \$500 per policy year
Durable Medical Equipment	80% of Usual & Customary
Abortion	100% of actual charge up to \$500 per policy year
Dental Treatment	Injury to sound natural teeth, 100% of actual charge up to \$250 per tooth
Ambulance Expense	Ground transportation: 80% of actual charge up to \$500 per occurrence Air transportation: 80% of actual charge up to \$2,000 per occurrence
Prescription Drug Reimbursement Expense	80% up to a \$1,000 cumulative policy year maximum benefit
Medical Evacuation & Repatriation	Up to \$10,000 with a Doctor's referral required, no Hospitalization required
Annual Physicals	100% of actual charge up to \$200 per policy year

Physician means: 1) a Doctor of Medicine (M.D.); or 2) a Doctor of Osteopathy (D.O.); or 3) a Doctor of Dentistry (D.M.D. or D.D.S.); or 4) a Doctor of Chiropractic (D.C.); or 5) a Doctor of Optometry (O.D.); or 6) a Doctor of Podiatry (D.P.M.); who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered. A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine. Physician will also mean any licensed practitioner of the healing arts who the company is required by law to recognize as a "Physician."

This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric nurses to the same extent that their services would be covered if performed by a Physician.

Preexisting Condition means any health condition, Sickness or Injury that existed any time prior to the effective date of coverage and for which medical advice was given or for which a Physician recommended or provided treatment within the six months immediately preceding the Insured's effective date of coverage under the Policy.

Treatment means the medical care of an Injury or Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

Usual and Reasonable means the normal charge, in the absence of insurance, of the provider for a 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 a supply that is identical or substantially equivalent. Where appropriate, the usual, reasonable and customary charge will be determined on the basis of the Health Insurance Association of America (HIAA) survey of prevailing fees. The final determination of usual, reasonable and customary rests with the Company.

EXTENSION OF BENEFITS

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.

THIRD PARTY REFUND

When an Insured Person is injured through the negligent act or omission of another person (the "third party") and benefits are paid under the Policy as a result of that Injury, the Company is entitled to a refund by the Insured Person of all Policy benefits paid as a result of the Injury. The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third party payment. Reasonable pro-rata charges, such as legal fees and court costs, may be deducted from the refund made to the Company. The Insured Person must complete and return the required forms to the Company on request.

STATE MANDATED BENEFITS

Your Student Health 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; Prosthetic Devices; Treatment of Mental and Nervous Conditions including Severe Mental Illness; Alcohol 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 Coverage for Breast Cancer Treatment. See the Policy on file at Cross Insurance for benefit amounts if you need to file a claim under one of these benefits.

MEDICAL EVACUATION AND REPATRIATION

Medical Evacuation Expense (For students studying outside their Home Country) If an Insured Student is unable to continue his or her academic program as the result of a Covered Injury or Sickness, the Company will pay the necessary Usual and Reasonable charges for evacuation to another medical facility in the Insured Person's home country. A medical evacuation would be considered only if medically necessary. Any expenses payable under this benefit require approval of the attending Physician as well as Ours.

Repatriation Expense (For students studying outside their Home Country) In the event of the death of an Insured Person, while he or she is covered under the Policy, the Company will pay the necessary Usual and Reasonable charges for preparation and transportation of the remains to the Insured Person's home country. Any benefits payable under this provision require Our prior approval.

The maximum combined limit for Medical Evacuation and Repatriation is \$10,000.

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 Benefit Schedule.
2. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth except as shown in the Benefit Schedule.
3. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids.
4. 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.
5. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
6. 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.
7. 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.
8. Elective surgery or treatment.

9. Loss resulting from the Insured Person's participation in a riot or felony.
10. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Sickness.
11. Any expenses in excess of Usual and Customary charges.
12. Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
13. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance.
14. Medical services rendered by a provider contracted with or employed by the School.
15. Treatment of nervous or mental disorders or treatment of alcoholism or drug addiction except as provided for the Benefit Schedule.
16. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.
17. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
18. Professional services rendered by an Immediate Family Member or anyone who lives with the Insured Person.
19. Temporomandibular Joint Disorder, unless shown in the Benefit Schedule.
20. Loss resulting from playing, practicing, traveling to or from, or participating in, any intercollegiate, club or professional sports.
21. Expenses payable under any prior Policy which was in force for the person making the claim.

PREEXISTING CONDITIONS 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.

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.

CONTINUOUS COVERAGE

Coverage for an insured individual will be considered as continuous during consecutive periods of insurance (Fall and Winter, Winter and Summer, etc.) when premium payment is received by the Policyholder, Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Winter, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

NONDUPLICATION OF BENEFITS

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 this Plan will be excess and secondary to such other coverage.

HOW TO SUBMIT A CLAIM

In the event of Injury or Sickness, the student should:

1. Report at once to the Bates College Health Service for treatment or referral, or when not in school, to the nearest Doctor or Hospital.
2. Secure an Insurance claim form from the Bates College Health Service or on-line at: www.crossagency.com/bates. Complete it according to the directions of the form. Only one claim form needs to be submitted for each Accident or Sickness.
3. Bills must be received by the Company within 90 days of service or as soon as reasonably possible to be considered for payment.
4. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted. Prescription medications need to be paid for at the pharmacy. For reimbursement of a covered prescription, submit a receipt along with a completed claim form to Commercial

Travelers Mutual Insurance Company as is outlined above.

5. When submitting a claim form, attach available itemized medical bills to the claim form. Subsequent medical bills should be mailed promptly to **Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502.**

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator listed below.

Underwritten and Claims Administered 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 you may:

go to

www.commercialtravelers.com/privacy.html

or Request one from the Servicing Agent,

Cross Insurance

or Request one from:

Commercial Travelers

Mutual Insurance Company

c/o Privacy Officer

70 Genesee Street • Utica, NY 13502

(Please indicate the school you attend with your written request.)

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 employers 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 when 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.

ID CARDS

You will be issued an ID card as soon as possible. If the Covered Person must seek medical attention before the ID card is received, benefits will be payable in accordance with the Policy. The Covered Person does not need an ID card to be eligible to receive benefits.

TEMPORARY ID CARD

Name of Insured

BATES COLLEGE
Student Health Insurance Plan
POLICY# 2007J3A40

Claims to:

Commercial Travelers • 70 Genesee St.
Utica, NY 13502 • (800) 756-3702

Possession of this card does not guarantee eligibility.