

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 in excess of \$200; or well baby care.
2. Dental treatment except as specified for accidental Injury to Sound, Natural Teeth, in excess of \$150.
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. Any expenses in excess of Usual and Customary charges.
13. Treatment of nervous or mental disorder or treatment of alcoholism or drug addiction except as provided for in the Benefit Schedule.
14. Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
15. Loss resulting from playing, practicing, traveling to or from, or participating in any intercollegiate, club or professional sports, except as provided in the Insurance Information Schedule.

Claim Procedure

In the event of Accident or Sickness the student should:

1. Consult a doctor and follow his advice. Notify the Claims Administrator within 30 days of the covered accident or commencement of covered illness, or as soon thereafter as is reasonably possible.
2. Claim forms can be obtained on-line from Cross Insurance at:
www.crossagency.com/bts
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.)
3. After the first \$200 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.

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 at the address on the next panel.

To Enroll

The Student Health Insurance enrollment card should be returned to the Seminary Business Office. Please follow the instructions on the card to enroll.

Annual Premium: \$ 795 Student
\$1,100 Spouse
\$ 475 Each Child

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
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.)***

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. 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.

BANGOR THEOLOGICAL SEMINARY

2007–2008

Student Accident and Sickness Insurance

Policy #: 2007J3A08

Underwritten by:

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

as policy form # SHME-01

07-J3A08(Bro.)

Bangor Theological Seminary 2007–2008

Student Accident and Sickness Insurance Plan

To all Students:

We are pleased to announce that we are continuing to offer our Accident and Sickness Insurance plan for students and their eligible dependents (spouse/domestic partner and unmarried children residing with the insured student under the age of 19 who are not self-supporting). This is an optional plan and the enclosed enrollment card should be completed and returned prior to September 1, 2007.

The benefits of the plan are described in detail in this brochure. It makes no difference where the accident or sickness occurs . . . at the Seminary, at home, or while traveling or participating in school-sponsored activities.

It should be noted that after the first \$200 of covered expenses have been processed according to the benefit schedule on a primary basis, benefits are secondary to other valid and collectible insurance coverages (if applicable).

Students who purchase the plan will be insured from September 1, 2007, or the date premium has been received by the authorized agent to September 1, 2008. Once enrolled in the plan, students may not cancel the coverage. It will remain in effect until the end of the period for which premium has been paid.

**PLEASE READ THE
FOLLOWING PAGES CAREFULLY!**

ID CARD

Name of Insured

BANGOR THEOLOGICAL SEMINARY
POLICY# 2007J3A08

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

Possession of this card does not guarantee eligibility.

THIS PLAN WILL PAY UP TO \$5,000 IN COVERED MEDICAL EXPENSE PER CONDITION

BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$1,500 for a covered accident or sickness. Benefits will be provided for covered medical expense incurred as an inpatient or outpatient, as a result of a covered accident or sickness, until the termination date, or any extension of benefits of the Policy. The first \$200 of covered expense incurred will be processed according to the benefit schedule on a primary basis regardless of any other insurance, any remaining benefits will be processed on an excess basis.

<u>Benefits</u>	<u>For Accidents</u>	<u>For Sickness</u>
Hospital Room & Board up to the semi-private Room Rate	100% of *U&C	\$150 per day
Miscellaneous Hospital Expense including anesthesia, use of operating room, nurse services of an LPN or RN, laboratory tests, X-ray examinations, casts & temporary surgical appliances	100% of U&C	Up to \$300
Surgical Expense (Inpatient or Outpatient)	100% of U&C	70% of U&C up to \$300
Assistant Surgeon	25% of Surgery Allowance	25% of Surgery Allowance
Consulting Physician Expense	100% of U&C	\$75
Anesthetist	33% of Surgery Allowance	33% of Surgery Allowance
Miscellaneous Outpatient Expense including diagnostic X-rays, laboratory tests, and services & supplies prescribed by the attending physician	100% of U&C	\$50
Prescription Drugs	100% of U&C	\$30 per sickness
Emergency Room Expense	100% of U&C	\$50 per sickness
In-Hospital Physician's Fees	100% of U&C	\$35 per visit, 3 visit max
Out-of-Hospital Physician's Fees	100% of U&C	\$35 per visit, 3 visit max
Annual Physical Exam & Follow-up Testing as prescribed by the attending physician	N/A	100% of U&C, up to \$200 per Policy Year
Ambulance Expense for Emergency Transportation	100% of U&C	100% of U&C
Mental & Nervous Disorders		
Mental Health Care		
Outpatient**	N/A	50% of U&C up to \$1,500
Inpatient	N/A	Same as any other Sickness
Alcohol & Drug Dependency		
Outpatient**	N/A	80% of U&C up to \$1,500
Inpatient (Residential Treatment)	N/A	Same as any other Sickness
Maternity	N/A	Included in Sickness Benefit

SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$1,500 in expenses for a covered accident or a covered sickness which are payable under the Basic Medical Expense Benefit section above, eligible expenses in excess of the \$1,500 are payable at 80% of the usual and customary charges up to a maximum of \$3,500 in additional benefits. This benefit is payable only after other collectible insurance has paid to their limit. Expenses must be incurred during the policy term. Outpatient Mental Health Care and Alcohol & Drug Dependency Benefits are not covered under the Supplemental Expense Benefit, except Severe Mental Illness as defined in the Policy.

* U&C means Usual and Customary

** The benefits for Outpatient Alcohol & Drug Dependency and Outpatient Mental Health Care Disorders are covered under the Basic Benefits of the Policy up to \$1,500 as provided by the benefits mandated by the State of Maine.

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; 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 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, 2008; 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 \$200 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.

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