

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. 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, 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 Business Office, or on-line from Cross Insurance at:  
[www.crossagency.com/cm](http://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.

## 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 listed on the back panel.

*Underwritten & 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](http://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 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.



**2007–2008**

## **Student Accident and Sickness Insurance**

**Policy #: 2007J3A12**

*Underwritten by:*

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

as policy form # SHME-01

07-J3A12(Bro.)

# Central Maine Community College 2007–2008

## Student Accident and Sickness Insurance Plan

Central Maine Community College is pleased to announce the availability of a 12 month Student Accident Insurance Plan. In the fall, all eligible full-time students are automatically enrolled in the Accident-Only Insurance Plan 1, and billed an annual premium of \$30. Plan 1 coverage is effective upon arrival on campus for duly authorized school activities and expires on August 31, 2008.

There is an additional plan, Plan 2, that you can chose to purchase, which offers enhanced accident and sickness benefits. Plan 2 enhances the benefits of Plan 1 by adding coverage for sickness and increasing the maximum benefit limit to \$10,000 per accident or sickness per policy year. It is strongly recommended that all students carry insurance while attending Central Maine Community College. The enclosed enrollment form should be completed and returned to indicate enrollment in the optional Plan 2 prior to September 1, 2007. Once enrolled, a student may not cancel the insurance, coverage continues until the policy expires. Plan 2 coverage is effective upon arrival on campus for duly authorized school activities and expires on August 31, 2008.

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 coverage (if applicable).

**PLEASE READ THE  
FOLLOWING PAGES CAREFULLY!**

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ID CARD

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

**CENTRAL MAINE COMMUNITY COLLEGE**  
POLICY# 2007J3A12

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

Possession of this card does not guarantee eligibility.

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

Accident benefits are provided for incurred eligible medical expenses up to \$2,000 per covered accident for medical expenses 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 a Routine Physical Examination which is 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 \$220.00 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 & Nervous Disorders  
Mental Health Care  
Outpatient\*\*  
Inpatient  
Alcohol & Drug Dependency  
Outpatient\*\*  
Inpatient (Residential Treatment)  
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 \$1,500  
Same as any other Sickness  
  
80% of U&C up to \$1,500  
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 \$10,000 for any one sickness or accident. 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

\*\* Outpatient Mental Health Care and Alcohol & Drug Dependency benefits 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 \$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.

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