

**2007–2008**

**Student Accident  
and  
Sickness  
Insurance Plan  
available to  
Colby College  
Students**

**Policy #: 2007J3A05**



*Underwritten by:*

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

as policy form # SHME-01

# Student Accident and Sickness Insurance

# Student Health Insurance Quick Reference Guide...

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## Presented by:

Cross Insurance  
Lewiston, ME

## Underwritten & Claims Administered by:

Commercial Travelers  
Mutual Insurance Company  
Utica, NY

## Policy Number:

2007J3A05

## Coverage Dates:

August 1, 2007 thru July 31, 2008

## For questions concerning coverage or claims, contact:

Cross Insurance  
217 Main Street  
PO Box 3028  
Lewiston, ME 04243-3028  
1-800-537-6444  
[www.crossagency.com/colby](http://www.crossagency.com/colby)

*or*

Commercial Travelers  
Mutual Insurance Company  
70 Genesee Street  
Utica, NY  
1-800-756-3702

# Student Accident and Sickness Insurance Plan 2007–2008

This brochure is a brief description of the Student Accident and Sickness Insurance Plan made available to Colby College students. This plan provides benefits for covered accidents and sickness that occur on and off campus, on a worldwide basis, 24 hours per day, during the period for which premium has been paid.

Colby College requires that all full time students 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 Student Accident and Sickness Insurance Plan. All students at Colby College have access to the services at the Garrison Foster Health Center whether they remain enrolled in the insurance or choose to waive it. If you currently have coverage, it is your responsibility to determine that it meets or exceeds the coverage available through the Student Accident and Sickness 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 Student Accident and Sickness Insurance Plan available to Colby College students may do so.

All students will be automatically enrolled in the Student Accident and Sickness 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. See the section titled "Online Student Waiver Process" for directions on waiving the insurance plan. The deadline to waive coverage is **August 1, 2007**. For those students beginning

in the Spring Term, the deadline to waive coverage is **January 1, 2008**. Students who complete the waiver by August 1, 2007 do not need to complete the waiver again for January. **No waivers will be accepted after the deadline.**

## Student Eligibility

All fulltime Colby College students are required to provide proof of adequate health insurance coverage. Students are automatically enrolled in and billed for the Student Accident and Sickness 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 Student Accident and Sickness Insurance Plan. If a student who has waived coverage, experiences a loss of coverage during the policy year and wishes to be insured by the Student Accident and Sickness Insurance Plan, please contact the Student Financial Services at Colby 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 Student Accident and Sickness Insurance Plan for the Annual Term becomes effective at 12:01 a.m. on August 1, 2007 and will terminate at 12:01 a.m. on August 1, 2008. Coverage for the Spring term becomes effective at 12:01 a.m. on January 1, 2008 and will terminate at 12:01 a.m. on August 1, 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

	Annual Term	Spring Term
Class of Insured	8/1/07 thru 7/31/08	1/1/08 thru 7/31/08
Student Only	\$645	\$432

## Online Student Waiver Process

**Fall Deadline is August 1, 2007**

**Spring Deadline is January 1, 2008**

Colby 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 Student Accident and Sickness 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 [www.crossagency.com/colby](http://www.crossagency.com/colby) and select “**Online Waiver Form**”. You will need to log in by entering your **Student ID** (your Colby email address) and your **Assigned Pin Number**. Once you have entered that information, click on the “**Login**” button. The site will bring you to the “Waiver Form”, where you need to enter your current health insurance information and email address. Once you have entered your email address, click on the “**I wish to waive the plan**” button, and

you will immediately 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 August 1, 2007. For students beginning in the Spring Term, the deadline to waive coverage is January 1, 2008.** Students who complete the waiver by August 1, 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 Garrison Foster Health Center in order to reduce your out-of-pocket expenses. Failure to utilize the Health Center may result in greater out of pocket expense.

## Definitions

**Covered Injury** means a bodily Injury that is: 1) sustained by an Insured Person while he/she is insured under the Policy or the School’s prior policies; and 2) 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: 1) not in excess of the Usual and Customary charges therefore; 2) not in excess of the charges that would have been made in the absence of this insurance; and 3) 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

## BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses payable at 80% of U&C up to \$25,000, then 100% of U&C unless otherwise specified up to an additional \$75,000 for a total Aggregate Benefit of \$100,000 for each covered accident or covered sickness. Benefits will be provided for 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.

**There will be a \$100 deductible per condition applied to all services except for services received at the Garrison Foster Health Center or for services related to a medical emergency as defined in the Policy.**

Benefits	For Accidents and Sickness
Hospital Room & Board Expense	U&C*
Miscellaneous Hospital Expense	U&C
Physician's Fees—Non-surgical Inpatient Outpatient	U&C U&C
Surgical Expenses Anesthesia Expenses Assistant Surgeon	U&C U&C, not to exceed 20% of amount payable for surgery U&C, not to exceed 15% of amount payable for surgery
Dental Treatment as the result of Injury	U&C, not to exceed \$100 per tooth
Ambulance/Transportation	U&C
Consultant or Specialist Expense	U&C
Diagnostic X-ray and Laboratory Expense	U&C
Outpatient expense Includes X-rays, laboratory exams, use of operating room medications, anesthesia or Physician's visits in the outpatient department or emergency room of a Hospital or clinic	U&C
Abortion Expense	100% of U&C, up to \$500/policy year
Home Health Care Expense	U&C
Treatment of Inborn Error of Metabolism For metabolic formula Special Modified Low-protein Food	U&C U&C, not to exceed \$3,000 per policy year
Treatment of Mental & Nervous Disorders: Outpatient Treatment Inpatient	Same as any other sickness Same as any other sickness
Treatment for Alcohol & Drug Dependency Outpatient Inpatient (Residential Treatment)	80% of U&C per visit up to \$1,500 per plan year Same as any other sickness
Cancer Screening Tests Mammogram, annually after age 40 PAP Smear Prostate Cancer Screening	U&C, not to exceed \$250. U&C, not to exceed \$75. U&C, not to exceed \$250.
Prescription Drug Reimbursement	U&C, not to exceed \$500.
Medical Evacuation	U&C, not to exceed \$10,000
Repatriation	U&C, not to exceed \$7,500

\*U&C means Usual and Customary

while 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** means an institution that: 1) operates as a Hospital pursuant to law; 2) operates primarily for the reception, care and treatment of sick or injured persons as inpatients; 3) provides 24-hour nursing service by Registered Nurses on duty or call; 4) has a staff of one or more Physicians available at all times; and 5) provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis.

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

**Nervous, Mental or Emotional Disorder** means any mental, emotional, or behavioral disorder which is not primarily caused by organic disease.

**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.

**Physician** will also mean any licensed practitioner of the healing arts who We are 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.

**Usual, Reasonable and Customary** 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: 1) like service by a provider with similar training or experience; or 2) supply that is identical or substantially equivalent.

## Extension of Benefits

The benefits under the Policy terminate on August 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.**

## 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. The Company 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 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; Cancer Screening Tests, including Mammograms (annually after age 40), Pap Smears, and Prostate Cancer Screening; and 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 & Repatriation

If an Insured Person is unable to continue their academic program as the result of a Covered Injury or Sickness occurring while covered under the Policy, the Company will pay the necessary usual & customary charges, not to exceed \$10,000, for evacuation to the Insured's home country or another medical facility in the Insured's home country. A medical evacuation would be considered only if medically necessary. Any expenses payable under this benefit requires approval of the attending Physician and the Company. Medical Evacuation to the Home Country will terminate any further benefits of the Policy. In the event of the death of an Insured Person, while covered under the Policy, the Company will pay the necessary usual and customary charges, not to exceed \$7,500, for preparation and transportation of the remains to the Insured Person's place of residence in his or her home country. Any benefits payable under this provision require prior written approval of the Company.

## 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.
2. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth, in excess of \$100.
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.
16. Weak, strained or flat feet, corns, calluses or ingrown toenails.
17. Expenses incurred within the Insured Person's Home Country or country of regular domicile for International Students Only.

## Limitations and Reductions

**Non-duplication of Benefits Provision:** 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 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.

## How to Submit a Claim

In the event of Accident or Sickness the student should:

1. If at school, report immediately to the Student Health Services so that proper treatment can be prescribed or approved. If away from the School, consult the nearest doctor or hospital.
2. Secure an insurance claim form from the Garrison Foster Health Center or on-line at [www.crossagency.com/colby](http://www.crossagency.com/colby). Complete it according to the directions on the form. Only one claim form needs to be submitted for each Accident or Sickness.
3. Submit claim information, together with copies of itemized bills and your other insurance carrier's Explanation of Benefits if applicable, within 90 days after first treatment to Commercial Travelers.
4. Payment for Covered Medical Expenses will be made directly to the hospital or physician concerned unless proof of payment is submitted with the itemized bill. Prescription medications need to be paid for at the pharmacy. For reimbursement of a covered prescription, submit an itemized receipt along with a completed claim form to Commercial Travelers.

## 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 next page.

*Underwritten and Claims Paid By:*

**Commercial Travelers Mutual Insurance  
Company**

70 Genesee Street • Utica, NY 13502

1-800-756-3702

as Policy Form SHME-01

***For a copy of the Company's Privacy Notice,  
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.)***

***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.

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Student Accident and Sickness Insurance Plan  
Temporary Identification Card

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Name of Insured Student

POLICY# 2007J3A05

Underwritten & Claims Administered by:

**Commercial Travelers Mutual Insurance Company**

70 Genesee Street • Utica, NY 13502

(800) 756-3702

*Possession of this card does not guarantee eligibility*