

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.

**Please note:** *Maine Maritime Academy carries an intercollegiate sports policy (up to a maximum of \$75,000) for injuries exceeding eligible expenses provided by the Student Accident and Health Insurance Plan limit. The intercollegiate sports policy may also serve as a secondary policy for eligible expenses due to sports injuries for those who have waived the MMA plan described within due to private, primary insurance policies on file with the Health Services office.*

## Exclusions

The Policy does not cover Loss nor provide benefits for:

1. Preventive medicines, serums or vaccines of any kind (except as otherwise provided in the Schedule of Benefits); 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 and the removal of wisdom teeth.
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 or 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 and/or supplies that are not Medically Necessary for the care and treatment of an Injury or Sickness.
15. Loss resulting from playing, practicing, traveling to or from, or participating in any intercollegiate or professional sports, in excess of \$500.
16. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance.

## Claim Procedure

In the event of Accident or Sickness the student should:

1. If at the Academy, report immediately to the Student Health Services so that proper treatment can be prescribed or approved.
2. If away from the Academy, 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 Health Services, or on-line from Cross Insurance at:  
[www.crossagency.com/mma](http://www.crossagency.com/mma)  
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 \$300 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 below.

*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](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. 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.

# MAINE MARITIME ACADEMY

2008–2009

## Student Accident and Sickness Insurance

**Policy #: 2008J3A06**

*Underwritten by:*

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

as policy form # SHME-01

# Maine Maritime Academy 2008–2009

## Student Accident and Sickness Insurance Plan

Maine Maritime Academy encourages all students to carry the basic health insurance plan offered by the Academy. All matriculating students will be enrolled in the Student Accident and Sickness Insurance Plan unless a waiver form is completed and returned to the Academy by August 15, 2008. The annual premium of \$525 will appear on your Fall term bill. If a waiver form is completed and returned to the Academy by August 15th, the charge will be reversed. Coverage begins upon arrival for authorized school activities. It will expire on September 1, 2009.

This information pamphlet outlines the Accident and Sickness Insurance Coverage that is available to all matriculating students.

Covered expenses are payable to the limit of the policy. If other coverage exists, benefits will be paid in excess of your other insurance. Deductibles, exclusions, and out of pocket expenses not covered under your primary insurance policy will be considered under the school's plan of insurance.

Payment of \$525 provides coverage for a full year. Once enrolled, a student may not cancel the insurance. Coverage continues until the Policy expires.

**PLEASE READ THE  
FOLLOWING PAGES CAREFULLY!**

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TEMPORARY ID CARD

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

**MAINE MARITIME ACADEMY**  
POLICY# 2008J3A06

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

*Possession of this card does not guarantee eligibility.  
The student must be enrolled in the plan.*

## THIS PLAN WILL PAY UP TO \$15,000 IN COVERED MEDICAL EXPENSES PER CONDITION BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$500 for a covered accident or covered sickness. Benefits will be provided for medical expenses 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 \$300 of covered expense incurred will be processed on a primary basis regardless of any other insurance. If expenses exceed \$300, the claim will then be paid on an excess basis, if other insurance or medical service plans are involved.

### Benefits

Hospital Room & Board up to the semi-private room rate	<b>For Accidents and Sickness</b> 100% of Usual & Customary (U&C)
Miscellaneous 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	100% of U&C
Surgical Expense (Inpatient or Outpatient)	100% of U&C
Anesthetist	33% of Surgery Allowance
Miscellaneous Outpatient Expense including diagnostic X-rays, laboratory tests, and services & supplies prescribed by the attending physician	*\$100 ER co-payment (applicable only if seen in the ER), then 100% of U&C
Outpatient Prescription Drug Reimbursement	100% of U&C up to \$500
Physician's Fees	100% of U&C
Dental Treatment for accidental injury to sound, natural teeth, and removal of wisdom teeth	100% of U&C up to \$200 per tooth
Ambulance Expense for Emergency Transportation	100% of U&C
Mental & Nervous Disorders	
Mental Health Care	
Outpatient**	Same as any other Sickness, up to \$2,000
Inpatient	Same as any other Sickness
Alcohol & Drug Dependency	
Outpatient**	Same as any other Sickness, up to \$1,500
Inpatient (Residential Treatment)	Same as any other Sickness
Intercollegiate Sports	100% of U&C up to \$500
Maternity	Same as any other Sickness
Annual Physical	100% of U&C up to \$200
STD Testing	100% of U&C up to \$100
Immunizations	100% of U&C up to \$200

\* **There is a \$100 co-payment for Emergency Room visits only. The copay will be waived if you are hospital admitted or for intercollegiate sports injuries.**

\*\* Outpatient Alcohol & Drug Dependency benefits are covered under the Basic Benefits of the Policy up to \$1,500; Outpatient Mental Health Care benefits are covered under the Basic Benefits of the Policy up to \$2,000 as provided by the benefits mandated by the State of Maine.

### SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$500 in expenses for a covered accident or covered sickness which are payable under the Basic Medical Expense Benefit section above, and a \$100 deductible is applied, eligible expenses in excess of \$500, are payable at 80% of the Usual and Customary charges for covered accidents and sicknesses, up to a maximum of \$14,500 in additional benefits. This benefit is payable only after other valid and 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.

## 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 Treatment 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 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, 2009; 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 \$300 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