

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.
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 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.

Claim Procedure

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.
2. If away from school, consult your health care provider and follow his or her recommendations.
3. Complete and submit a claim form. Claim forms can be obtained from the Student Health Services, or on-line at www.crossagency.com/umf. 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. Coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under this Plan.

To Enroll

Please complete the Student Health Insurance Enrollment Form included with your initial College Health Center mailing. You may enroll for the Annual Plan (effective upon arrival—9/1/08) or you may enroll for the Spring Term (1/1/08—9/1/08). To make payment for the Annual Plan easier, we offer a two installment payment option. The first installment of \$420 is due upon enrollment. The second installment of \$420 is due by 1/31/08. The Spring Term requires payment of the full premium of \$564, at the time of enrollment.

Premium: \$840 Annually
 \$564 Spring Term

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 Administered By:
**Commercial Travelers
Mutual Insurance Company**
70 Genesee Street • Utica, NY 13502
1-800-756-3702

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.**

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

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.

UNIVERSITY OF MAINE AT FARMINGTON

2007–2008

Student Accident and Sickness Insurance

Policy #: 2007J3A03

Underwritten by:
**Commercial Travelers
Mutual Insurance Company**
Utica, NY

as policy form # SHME-01

07-J3A03(Bro.)

University of Maine at Farmington 2007–2008

Student Accident and Sickness Insurance Plan

The University of Maine at Farmington encourages all students to carry health insurance. As primary coverage or in addition to existing coverage, students may enroll in the Student Accident and Sickness Insurance Plan offered by the University. This informational pamphlet outlines the Accident and Sickness Insurance coverage that is available to all University of Maine at Farmington students taking 6 credit hours or more.

We hope you will consider the plan carefully. We recommend that all eligible students take advantage of this insurance. If you have no other coverage, 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 \$840 provides coverage for a full year. Coverage begins upon arrival for authorized school activities. It will expire on September 1, 2008. Once enrolled, a student may not cancel the insurance. Coverage continues until the Policy expires.

BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$3,000 per covered accident or sickness when eligible medical expenses are 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.

<u>Benefits</u>	<u>For Accidents</u>	<u>For Sickness</u>
Inpatient or Outpatient		
Hospital Room & Board	80% of U&C up to Semi-private Room Rate 80% of U&C	\$250 per Day 70% of U&C up to \$1,000
Miscellaneous Hospital <u>Inpatient Expense</u> 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		
In-Hospital Physician's Fees (non-surgical)	80% of U&C	Up to \$45 per visit
Surgical Expense (Inpatient or Outpatient)	80% of U&C	70% of U&C up to \$1,000
Anesthetist	20% of Surgery Allowance	20% of Surgery Allowance
Miscellaneous <u>Outpatient Expense</u> (Hospital Billed only) including diagnostic X-rays, laboratory tests, services & supplies prescribed by the attending physician	80% of U&C	70% of U&C, up to \$2,000
Out-of-Hospital Physician's Fees	80% of U&C	Up to \$45 per visit
Emergency Room	80% after \$50 Co-pay per visit (Emergency Room Co-pay waived if referred by UMF Health Services)	70% after a \$50 Co-pay per visit
Consultation or Specialist Expense	80% of U&C	Up to \$100
Diagnostic X-ray & Laboratory Expense (Non-Hospital Billed only)	80% of U&C	Up to \$250
Prescription Drugs	80% of U&C	70% of U&C, up to \$300
Miscellaneous Benefits		
Dental Treatment	Up to \$300	N/A
Ambulance Expense for Emergency Transportation	80% of U&C	Up to \$200
Home Health Care	80% of U&C	70% of U&C
Treatment of Inborn Error of Metabolism		
For metabolic formula	N/A	70% of U&C
Special Modified Low-protein Food	N/A	U&C up to \$3,000/plan year
Mental and Nervous Disorder		
Mental Health Care		
Outpatient	N/A	50% of U&C up to \$2,000/plan yr
Inpatient	N/A	Same as any other Sickness
Day Treatment Services	N/A	Same as any other Sickness
Psychological Testing Benefit	N/A	U&C, not to exceed \$300
Alcohol & Drug Dependency		
Outpatient	N/A	70% of U&C up to \$1,500/plan yr
Inpatient (Residential Treatment)	N/A	Same as any other Sickness
Cancer Screening Tests		
Mammogram, annually after age 40	N/A	U&C, not to exceed \$250
PAP Smear	N/A	U&C, not to exceed \$75
Prostate Cancer Screening	N/A	U&C, not to exceed \$250
Intercollegiate and Club Sports	80% of U&C up to \$500	N/A
Elective Abortion	N/A	Up to \$300 per Policy Year
Maternity	N/A	Included in Sickness Benefit

SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$3,000 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 \$3,000 are payable at 80% of the usual and customary charges up to a maximum of \$7,000 in additional benefits for any one accident or sickness. This benefit is payable only after other collectible insurance has paid to its limit. Expenses must be incurred during the policy term. Outpatient Mental Nervous and Alcohol & Drug Dependency benefits are not covered under the Supplemental Expense Benefit, except Severe Mental Illness as defined in the Policy.

THIS PLAN WILL PAY UP TO \$10,000 IN COVERED MEDICAL EXPENSES PER CONDITION

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: 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 pre-existing 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

**PLEASE READ THE
FOLLOWING PAGES CAREFULLY!**

ID CARD

Name of Insured

UNIVERSITY OF MAINE AT FARMINGTON

POLICY# 2007J3A03

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

Possession of this card does not guarantee eligibility.