

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 otherwise provided in the schedule of benefits.
2. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth, in excess of \$300.
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. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance.
16. Intercollegiate sports injuries in excess of \$1,000.

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 the School, consult a doctor and follow his/her advice.
3. Complete and submit a claim form. Claim forms can be obtained from the Student Health Services, or on-line from Cross Insurance at:
www.crossagency.com/umm
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 \$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 below.

Cost

Premium Cost	Annual Term	Spring Term
Student	\$ 345	\$232
Spouse/Dom. Partner	\$1,265	\$848
Children	\$ 765	\$513

Claims Administrator 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.

UNIVERSITY OF MAINE AT MACHIAS



2007–2008

Student Accident and Sickness Insurance

Policy #: 2007J3A13

Underwritten by:

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

as policy form # SHME-01

University of Maine at Machias 2007–2008

Student Accident and Sickness Insurance Plan

The University of Maine at Machias Student Health Insurance Plan has been developed especially for University of Maine at Machias students and their eligible dependents. The plan provides coverage for covered illnesses and injuries that occur on and off campus.

All registered undergraduate students taking 9 or more credit hours are automatically enrolled in the University of Maine at Machias Student Accident and Sickness Insurance Plan unless proof of comparable medical insurance can be provided and is approved by the University. You will automatically be enrolled unless you waive coverage by providing proof of comparable coverage via the on-line Waiver Form at www.crossagency.com/umm. Click on the "Waive Insurance" link and follow the instructions. On-line Waiver Forms for the Annual Policy cannot be accepted after October 1, 2007. On-line Waiver Forms for Spring Term cannot be accepted after February 16, 2008. Students who do not complete the on-line Waiver Form by these dates, will automatically be enrolled in the Student Accident & Sickness Insurance Plan. All international students will be automatically enrolled in this plan regardless of other coverage.

Eligible students who are enrolled may also insure their eligible dependents. Eligible dependents are the spouse/domestic partner (residing with the insured student) and unmarried children under 19 years of age, who are not self supporting and reside with the insured student. Domestic partners need to complete an affidavit which is available at the business office or on-line at www.crossagency.com/umm. Dependent eligibility expires concurrently with that of the insured student once enrolled, dependent coverage cannot be cancelled and premium is non-refundable.

The cost of the plan is \$345 annually or \$232 for second semester. Payment of \$345 provides coverage for a full year. Coverage begins upon arrival for authorized school activities. It will expire on September 1, 2008. Once enrolled, coverage cannot be cancelled and premium is non-refundable.

PLEASE READ THE FOLLOWING PAGES CAREFULLY!

ID CARD

Name of Insured

UNIVERSITY OF MAINE AT MACHIAS
POLICY# 2007J3A13

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

Possession of this card does not guarantee eligibility

BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$2,500 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. After the first \$200 of eligible expense, coverage is excess to all other insurance.

Benefits	Accident	Sickness
Hospital Room & Board	80% of U&C	\$250 per day
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	80% of U&C	70% U&C up to \$1,000
In-Hospital Physician's Fees (non surgical)	80% of U&C	80% of U&C
Out-of-Hospital Physician's Fees (non surgical)	80% of U&C	80% of U&C
Surgical Expense (Inpatient or Outpatient)	80% of U&C	70% of U&C, up to \$1,000
Anesthetist	20% of Surgery Allow.	20% of Surgery Allow.
Miscellaneous Outpatient Expense (Hospital and non-hospital) including diagnostic X-rays, laboratory tests, and services & supplies prescribed by the attending physician	80% of U&C with a \$50 deductible	Up to \$500 with a \$50 deductible
Prescription Drug Reimbursement	80% of U&C	80% of U&C, up to \$150 per sickness
Dental Treatment for accidental injury to sound natural teeth	U&C up to \$300/tooth	No benefit
Ambulance Expense for Emergency Transportation	80% of U&C	Up to \$200
Consultant or Specialist Expense	80% of U&C	Up to \$100
Diagnostic X-ray & Laboratory Expense	80% of U&C	Up to \$250 w/\$25 deductible
Mental and Nervous Disorders		
Mental Health Care		
Outpatient	N/A	Same as any other Sickness, up to \$2,000/plan year
Inpatient	N/A	Same as any other Sickness
Day Treatment Services	N/A	Same as any other Sickness
Alcohol & Drug Dependency		
Outpatient	N/A	Same as any other Sickness, up to \$1,500/plan year
Inpatient (Residential Treatment)	N/A	Same as any other Sickness
Cancer Screening Tests		
Mammogram, annually after age 40	N/A	U&C, up to \$250
PAP Smear	N/A	U&C, up to \$75
Prostate Cancer Screening	N/A	U&C, up to \$250
Home Health Care Expense	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
Maternity	N/A	Same as any other Sickness
Vaccinations	N/A	U&C up to \$150/plan year
Sexually Transmitted Infections Testing	N/A	U&C up to \$200/plan year
Learning Disability Testing	N/A	U&C up to \$200/plan year

SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$2,500 in expenses for a covered accident or covered sickness which are payable under the Basic Medical Expense Benefit section above, eligible expenses in excess of the \$2,500, are payable at 80% of the Usual and Customary charges, up to the Policy Aggregate Maximum Benefit of \$10,000 for any one covered Injury or Sickness. This benefit is payable only after other collectible insurance has paid to their limit. Expenses must be incurred during the policy term. Outpatient Mental Nervous and Alcohol & Drug Dependency Disorder Benefits are not covered under the Supplemental Expense Benefit, except Severe Mental Illness as defined in the Policy.

*U&C means Usual and Customary

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 expenses, 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