

Any pre-existing limitation is reduced by the aggregate of the periods of creditable coverage, if any, applicable to the Insured Person as of the enrollment date, for similar services covered under this Policy and the prior coverage.

## Definition

ELECTIVE SURGERY means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supply that is deemed by us to be research or experimental; or is not recognized as generally accepted medical practice in the United States. Elective Surgery and Elective Treatment do not include any procedures deemed a Medical Necessity. Elective Surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under this Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vials, including allergy testing; bio-feedback type services; birth control; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this Policy, and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under this Policy; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; fertility tests; hair growth or removal; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; obesity and any condition resulting therefrom (including hernia or any kind), except for the treatment of an underlying covered Sickness; premarital examinations; preventive medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing; smoking cessation; temporomandibular joint dysfunction (TMJ); tubal ligation; vasectomy; and weight loss or reduction.

## Exclusions

The Policy does not cover expenses which result from:

1. Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations, and any associated laboratory work except as provided in the schedule of benefits.

2. Expenses for preventative medicines, vaccines or prescription drugs, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition except as provided in the schedule of benefits.

3. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;

4. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;

5. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or sur-

gery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of the Policy;

6. Injury or Sickness for which benefits are payable under any worker's compensation or occupational disease law;

7. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;

8. Elective surgery or elective treatment;

9. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;

10. Committing or attempting to commit an assault or felony; or fighting, except in self-defense;

11. Expenses incurred for experimental infertility procedures and fertility tests unless caused by sickness or Injury;

12. Elective abortion;

13. Services or supplies which are experimental or investigative in nature: including the treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice and any such items requiring federal or other governmental agency approval not received at the time services were rendered; and

14. Services that are provided normally without charge by the College's health center, infirmary or Hospital; or by any person employed by the College.

## Claim Procedure

In the event of Injury or Sickness the student should:

1. If at the College, in a non-emergency situation, report immediately to the Health Center so that proper treatment can be prescribed or approved.

2. Claim forms can be obtained from the Health Center, Student Affairs Office, or on-line from Cross Insurance at: [www.crossagency.com/husson](http://www.crossagency.com/husson). **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:**

**Bollinger**  
Insurance Solutions

P.O. Box 727  
101 JFK Parkway  
Short Hills, New Jersey 07078-0727  
1-866-267-0092 (Claims/Coverage)  
1-800-526-1379 (Other Questions)

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 90 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 confirmation.

## 24-HOUR NURSE ADVICE LINE and TRAVEL ASSISTANCE PROGRAM

(Administered by On Call International)

On Call shall provide Students enrolled in this Plan with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Student's ailments.

Each Insured Student and his/her enrolled Dependents are also eligible for travel assistance services when traveling 100 miles or more away from their home and campus address. Travel Services are only available for medical claims that are covered under the College's Student Accident and Sickness Insurance Plan. Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance.

**U.S. & Canada Toll Free: 866-525-1955**  
**International Collect: 603-328-1955**

Note: The 24-Hour Nurse Advice Line and the Travel Assistance program are not insurance. Neither is connected with or provided by Monumental Life Insurance Company.

Submit all claims and related inquiries to:

**Bollinger**  
Insurance Solutions

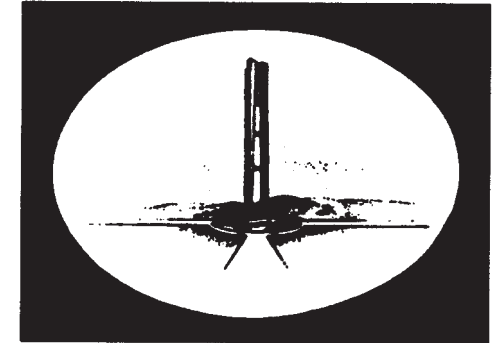
P.O. Box 727  
Short Hills, New Jersey 07078-0727  
1-866-267-0092 (Claims/Coverage)  
1-800-526-1379 (Other Questions)

Local Servicing Broker:

**Cross Insurance**

217 Main Street, P.O. Box 3028  
Lewiston, Maine 04243-3028  
(207) 783-8591 or 1-800-537-6444  
Web site: [www.crossagency.com](http://www.crossagency.com)

# HUSSON COLLEGE



## 2008-2009

## Student Injury and Sickness Insurance

**Policy #: CME701E**

Underwritten by:  
**Monumental Life Insurance Company**  
Cedar Rapids, Iowa

### NOTE

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. If any discrepancy exists between the Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

To the Students and their Parents:

For many years now our college has made available to its students a plan of Injury and Sickness insurance. We are pleased to announce that coverage will again be available for the current school year.

All regularly enrolled full-time day students attending classes at Husson College are eligible for this insurance. Students entering the College in January are eligible to join the plan for the remainder of the coverage period upon payment of the premium at Spring Semester registration.

We strongly encourage you to consider this program as a supplement to the College Student Health Service. The College requires all students to have some form of Injury and Sickness coverage.

Payment of \$660 automatically provides coverage for a full year beginning August 1, 2008. This charge will be included as part of the College charges unless such coverage is waived by the student prior to September 9, 2008. For new second semester students, the charge is \$420 payable by January 20, 2009. If you have insurance coverage and wish to waive the Husson College Student Injury and Sickness Insurance Plan, go to [www.crossagency.com/husson](http://www.crossagency.com/husson), and click on the "Waive Insurance" link. You will be given instructions on how to complete a waiver form that will be submitted to the College electronically. This form will request the name and policy number of your current insurance plan, so have that information available. A successful waiver will generate an electronic confirmation which should be kept for your records. You have only one opportunity to waive the insurance via the website. If you need to make any change in your election to waive the coverage prior to September 9, 2008 for the annual plan or by January 20, 2009 for new second semester students, you will need to contact the business office at the College. Those students who do not waive the insurance plan by the deadline, (September 9, 2008 for the annual plan or by January 20, 2009 for new second semester students), will be automatically enrolled in and charged for the Husson College Student Injury and Sickness Insurance Plan. Once enrolled, a student may not cancel the insurance and no refund is available. Coverage continues until the policy expires.

**PLEASE READ THE FOLLOWING PAGES CAREFULLY!**

HUSSON COLLEGE		
Temporary Student Medical Benefit Plan - I. D. Card		
This is to certify that as of August 1, 2008, insurance coverage is provided in accordance with all terms and provisions of Policy No. CME701E issued to the above named college for the student named below.		
Name	Student I.D. #	
Street Address		
Town	State	Zip Code
<b>The coverage expires August 1, 2009</b>		
UNDERWRITTEN BY:		ADMINISTERED BY:
<b>Monumental Life Insurance Company</b>		<b>Bollinger</b>
Cedar Rapids, Iowa		P.O. Box 727 Short Hills, NJ 07078
Claim forms and plan benefits available on website: <a href="http://www.crossagency.com/husson">www.crossagency.com/husson</a> <b>Send all claims to Bollinger, Inc.</b>		

## BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided up to \$15,000 for covered medical expense incurred as an inpatient or outpatient, as a result of a covered Injury or Sickness per Policy Year, until the termination date, or any extension of benefits of the Policy. For the first \$5,000 of Covered Medical expenses resulting from a Covered Injury, the plan will process these claims at 90% of the Usual & Customary Charge. Thereafter, the claims will be processed at 80% of the Usual & Customary charge until the maximum benefit of \$15,000 is reached.

### Benefits

Hospital Room & Board  
up to the semi-private room rate

80% of Usual and Customary Charge

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 and temporary surgical appliances.

80% of Usual and Customary Charge

Surgical Expense  
(Inpatient or Outpatient)

80% of Usual and Customary Charge

Anesthetist

80% of Usual and Customary Charge

Miscellaneous Outpatient Expense\*  
(Hospital and non-hospital)  
including diagnostic X-rays, laboratory tests, and services and supplies prescribed by the attending physician.

80% of Usual and Customary Charge

Physician's Fees

80% of Usual and Customary Charge

Prescription Drugs

80% of Usual and Customary Charge

Dental Treatment for accidental injury  
to sound, natural teeth

80% of Usual and Customary Charge

Ambulance Expense for Emergency  
Transportation

80% of Usual and Customary Charge

Intercollegiate & Club Sports

80% of Usual and Customary Charge

Mental & Nervous Disorders  
Outpatient  
Inpatient

80% of U&C up to \$2,500  
Same as any other Sickness

Alcohol & Drug Dependency  
Outpatient  
Inpatient

80% of U&C up to \$2,000  
Same as any other Sickness

Maternity

Included in Sickness Benefit

Wellness Exam and Immunizations

100% of Usual and Customary Charges to \$200

Medical Evacuation

100% of Usual and Customary Charges to \$10,000

Repatriation

100% of Usual and Customary Charges to \$7,500

**\*The \$50 co-payment for Emergency Room Expenses will be waived if referred by the Health Center.**

### For Injury and Sickness

## Coverage for Mandated Benefits

The Plan will pay for the following mandated benefits and any other applicable mandate in accordance with Maine Insurance laws: Alcoholism and Drug Dependency; Chiropractic; Clinical Trials; Diabetes Treatment; Dental General Anesthesia; Eye Care Services; Hospice Care; Inborn Error of Metabolism; Mammography; Mastectomy, Lumpectomy, Lymph Node Dissection and Reconstructive Breast Surgery; Maternity and Newborn Care; Mental or Nervous Conditions; Obstetrics and Gynecology Services; Pap Smears; Prostate Cancer Screening; Prosthetic Devices; Registered Nurse First Assistant; Contraceptive Benefit; and Off-Label Drugs.

## Extension of Benefits

**The benefits under the Policy terminate on August 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 Reduction

**Non-duplication of Benefits provision:** The Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the insured person is covered by other valid and collectible insurance, all benefits payable by such insurance in excess of \$500 will be determined before benefits will be paid by the Policy. The Policy is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision. If the insured person is insured under group or blanket insurance which is also excess to other coverage, the Policy pays a maximum of 50% of the benefits otherwise payable.

**Pre-existing Condition Limitation:** No benefits will be payable for the insured's Pre-existing Conditions. They are defined as an injury sustained or a sickness for which the insured noticed symptoms or was medically diagnosed, treated (including medication), or advised by a physician within 90 days immediately prior to his effective date of coverage under the Policy.

Covered medical expenses resulting from a Pre-existing Condition will not be covered unless:

- (1) Three consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
- (2) The insured has been receiving benefits and has been continuously insured since the date of Injury, or Sickness.

## Credit For Prior Coverage

This Policy provides portability of coverage as it relates to "pre-existing conditions". The pre-existing condition limitation set forth in this Policy will be reduced to the extent an Insured Person was covered under a Qualifying Previous Coverage if: 1) the person is not a late enrollee; and 2) the prior coverage was continuous to a date not more than 90 days prior to the effective date of the new coverage, exclusive of any applicable waiting period.