

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.

## 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 provided in the schedule of benefits.
2. Dental treatment,
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.
14. Treatment of nervous or mental disorder or treatment of alcoholism or drug addiction except as provided for in the Benefit Schedule.
15. Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.

## Claim Procedure

In the event of Accident or Sickness the student should:

1. Consult a doctor and follow his advice. Notify the Claims Administrator within 30 days of the covered accident or commencement of covered illness, or as soon thereafter as is reasonably possible.
2. Complete and submit a claim form. Claim forms can be obtained from the Claims Administrator, or on-line from Cross Insurance at [www.crossagency.com/kvcc](http://www.crossagency.com/kvcc). 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.)
3. 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 listed on the next panel.

*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.)**

*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.

# KENNEBEC VALLEY COMMUNITY COLLEGE

2008–2009

## Student Accident and Sickness Insurance

**Policy #: 2008J3A09**

*Underwritten by:*

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

as policy form # SHME-01

08-J3A09(Bro.)

# Kennebec Valley Community College 2008–2009

## Student Accident and Sickness Insurance Plan

*Kennebec Valley Community College has always been vitally concerned with the promotion of good health for its students. Therefore, we are pleased to announce that the Student Accident and Sickness Insurance Plan is available again this year. This plan provides benefits for covered sickness or injury requiring medical treatment. This insurance especially benefits the student who has no other health insurance coverage. In addition, for those with other insurance, the benefits of this plan will apply towards your out-of-pocket expenses and deductibles.*

*Kennebec Valley Community College offers all students enrolled in 9 or more credit hours a basic insurance coverage. It provides students with 12 months of coverage for accidents and sickness up to \$8,000. The premium is \$240 and is included on your invoice. Enrollment is automatic and a waiver card must be completed at the Business Office by September 12th to reject coverage. 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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ID CARD

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

**KENNEBEC VALLEY COMMUNITY COLLEGE**  
POLICY# 2008J3A09

Claims to: **Commercial Travelers**  
70 Genesee St. • 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 \$8,000 IN COVERED MEDICAL EXPENSES PER CONDITION

### BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$1,000 for a covered accident or a 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.

<u>Benefits</u>	<u>For Accidents</u>	<u>For Sickness</u>
Hospital Room & Board	80% of U&C* up to Semi-private Room Rate	70% of U&C
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% of U&C
Surgical Expense (Inpatient or Outpatient) Anesthetist	80% of U&C 33% of Surgery Allowance	70% of U&C 33% of Surgery Allowance
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, \$25 deductible	70% of U&C, \$25 deductible
Prescription Drug Reimbursement	80% up to \$600 \$10 copay per 30 day supply	70% up to \$600 \$10 copay per 30 day supply
In-Hospital Physician's Fees	80% of U&C	70% of U&C
Out-of-Hospital Physician's Fees	80% of U&C \$10 copay per visit	70% of U&C \$10 copay per visit
Ambulance Expense for Emergency Transportation	80% of U&C	70% of U&C
Mental & Nervous Disorders		
Mental Health Care		
Outpatient	N/A	Same as any other Sickness up to \$1,500
Inpatient	N/A	Same as any other Sickness
Alcohol & Drug Dependency		
Outpatient**	N/A	Same as any other Sickness, up to \$1,500
Inpatient (Residential Treatment)	N/A	Same as any other Sickness
Cancer Screening Tests		
Mammogram, annually after age 40	N/A	70% of U&C, \$25 deductible
PAP Smear	N/A	70% of U&C, \$25 deductible
Prostate Cancer Screening	N/A	70% of U&C, \$25 deductible
Maternity	N/A	Included in Sickness Benefit
Annual Physical Exam and follow-up testing	N/A	100% of U&C, up to \$200
Immunizations	N/A	100% of U&C, up to \$500

### SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$1,000 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 \$1,000 are payable at 80% of the usual and customary charges up to an aggregate maximum of \$8,000 for any one accident 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 Health Care and Alcohol & Drug Dependency Benefits are not covered under the Supplemental Expense Benefit, except Severe Mental Illness as defined in the Policy.

\* U&C means Usual and Customary

\*\* Outpatient Mental Health Care and Alcohol & Drug Dependency benefits are covered under the Basic

## 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; 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:** 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