

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 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 Benefit Schedule.
2. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth, except as provided in the Benefit Schedule.
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. Loss resulting from playing, practicing, traveling to or from, or participating in any intercollegiate, club or professional sports, except as provided in the Insurance Information Schedule.

Claim Procedure

In the event of Accident or Sickness the student should:

1. Consult a doctor and follow his/her advice.
2. Submit 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.)

Claim forms can be obtained from the Claims Administrator, or on-line from Cross Insurance at:

www.crossagency.com/meca

3. 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.

Underwritten and 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
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 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.

MAINE COLLEGE OF ART

2008–2009

Student Accident and Sickness Insurance

Plan 1 and Plan 2

Policy #: 2008J3A16

Underwritten by:

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

as policy form # SHME-01

08-J3A16(Bro.)

Maine College of Art 2008–2009

Student Accident and Sickness Insurance Plan

Many Colleges require that all students be covered by health insurance while attending school. Working with Cross Insurance Agency, Maine College of Art is sponsoring a Student Health Insurance Program. All eligible students are automatically enrolled in Plan 1 which provides students with benefits up to \$1,000 for each covered accident. Plan 2 provides eligible students with additional accident benefits as well as sickness benefits for a total maximum benefit of \$15,000 per covered accident or covered sickness. Plans 1 and 2 are effective on September 1, 2008 and expire on September 1, 2009. The plans provide benefits for covered accidents and sickness that occur on and off campus.

All registered students taking 9 or more credit hours are automatically enrolled in and charged for Maine College of Art's Plan 2 unless proof of medical insurance is provided via the online Waiver Form at www.crossagency.com/meca. Select the "Waive Insurance" link and follow the instructions on the form. Online Waiver Forms cannot be accepted after September 23, 2008 for fall. Online Waiver Forms for spring cannot be accepted after February 3, 2009. Students who waive the insurance in the fall do not need to waive again for the spring. Students who have not waived the insurance by the deadline will be insured in both Plan 1 and Plan 2 through August 31, 2009. Waivers will not be accepted after the deadline.

The student cost of Plan 2 for the full year (9/1/08–8/31/09) is \$550 (including an administrative fee) or for the spring term (1/1/09–8/31/09) is \$375 (including an administrative fee). Once enrolled and after the waiver deadline has passed, coverage cannot be cancelled and the premium is non-refundable.

**PLEASE READ THE
FOLLOWING PAGES CAREFULLY!**

ID CARD

Name of Insured

**MAINE COLLEGE OF ART—PLAN 1
POLICY# 2008J3A16**

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.

PLAN 1—AUTOMATIC

ACCIDENT ONLY

(Plan 1 is mandatory and all eligible students are automatically enrolled)

Accident benefits are provided for incurred eligible medical expenses up to \$1,000, payable at 100% of U&C*, for covered medical expenses incurred as an inpatient or outpatient, as a result of a covered accident, until the termination date, or any extension of benefits of the policy, subject to all policy provisions. Routine Physical Examinations are also covered at 100% of U&C, not to exceed \$200. Plan 1 is mandatory and all eligible students are automatically enrolled. The first \$200 in covered expense incurred will be processed without regard to other insurance.

PLAN 2—WAIVER

BASIC SICKNESS AND SUPPLEMENTAL ACCIDENT EXPENSE BENEFITS

Annual Rate: \$550.00 (including administrative fee)

Spring Term: \$375.00 (including administrative fee)

Incurred eligible expenses due to a covered Sickness, and incurred eligible expenses due to a covered Accident in excess of \$1,000, are payable at 80% of the usual and customary charge up to an aggregate maximum of \$15,000 for any one Sickness or Accident.

Benefits

| <u>Benefits</u> | <u>For Sickness</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Hospital Room & Board | 80% 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 |
| Surgical Expense (Inpatient or Outpatient) | 80% of U&C |
| Anesthetist | 80% of U&C |
| Assistant Surgeon | 80% of U&C |
| Miscellaneous Outpatient Expense (Hospital and non-hospital) including services & supplies prescribed by the attending physician | 80% of U&C |
| Diagnostic X-rays and Laboratory Tests | 80% of U&C |
| In-Hospital Physician's Fees | 80% of U&C |
| Out-of-Hospital Physician's Fees | 80% of U&C |
| Chiropractic | 80% of U&C |
| Dental Treatment | N/A |
| Ambulance Expense for Emergency Transportation | 80% of U&C |
| Severe Mental & Nervous Disorders | |
| Mental Health Care | |
| Outpatient** | 80% of U&C |
| Inpatient | 80% of U&C |
| Alcohol & Drug Dependency | |
| Outpatient** | 80% of U&C |
| Inpatient (Residential Treatment) | 80% of U&C |
| Maternity | 80% of U&C |
| Prescription Drug Reimbursement | 80% of U&C up to \$1,000 |
| Immunizations | 100% of U&C up to \$200 |

* U&C means Usual and Customary

** Non-severe Outpatient Mental Health Care and Alcohol & Drug Dependency benefits are covered up to \$1,500 as provided by the benefits mandated by the State of Maine.

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 Cross Insurance 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 until the Policy maximum benefit is reached, 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 preexisting condition after the first six months following the effective date of the Insured's coverage.