

**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 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 is provided in the Benefit Schedule.
2. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth.
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.

#### 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 advice. Notify the Student Health Services or the Claims Administrator within 30 days of the covered accident or commencement of covered illness, or as soon thereafter as is reasonably possible.
3. Claim forms can be obtained from the Director of Finance, or on-line from Cross Insurance at:

[www.crossagency.com/nmcc](http://www.crossagency.com/nmcc)

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.

#### 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 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](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.



**2008–2009**

## Student Accident and Sickness Insurance

**Policy #: 2008J3A07**

*Underwritten by:*

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

as policy form # SHME-01

08-J3A07(Bro.)

# Northern Maine Community College 2008–2009

## Student Accident and Sickness Insurance Plan

*Concerned with the need for protection against unexpected and frequently high medical expenses which may be incurred by our students, we are pleased to announce a program of insurance which has been especially designed for the needs of our students. This plan will give greater assurance to our students that medical bills will not place a financial burden on themselves or their parents.*

*Payment of \$483 automatically provides coverage for a full year beginning the first day of College in August 2008 and expiring on September 1, 2009. Students are required to carry insurance while attending NMCC, and this charge will be included as part of the College charges, unless such coverage is waived by the student with proof of other insurance prior to September 19, 2008. For new second semester students, the charge is \$323 and the waiver deadline is February 6, 2009. If you have other insurance coverage and wish to waive the Northern Maine Community College Student Accident and Sickness Insurance Plan, go to [www.nmcc.edu](http://www.nmcc.edu), click on "Campus Portal" at the bottom of the screen, login to the College's Information Portal, click on "Insurance Waiver" under "My Info" and complete the form. You will be given instructions on how to complete the waiver request 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. Upon successful completion and submission of the waiver request, you will receive an electronic confirmation number that should be kept for your records. If you need to make any changes in your election to waive the coverage prior to September 19, 2008 for the annual plan, or by February 6, 2009 for new second semester students, you will need to contact the business office at the College. A paper waiver form is available at the business office for students without internet access. Those students who do not waive the insurance plan by the deadline, (September 19, 2008 for the annual plan or by February 6, 2009 for new second semester students), will be automatically enrolled in and charged for the Northern Maine Community College Student Accident and Sickness Insurance Plan. Once enrolled, a student may not cancel the insurance and no refund is available. Coverage continues until the policy expires.*

*This year NMCC continues to offer Health Services on campus. The Health Center will be staffed 27 hours per week while school is in session. The schedule and location will be posted when classes commence.*

**PLEASE READ THE  
FOLLOWING PAGES CAREFULLY!**

## THIS PLAN WILL PAY UP TO \$5,000 IN COVERED MEDICAL EXPENSE INCURRED PER CONDITION MEDICAL EXPENSE BENEFIT SCHEDULE

Benefits will be provided for medical expense 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. Benefits payable under this plan are excess to those payable by other valid and collectible insurance.

<b>Benefits</b>	<b>For Accidents</b>	<b>For Sickness</b>
Hospital Room & Board	100% of U&C*, 31 days max up to Semi-Private Room Rate	80% of U&C*, 31 days max up to Semi-Private Room Rate
Intensive Care	100% of U&C up to double the Semi-Private Room Rate	80% of U&C up to double the Semi-Private Room Rate
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	100% of U&C	80% of U&C
Surgical Expense (Inpatient or Outpatient)	100% of U&C	80% of U&C
Preadmission Tests	Up to \$500	Up to \$500
2nd Surgical Opinion	100% of U&C	80% of U&C
Assistant Surgeon	100% of U&C	80% of U&C
Consulting Physician	100% of U&C	80% of U&C
Anesthetist	100% of U&C	80% of U&C
Miscellaneous Outpatient Expense** (Hospital or non-hospital) including diagnostic X-rays, laboratory tests, and services & supplies prescribed by the attending physician	\$50 <i>hospital</i> outpatient co-payment, then 100% of U&C	\$50 <i>hospital</i> outpatient co-payment then 80% of U&C
Prescription Drugs	100% up to \$300	80% up to \$300
In-Hospital Physician's Fees	100% of U&C, 1 visit per day	80% of U&C, 1 visit per day
Out-of-Hospital Physician's Fees	100% of U&C, 1 visit per day	80% of U&C, 1 visit per day
Ambulance Expense for Emergency Transportation	100% of U&C	80% of U&C
Annual Physical Exam and follow-up testing	N/A	100% of U&C, up to \$200
Mental & Nervous Disorders		
Mental Health Care		
Outpatient	N/A	80% of U&C
Inpatient	N/A	Same as any other Sickness
Alcohol & Drug Dependency		
Outpatient	N/A	80% of U&C
Inpatient (Residential Treatment)	N/A	Same as any other Sickness
Intercollegiate Sports	100% of U&C	N/A
Maternity	N/A	Included in Sickness Benefit
Accidental Death & Dismemberment	Principal Sum: \$2,000	N/A
Immunizations	N/A	100% up to \$400

\*U&C means Usual and Customary

\*\*There is a \$50 co-payment for all Miscellaneous *Hospital-charged* Outpatient Expenses (not applicable to intercollegiate sports injuries)

## 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.

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## POLICY INFORMATION CARD

### NORTHERN MAINE COMMUNITY COLLEGE POLICY# 2008J3A07

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.*