

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 (except as shown in the benefit schedule), or well baby care.
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. Loss resulting from playing, practicing, traveling to or from, or participating in any intercollegiate, club or professional sports, in excess of \$500.
16. 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 Student Health Services, or on-line from Cross Insurance at:  
**[www.crossagency.com/sjc](http://www.crossagency.com/sjc)**  
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 \$500 in 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 on the next panel.

*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>

*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.)*

*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.

# SAINT JOSEPH'S COLLEGE



2008–2009

## Student Accident and Sickness Insurance

Policy #: 2008J3A04

*Underwritten by:*  
**Commercial Travelers  
Mutual Insurance Company**  
Utica, NY

as policy form # SHME-01

## 2008–2009 Saint Joseph’s College

### Student Accident and Sickness Insurance Plan

*Saint Joseph’s College requires that all students be covered by health insurance while attending school. Working with Cross Insurance Agency, Saint Joseph’s College is sponsoring a Student Accident and Sickness Insurance Program with two Plans, **Plan 1** and **Plan 2**. All full-time Students are automatically enrolled in and charged for **Plan 1**, which provides students with benefits up to a \$1,000 maximum per covered accident or sickness. **Plan 2** is recommended optional coverage which extends the limit of Plan 1 to \$10,000.*

*Enrollment for all full-time Students in Plan 1 is automatic and included in your tuition bill through the College Business Office. A student may waive the Plan 1 enrollment and premium charge by providing proof of medical insurance and completing the online Waiver Form at [www.sjcme.edu](http://www.sjcme.edu). Please follow the instructions as outlined below. Online Waiver Forms cannot be accepted after **August 15, 2008** for fall. Online Waiver Forms for spring cannot be accepted after **January 30, 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 Plan 1. Waivers will not be accepted after the deadline.*

*To enroll in **Plan 2**, complete the enrollment card included with this pamphlet and return it with your payment to the Treasurer’s Office. The fall enrollment period for **Plan 2** ends August 15, the spring enrollment period ends January 30, 2009.*

*Once enrolled, a student may not cancel the insurance. Coverage continues until the Policy expires. Premium is fully earned and non-refundable.*

#### 2008–2009 PREMIUM RATES

	Annual 8/1/08–7/31/09	Spring 1/1/09–7/31/09
PLAN 1	\$182	\$120
PLAN 2	\$550	\$365

#### INSTRUCTIONS FOR LOGGING ON TO THE WAIVER FORM:

Web address: [www.sjcme.edu](http://www.sjcme.edu)

1. Click on: **mySJC**
2. Click on: **My Web Services**
3. Log on: **User Name & Password:**  
First initial and last name or contact I.S. at 207-893-7851 for assistance.
4. Click on: **Medical Insurance Waiver**
5. To complete the waiver process, a copy of the front and back of your insurance card must be received at Health Services by 8/15/2008. Mail or fax to 207-893-7865.

### PLAN 1—WAIVER MEDICAL EXPENSE BENEFIT SCHEDULE

Under **Plan 1**, benefits are provided for incurred eligible medical expenses up to \$1,000 for a covered accident or sickness. Benefits will be provided for covered medical expense incurred as an inpatient or outpatient, as a result of a covered accident or sickness for the following, until the termination date, or any extension of benefits of the Policy. The first \$500 in covered expense incurred will be processed at 100% on a primary basis regardless of any other insurance, any remaining covered expense will be processed on an excess basis according to the benefit schedule.

Benefits	For Accidents	For Sickness
Hospital Room & Board	100% of U&C up to Semi-private Room Rate	80% of U&C up to 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) Anesthetist	100% of U&C 33% of Surgery Allowance	80% of U&C 33% of Surgery Allowance
Miscellaneous Outpatient Expense (Hospital and non-hospital) for diagnostic X-rays, laboratory tests, and services & supplies prescribed by the attending physician (excluding prescription drugs)	100% of U&C	80% of U&C
Prescription Drugs	\$10 generic/\$20 brand name Co-pay up to \$1,000 Policy Year Maximum	\$10 generic/\$20 brand name Co-pay up to \$1,000 Policy Year Maximum
In-Hospital Physician’s Fees	100% of U&C	80% of U&C
Out-of-Hospital Physician’s Fees	100% of U&C	80% of U&C
Dental Treatment for accidental injury to sound natural teeth	Up to \$500	N/A
Ambulance Expense for Emergency Transportation	100% of U&C	100% of U&C
Mental & Nervous Disorders		
Mental Health Care		
Outpatient*	N/A	80% of U&C up to \$1,500
Inpatient	N/A	Same as any other Sickness
Alcohol & Drug Dependency		
Outpatient*	N/A	80% of U&C up to \$1,500
Inpatient (Residential Treatment)	N/A	Same as any other Sickness
Pap Smears	N/A	Up to \$50
Intercollegiate Sports, Sports Physicals & Sports Referrals for diagnostic purposes when referred by the SHS	100% of U&C up to \$500	N/A
Annual Physical & follow-up testing	N/A	Up to \$200
Maternity	N/A	Included in Sickness Benefit

### PLAN 2—OPTIONAL SUPPLEMENTAL EXPENSE BENEFIT

If the proper premium has been paid and after incurring \$1,000 in expenses for a covered accident or sickness which are payable under the Plan 1 medical expense benefit schedule above, eligible expenses in excess of the \$1,000 are payable at 80% of the Usual and Customary (U&C) charges up to the following maximums: Outpatient Mental Health Care up to \$2,000; Outpatient Alcohol and Drug Dependency up to \$1,000; and all other eligible expenses, up to a maximum of \$9,000 in additional benefits. **Premium for Plan 2 is \$550 annually.** The aggregate maximum benefit for Plan 1 and Plan 2 combined is \$10,000 per condition. Outpatient Mental Health Care and Alcohol & Drug Dependency Benefits are not covered for amounts over the noted benefits above, except Severe Mental Illness as defined in the Policy.

\*The benefits for Outpatient Alcohol & Drug Dependency and Outpatient Mental Health Care Disorders are covered under the Basic Benefits of the Policy 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; 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 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 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:** After the first \$500 in eligible expense is paid, 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.

#### TEMPORARY ID CARD

Name of Insured

**SAINT JOSEPH’S COLLEGE**  
POLICY# 2008J3A04

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.*