

ying 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 shown in the Benefit Schedule.
2. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except as shown in the Benefit Schedule.
3. Temporomandibular Joint disorder, unless shown in the Benefit Schedule.
4. 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.
5. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
6. 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.
7. 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.
8. Elective surgery or treatment.
9. Loss resulting from the Insured Person's participation in a riot or felony.
10. Diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Sickness.

11. Any expenses in excess of Usual and Customary charges.
12. Treatment of nervous or mental disorders or treatment of alcoholism or drug addiction except as provided in the Benefit Schedule.
13. Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
14. Loss resulting from playing, practicing, traveling to or from, or participating in any intercollegiate or professional sports, in excess of \$1,000.

Claim Procedure

In the event of Accident or Sickness the student should:

1. If at school, report immediately to the Student Health Center so that proper treatment can be prescribed or approved.
2. If away from the School, consult a doctor and follow his advice.
3. Complete and submit a claim form. Claim forms can be obtained from the Student Financial Services, or on-line from Cross Insurance at:
www.crossagency.com/thomas
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.
5. If you have questions regarding your claim, contact Commercial Travelers at 800-756-3702 or Cross Insurance at 800-537-6444 or complete the Claim Inquiry/Satisfaction Survey form on the Cross Insurance website at www.crossagency.com/thomas

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.

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, 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.)*

***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.

Thomas COLLEGE

2008–2009

Student Accident and Sickness Insurance

Policy #: 2008J3A11

Underwritten by:
**Commercial Travelers
Mutual Insurance Company**
Utica, NY
as policy form # SHME-01

08-J3A11(Bro.)

Thomas College

2008–2009

Student Accident and Sickness Insurance Plan

Thomas College offers a way for you to enroll in an affordable 12-month basic student insurance plan. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. If the student withdraws after that period, coverage remains in effect until 8/31/2009. The Plan provides benefits for covered illnesses, injuries and problems that are known to frequently occur during undergraduate years. It is necessary to reenroll in this plan each year in order to have continuous coverage as a student while at college. This plan is not available to you once you graduate.

You need to be informed about the health services available to you as a college student. Always consider your first health resource your on-campus student health center. In addition, while your benefits under this plan apply to any health care provider you choose, you can reduce or eliminate your expenses if you start with the college health center.

Take a moment to review the plan. You are strongly advised to consider taking advantage of this opportunity for protection. Coverage starts on September 1, 2008, or the date of enrollment, if later. Coverage continues to August 31, 2009. All day students taking 9 credits or more will be automatically enrolled in the plan unless a waiver card is completed at the Student Financial Services Office prior to 9/12/08. The annual premium is \$355. Once enrolled, a student may not cancel the insurance. Coverage continues until the Policy expires. Second Semester enrollees are automatically enrolled in the plan unless a waiver card is completed at the Student Financial Services Office. The second semester premium is \$241.

PLEASE READ THE FOLLOWING PAGES CAREFULLY!

ID CARD

Name of Insured

THOMAS COLLEGE
POLICY# 2008J3A11

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.

THIS PLAN WILL PAY UP TO \$10,000 IN COVERED MEDICAL EXPENSES PER CONDITION

BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided up to \$1,000 for covered accidents and 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.

Benefits

Hospital Room & Board

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

Surgical Expense (Inpatient or Outpatient)

Anesthetist

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

In-Hospital Physician's Fees

Out-of-Hospital Physician's Fees

Dental Treatment

Mental & Nervous Disorders

Mental Health Care

Outpatient***

Inpatient

Alcohol & Drug Dependency

Outpatient***

Inpatient (Residential Treatment)

Intercollegiate Sports****

Ambulance Expense for the use of a Professional Ambulance Service for emergency transportation

Maternity

Annual Physical Exam and follow-up testing

Immunizations

For Accidents

100% of U&C* up to Semi-private Room Rate

100% of U&C

100% of U&C

33% of Surgery Allowance

\$50 hospital co-payment, then 100% of U&C

100% of U&C

100% of U&C

100% of U&C

N/A

N/A

N/A

N/A

100% of U&C up to \$1,000

100% of U&C

N/A

N/A

N/A

For Sickness

80% of U&C up to Semi-private Room Rate

80% of U&C

80% of U&C

33% of Surgery Allowance

\$50 hospital co-payment, then 80% of U&C

80% of U&C

80% of U&C

N/A

50% of U&C, up to \$500 on a Primary Basis, then excess to a maximum of \$1,500
Same as any other Sickness

80% of U&C up to \$1,500
Same as any other Sickness

N/A

80% of U&C

Included in Sickness Benefit

100% of U&C, up to \$200

U&C, up to \$200

* U&C means Usual and Customary

** There is a \$50 co-payment for all Miscellaneous Hospital Outpatient Expenses. This co-payment will be waived if the student uses the services provided by Express Care, or for Intercollegiate Sports related injuries.

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

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 a maximum of \$9,000 in additional benefits. 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.

**** Thomas College covers intercollegiate sports injuries in excess of \$1,000 under a separate policy. This policy is secondary to other insurance.

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; Prescription Contraceptives and Outpatient Contraceptive Services; Dental Anesthesia and facility charges for certain individuals; 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 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 quali-