

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. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth, except as provided in the Schedule of Benefits.
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 \$1,000.00.

## Claim Procedure

A supply of claim reporting forms is maintained by the Administrative Services Office located in Cyr Hall (207 834-7515). These may be obtained in person, and assistance will be rendered in filling out the form in order to be consistent with the rules of the plan. Claim forms may also be obtained on-line from Cross Insurance at:

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

Notice of accident or sickness must be given to Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502, within thirty (30) days. Medical, hospital, surgical, etc., bills should, if possible, accompany the claim. Subsequent bills may be forwarded as soon as they are received.

Affirmative proof of loss on which a claim may be based must be furnished to the company not later than ninety (90) days after the date of loss. Failure to furnish such proof within the stated time, will not invalidate nor reduce any claim if it is shown not to have been reasonably possible to furnish such proof. In order to expediate the payment of claims, it is requested that all claim forms be submitted as soon as possible.

Payment for covered expenses will be made to the attending physician and/or hospital, etc., promptly upon receipt of the above.

You will need to familiarize yourself with the procedure for promptly reporting claims. This brochure should be kept for reference since individual policies are not issued.

## 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.

*Underwritten & Claims Administered By:*

**Commercial Travelers**

70 Genesee Street • Utica, NY 13502  
1-800-756-3702

Policy Form: SHME-01

*Representations of this plan  
must be approved by the Company.*

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.)*

## Cost

- \$ 375 Student (Annual)
- \$ 257 Student (Spring Term)
- \$1,300 Spouse/Domestic Partner (Annual)
- \$ 800 Child(ren) (Annual)
- \$ 875 Spouse/Domestic Partner (Spring Term)
- \$ 536 Child(ren) (Spring Term)

*Serviced By:*

**Cross Insurance**

217 Main Street, PO Box 3028

Lewiston, ME 04243-3028

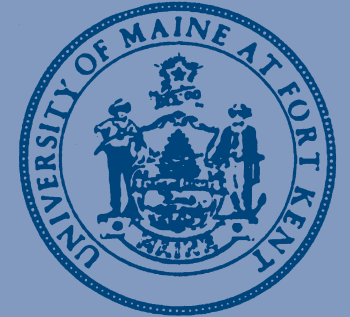
(207) 783-8591 or 1-800-537-6444

Web site: <http://www.crossagency.com>

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 90 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.

# UNIVERSITY of MAINE at FORT KENT



2008–2009

## Automatic Enrollment Student Accident and Sickness Insurance

**Policy #: 2008J3A15**

*Underwritten by:*

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

as policy form # SHME-01

08-J3A15(Bro.)

# University of Maine at Fort Kent 2008–2009

## Student Accident and Sickness Insurance Plan

*To all Students:*

Many colleges and universities require that all students be covered by an adequate insurance policy. UMFK requires that all students verify that they have other adequate insurance coverage in order to waive automatic enrollment in the UMFK sponsored Student Accident and Sickness Insurance Plan. UMFK has worked with Cross Insurance to offer the plan described in this brochure for those students without their own coverage, or for those who would like to supplement existing coverage. The plan provides benefits for covered accidents and illnesses that occur on and off campus.

**All registered undergraduate students taking 9 or more credit hours are automatically enrolled in the University of Maine at Fort Kent Student Accident and Sickness Insurance plan unless proof of comparable medical insurance can be provided and is approved by the University. You will automatically be enrolled unless you waive coverage by providing proof of comparable coverage via the Online Waiver Form at [www.crossagency.com/umfk](http://www.crossagency.com/umfk). Click on the "Waive Insurance" link and follow the instructions. Online Waiver Forms for the Annual Plan cannot be accepted after *October 1, 2008*. Online Waiver Forms for the Spring Term cannot be accepted after *February 15, 2009*. Students who do not complete the Online Waiver Form by these dates, will automatically be enrolled in the Student Accident and Sickness Insurance Plan. In addition, all international students will be automatically enrolled regardless of other coverage.**

Eligible students who are enrolled may also insure their eligible dependents. Eligible dependents are the spouse/domestic partner and unmarried children under 19 years of age, who are not self supporting and reside with the insured student. Dependent eligibility expires concurrently with that of the insured student, once enrolled, dependent coverage cannot be cancelled and premium is non-refundable.

The student cost of the Annual plan is \$375, or \$257 for Spring Term (which includes an administrative fee). Coverage for the Annual Plan begins on September 1, 2008 or the date premium has been received by the authorized agent and will expire on September 1, 2009. Coverage for the Spring Term begins on January 14, 2009 and will expire on September 1, 2009. **Once enrolled, coverage cannot be cancelled and premium is non-refundable.**

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TEMPORARY ID CARD

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

UNIVERSITY OF MAINE AT FORT KENT  
POLICY# 2008J3A15

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.*

## BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$2,500 for a covered accident or covered sickness. Benefits will be provided for medical expenses 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. The claim will be paid on an excess basis, if other insurance or medical service plans are involved.

| <u>Benefits</u>   | <u>Accident</u>                   | <u>Sickness</u>                                     |
|---|-----------------------------------|---|
| Hospital Room & Board   | 80% of U&C*                       | \$250 per day                                       |
| 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% U&C up to \$1,000                               |
| In-Hospital Physician's Fees (non surgical)   | 80% of U&C                        | 80% of U&C  |
| Out-of-Hospital Physician's Fees (non surgical)   | 80% of U&C                        | 80% of U&C  |
| Surgical Expense (Inpatient or Outpatient)  | 80% of U&C                        | 70% of U&C, up to \$1,000                           |
| Anesthetist   | 20% of Surgery Allow.             | 20% of Surgery Allow.                               |
| Miscellaneous Outpatient Expense (Hospital and non-hospital) including emergency room and services & supplies prescribed by the attending physician   | 80% of U&C with a \$50 deductible | Up to \$500 with a \$50 deductible                  |
| Prescription Drug Reimbursement   | 80% of U&C                        | 80% of U&C, up to \$150 per sickness                |
| Dental Treatment for accidental injury to sound natural teeth   | U&C up to \$300/tooth             | No benefit  |
| Ambulance Expense for Emergency Transportation  | 80% of U&C                        | Up to \$200   |
| Consultant or Specialist Expense  | 80% of U&C                        | Up to \$100   |
| Outpatient Diagnostic X-ray & Laboratory Expense (non-hospital billed)  | 80% of U&C                        | Up to \$250 w/\$25 deductible                       |
| Mental and Nervous Disorders  |                                   |   |
| Mental Health Care  |                                   |   |
| Outpatient  | N/A                               | Same as any other Sickness, up to \$2,000/plan year |
| Inpatient   | N/A                               | Same as any other Sickness                          |
| Day Treatment Services  | N/A                               | Same as any other Sickness                          |
| Alcohol & Drug Dependency   |                                   |   |
| Outpatient  | N/A                               | Same as any other Sickness, up to \$1,500/plan year |
| Inpatient (Residential Treatment)   | N/A                               | Same as any other Sickness                          |
| Cancer Screening Tests  |                                   |   |
| Mammogram, annually after age 40  | N/A                               | U&C, up to \$250                                    |
| PAP Smear   | N/A                               | U&C, up to \$75                                     |
| Prostate Cancer Screening   | N/A                               | U&C, up to \$250                                    |
| Home Health Care Expense  | 80% of U&C                        | 70% of U&C  |
| Treatment of Inborn Error of Metabolism   |                                   |   |
| For Metabolic Formula   | N/A                               | 70% of U&C  |
| Special Modified Low-protein Food   | N/A                               | U&C, up to \$3,000/plan year                        |
| Maternity   | N/A                               | Same as any other Sickness                          |
| Vaccinations  | N/A                               | U&C up to \$150/plan year                           |
| Sexually Transmitted Infections Testing   | N/A                               | U&C up to \$200/plan year                           |
| Learning Disability Testing   | N/A                               | U&C up to \$200/plan year                           |
| Routine Physical Exam   | N/A                               | 100% of U&C up to \$150/plan year                   |

## SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$2,500 in expenses for a covered accident or covered sickness which are payable under the Basic Medical Expense Benefit section above, eligible expenses in excess of the \$2,500, are payable at 80% of the Usual and Customary charges, up to the Policy Aggregate Maximum Benefit of \$10,000 for any one covered Injury 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 Nervous and Alcohol & Drug Dependency Disorder Benefits are not covered under the Supplemental Expense Benefit, except Severe Mental Illness as defined in the Policy.

\*U&C means Usual and Customary

## 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; Coverage for Breast Cancer Treatment; and Hearing Aid Expense. 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 at the end of the period for which premium has been paid; 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 qualifying service of less than six months will be credited toward satisfying the preexisting condition limitation. This waiver of