

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 in excess of \$200; or well baby care.
2. Dental treatment, except as specified 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. 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, 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 advice. Notify the Claims Administrator within 30 days of the covered accident or commencement of covered illness, or as soon thereafter as is reasonably possible.
2. Complete and submit a claim form. Claim forms can be obtained from the Claims Administrator, or on-line from Cross Insurance at [www.crossagency.com/wccc](http://www.crossagency.com/wccc). 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 The Commercial Travelers. (The address is on the claim form.)
3. 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.)*

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

*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 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact the Agent, Cross Insurance when 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.

# WASHINGTON COUNTY COMMUNITY COLLEGE



2008–2009

## Student Accident and Sickness Insurance

**Policy #: 2008J3A10**

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

as policy form # SHME-01

08-J3A10(Bro.)

# Washington County Community College 2008–2009

## Student Accident and Sickness Insurance Plan

*This year we are again offering a program of Accident and Sickness Insurance for our students. The need for protection against unexpected and frequently high medical expenses, which may be incurred as a result of accident or sickness, is obvious. These expenses can seriously deplete the financial resources earmarked for educational purposes.*

*We hope you will consider this plan carefully. If you have no other coverage, covered expenses are payable to the limit of the Policy. If other coverage exists, covered expenses are payable in excess of your other insurance. Deductibles, exclusions, and out of pocket expenses not covered under your own policy could be paid under the school insurance.*

*The plan provides coverage twenty-four hours a day throughout the policy period from August 1, 2008 thru July 31, 2009. For students enrolled in the Residential and Commercial Electricity Program and the Welding Technology Program, the policy period will be July 1, 2008 thru June 30, 2009. All students will be automatically enrolled in the plan unless a waiver card is completed at the Admissions Office. The annual premium is \$235. Dependent enrollment cards may also be obtained from the Admission Office.*

*Once enrolled, a student may not cancel the insurance. Coverage continues until the Policy expires.*

**PLEASE READ THE  
FOLLOWING PAGES CAREFULLY!**

## THIS PLAN WILL PAY UP TO \$10,000 IN COVERED MEDICAL EXPENSES PER CONDITION BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$1,500 for covered accidents and up to \$1,000 for covered 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.

<u>Benefits</u>	<u>For Accidents</u>	<u>For Sickness</u>
Hospital Room & Board	100% of U&C* up to Semi-private Room Rate	Up to \$500 per day
Miscellaneous Inpatient Hospital Expense including anesthesia, use of operating room, laboratory tests, X-ray examinations, prescription drugs and medications, casts & temporary surgical appliances	100% of U&C	U&C up to \$1,000
Licensed Nurse Expense	100% of U&C	\$50/day, max 31 days
Surgical Expense (Inpatient or Outpatient)	100% of U&C	80% of U&C up to \$1,000
Assistant Surgeon	100% of U&C	25% of Surgery Allowance
Second Surgical Opinion	100% of U&C	5% of Surgery Allowance
Anesthetist	25% of Surgery Allowance	25% of Surgery Allowance
Consultant or Specialist	100% of U&C	\$100 per sickness
Miscellaneous Outpatient Expense (Hospital and non-hospital) including services & supplies prescribed by the attending physician	100% of U&C	80% up to \$750 per sickness
Diagnostic X-rays and Laboratory Tests	100% of U&C	\$250 per sickness
In-Hospital Physician's Fees	100% of U&C	\$60/visit, one visit/day, \$300 max
Annual Physical Exam & Follow-up Testing as prescribed by the attending physician	N/A	100% of U&C, up to \$200 per Policy Year
Out-of-Hospital Physician's Fees (includes chiropractic)	100% of U&C	\$75/visit, one visit/day, \$375 max
Dental Treatment	100% of U&C	\$100/tooth for abscesses or impacted wisdom teeth
Outpatient Prescription Drugs	80% of U&C	80% of U&C up to \$100
Ambulance Expense for Emergency Transportation	100% of U&C	\$200 per sickness
Mental & Nervous Disorders		
Mental Health Care	N/A	Same as any other Sickness
Alcohol & Drug Dependency	N/A	Same as any other Sickness
Maternity	N/A	Same as any other Sickness
Meningitis, Hepatitis B, TD, and MMR Vaccine Expense	N/A	100% up to \$200

## SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$1,500 in expenses for a covered accident or \$1,000 in expenses for a covered sickness which are payable under the Basic Medical Expense Benefit section above, eligible expenses in excess of the \$1,500 for accidents or \$1,000 for sicknesses are payable at 80% of the usual and customary charges up to an aggregate maximum of \$10,000 for any one accident 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 Healthcare and Alcohol & Drug Dependency 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 and 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 on either July 31, 2009 or June 30, 2009 depending upon your program, 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.