

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 a loss resulting from nor provide benefits for:

1. Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness;
2. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth;
3. Medical services rendered by provider contracted with or employed by the School;
4. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except as shown in the Benefit Schedule;
5. Loss resulting from the Insured Person's participation in a riot or felony;
6. 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;
7. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a farepaying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world;
8. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule;
9. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid;
10. Loss resulting from the Insured's being under the influence of alcohol or drugs unless taken on the advice of a Physician;
11. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government of any of its agencies, except

when a charge is made which the Insured Person is required to pay.

12. 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;
13. Temporomandibular Joint Disorder unless shown in the Benefit Schedule;
14. 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; and
15. 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.

HOW TO FILE A CLAIM

Initial treatment must be within 30 days of the date of injury or illness.

1. Consult a doctor and follow his or her advice.
2. Complete and submit a claim form. A claim form may be obtained from the YCCC Business Office or on-line from www.crossagency.com/yccc
3. Coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under this plan.
4. Submit the completed claim form, together with copies of itemized bills and your other carrier's Explanation of Benefits, within 90 days after first treatment to Commercial Travelers. (The address is on the claim form.)

CLAIMS QUESTIONS

MAY BE ADDRESSED BY CALLING:

**Commercial Travelers
Mutual Insurance Company**
70 Genesee Street • Utica, NY 13502
1-800-756-3702

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, P.O. Box 3028
Lewiston, ME 04243-3028
(207) 783-8591 or 1-800-537-6444
Web site: <http://www.crossagency.com>

UNDERWRITTEN BY:
Commercial Travelers Mutual Insurance Company
Utica, New York

**For a copy of the Company's privacy notice
you may:**

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.

**Please be sure that you purchase new insurance
coverage upon termination so you don't have a break
in coverage.**



**YORK COUNTY
COMMUNITY COLLEGE**

112 College Drive
Wells, Maine 04090

2008–2009

Student Accident and Illness Insurance

UNDERWRITTEN BY:
**Commercial Travelers
Mutual Insurance Company**
Utica, New York

as policy form # SHME-01

York County Community College

To Students:

York County Community College has always been vitally concerned with the promotion of good health for its students. Therefore, we are pleased to announce that a Student Accident and Illness Insurance Plan is available again this year. This plan will help cover eligible expenses from treatment arising from covered illness or injury and is available to all students taking credit courses on or off campus.

The student who has no other health insurance coverage will benefit most from this Plan, for those with other insurance, out-of-pocket expenses and the deductible could be paid in full. **This plan will process eligible expenses on a secondary basis after any other valid and collectible insurance. If no other insurance plan is in force, then this plan will process eligible expenses on a primary basis.**

The coverages are described in this brochure. The Policy provides benefits for covered expenses arising from accidents, illness, mental health and substance abuse, whether sustained at the college or elsewhere, during the entire policy term. The policy limitations and exclusions should be noted. **The annual premium for this insurance is \$275. It is either included in the tuition bill or you may enroll by sending \$275 to the YCCC Business Office. Students enrolling for the second semester only will pay \$190. Once enrolled in the plan, the student may not cancel. Coverage continues until the policy expires. There are no refunds.**

Students enrolled in the Student Accident and Illness Insurance Plan will be covered 24 hours a day. Coverage begins upon arrival for duly authorized class activity, or on September 1, 2008, whichever is earlier, and ends on September 1, 2009.

ID CARD

Name of Insured

YORK COUNTY COMMUNITY COLLEGE
POLICY# 2008J3A01

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 \$5,000 IN COVERED MEDICAL EXPENSES PER CONDITION

BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$1,000 for each covered accident or 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. The first \$100 of benefits are paid according to the schedule below on a primary basis regardless of any other insurance, the remaining benefits are paid on a secondary basis.

<u>Benefits</u>	<u>For Accidents</u>	<u>For Sickness</u>
Hospital Room & Board	80% of U&C* up to Semi-private Room Rate 80% of U&C	70% of U&C up to \$100 per day, up to 10 days 70% of U&C up to \$500
Miscellaneous Inpatient Hospital Expense including anesthesia, use of operating room, laboratory tests, X-ray examinations, prescription drugs and medications, casts & temporary surgical appliances	80% of U&C	\$25/day, max 31 days
Licensed Nurse Expense	80% of U&C	70% of U&C up to \$500
Surgical Expense (Inpatient or Outpatient)	25% of Surgery Allowance	25% of Surgery Allowance
Anesthetist	80% of U&C	\$35 per sickness
Consultant or Specialist	80% of U&C	70% of U&C up to \$500
Miscellaneous Outpatient Expense (Hospital and non-hospital) including and services & supplies prescribed by the attending physician	80% of U&C after a \$50 deductible per visit	70% of U&C up to \$500 after a \$50 deductible per visit
Diagnostic X-rays and Laboratory Tests	80% of U&C	\$75 per sickness
In-Hospital Physician's Fees	80% of U&C	\$50/visit, one visit/day, \$250 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)	Up to \$50 per visit	Up to \$50 per visit
Dental Treatment	80% of U&C	N/A
Ambulance Expense for Emergency Transportation	80% of U&C	\$200 per sickness
Mental & Nervous Disorders		
Mental Health Care		
Outpatient**	N/A	70% of U&C, up to \$1,500
Inpatient	N/A	Same as any other Sickness
Alcohol & Drug Dependency		
Outpatient**	N/A	70% of U&C, up to \$1,500
Inpatient (Residential Treatment)	N/A	Same as any other Sickness
Maternity	N/A	Same as any other Sickness
Outpatient Prescription Drugs	80% of U&C	70% of U&C, up to \$100 per illness
Immunizations	N/A	U&C, up to \$200

SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$1,000 in expenses for a covered accident or 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 an aggregate maximum of \$5,000 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 Health Care 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

** Outpatient Mental Health Care and Outpatient 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.

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 Student Health Center for benefit amounts if you need to file a claim under one of these benefits.

Accidental Death or Dismemberment Benefits

The Company will pay one of the following benefits in addition to any other benefits if loss occurs within 100 days after the accident, independently of all other causes:

Accidental Death	\$1,000
Double Dismemberment	\$1,000
Single Dismemberment	\$ 500
(Arm, leg or eye)	

Loss means complete severance through or above the wrist or ankle joint, and irrecoverable loss of eyesight.

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

The Company will not duplicate benefits that are paid or payable by Other Valid and Collectible Insurance, including HMO's and PPO's. Our liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total benefits payable by Other Valid and Collectible Insurance on an expense incurred or provision of service basis. This applies after the first \$100 of benefits.

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.