

COLLEGE OF THE ATLANTIC



College of the Atlantic
life changing. world changing

DOMESTIC STUDENT HEALTH INSURANCE PLAN

2009–2010

Policy No. 2009J3A44

Presented by:

Cross Insurance
Lewiston, ME

***Student Health Insurance
Underwritten by:***

Commercial Travelers Mutual
Insurance Company
Utica, NY

as policy form # SHME-01

**Student Health Insurance
Quick Reference Guide...**

Presented by:

Cross Insurance
Lewiston, ME

**Student Health Insurance
Underwritten by:**

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

Policy Number:

2009J3A44

Coverage Dates:

August 15, 2009
through August 15, 2010

**For questions concerning coverage
or claims, contact:**

Cross Insurance
217 Main Street
PO Box 3028
Lewiston, ME 04243-3028
1-800-537-6444
www.crossagency.com

or

Commercial Travelers
Mutual Insurance Company
1-800-756-3702

The College of the Atlantic Student Health Insurance Plan

All full-time, matriculated domestic students are covered by the College of the Atlantic Student Health Insurance Plan offered by Cross Insurance.

The College of the Atlantic Student Health Insurance Plan has been developed especially for College of the Atlantic Students. The Plan provides coverage on a secondary (excess) basis for Accident and Sickness that occur on and off campus and includes special cost-savings features to keep the coverage as affordable as possible. College of the Atlantic is pleased to offer the Plan as described in this brochure.

This is a brief description of the Student Health Insurance benefits available for College of the Atlantic Students. The Student Health Insurance is underwritten by Commercial Travelers Mutual Insurance Company. The exact provisions governing this insurance are contained in the Master Policy, on file with the College. Contact the College for additional information.

STUDENT HEALTH CENTER

For enrolled students, it is to your advantage to first seek treatment at the Health Office in Deering Common in order to reduce your out-of-pocket expenses.

ELIGIBILITY

All eligible students are automatically enrolled in the Student Health Insurance Plan. Coverage for eligible dependents, including an insured's spouse and unmarried dependent children, may be available through a separate plan underwritten by a separate carrier. Please contact Cross Insurance at 800-537-6444 for more information.

EFFECTIVE AND TERMINATION DATES OF COVERAGE

Students: Coverage for all insured students enrolled for the Annual Policy Term will become effective at 12:01 a.m. on August 15, 2009, or upon arrival for duly authorized College activities, and will terminate at 12:01 a.m. on August 15, 2010.

New Winter Semester Students: Coverage for all insured students enrolled for the Winter Semester will become effective at 12:01 a.m. on January 1, 2010 and will terminate at 12:01 a.m. on August 15, 2010.

New Spring Semester Students: Coverage for all insured students enrolled for the Spring

Semester will become effective at 12:01 a.m. on March 22, 2010 and will terminate at 12:01 a.m. on August 15, 2010.

PREMIUM REFUND POLICY

Except for medical withdrawal due to a covered Accident or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased will not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid. No refund will be allowed.

A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made upon written request received by Cross Insurance within 90 days of withdrawal from school.

DEFINITIONS

The following important definitions apply to this plan:

Covered Injury means a bodily Injury that is sustained by an Insured person while he/she is insured under the Policy or the School's prior policies and is caused by an accident directly and independently of all other causes. Coverage under the School's policies must have remained continuously in force from the date of Injury until the date services or supplies are received for them to be considered as a Covered Medical Expense under the Policy. All Injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries are considered a single Covered Injury.

Covered Medical Expense means those charges for any treatment, service or supplies that are not in excess of the Usual and Customary charges therefore; not in excess of the charges that would have been made in the absence of this insurance; and incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

Covered Sickness means sickness, disease or trauma related disorder due to Injury which causes a loss while the Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same sickness. Sickness includes Complications of Pregnancy.

Hospital Confined or Hospital Confinement means a stay of eighteen or more consecutive hours as a resident bed patient in a Hospital.

Insured Person means an Insured Student or dependent of an Insured Student while insured under the Policy.

Insured Student means a student of the School who is eligible and insured for coverage under the Policy.

Loss means medical expense caused by an Injury or Sickness which is covered by the Policy.

Medical Emergency means any Injury or Sickness involving acute pain or infection that requires immediate medical attention. Medical emergency includes, but is not limited to broken bones, lacerations, and acute respiratory distress.

Medically Necessary means that a service or supply is Medically Necessary only when it meets all of the following requirements: 1) it must be ordered by a Physician; 2) it must be consistent with the diagnosis, care and treatment of the condition; 3) it must be in accordance with the standards of good medical practice; 4) it must be safe and effective in treating the condition for which it is ordered; 5) it must not be experimental or investigative; 6) it must be of the proper quantity, frequency and duration for the care and treatment of the condition for which it is ordered; and 7) its purpose must be to restore health and extend life and not merely for the convenience of the patient or the Physician.

Physician means: 1) a Doctor of Medicine (M.D.); or 2) a Doctor of Osteopathy (D.O.); or 3) a Doctor of Dentistry (D.M.D. or D.D.S.); or 4) a Doctor of Chiropractic (D.C.); or 5) a Doctor of Optometry (O.D.); 6) a Doctor of Podiatry (D.P.M.); or 7) a Doctor of Naturopathy (N.D.); who is licensed to practice as such by the governmental authority having jurisdiction over the licensing of such classification of doctor in the state where the service is rendered. A Doctor of Psychology (Ph.D.) will also be considered a Physician when he or she is similarly licensed or licensed as a health Care Provider. The services of a Doctor of Psychology must be prescribed by a Doctor of Medicine.

Physician will also mean any licensed practitioner of the healing arts who the company is required by law to recognize as a "Physician."

This includes an acupuncturist, a certified nurse practitioner, a certified nurse-midwife, a Physician's assistant, social workers and psychiatric

nurses to the same extent that their services would be covered if performed by a Physician.

Preexisting Condition means any health condition, Sickness or Injury that existed any time prior to the effective date of coverage and for which medical advice was given or for which a Physician recommended or provided treatment within the six months immediately preceding the Insured's effective date of coverage under the Policy.

Treatment means the medical care of an Injury or Sickness by a Physician who is operating within the scope of his or her license. Such care includes diagnostic, medical, surgical or therapeutic services, medical advice, consultation, recommendation, and/or the taking of drugs or medicines or the prescriptions thereof.

Usual and Reasonable means the normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a like service by a provider with similar training or experience, or a supply that is identical or substantially equivalent. Where appropriate, the usual, reasonable and customary charge will be determined on the basis of the Health Insurance Association of America (HIAA) survey of prevailing fees. The final determination of usual, reasonable and customary rests with the Company.

**See Medical Expense
Benefit Schedule that follows . . .**

MEDICAL EXPENSE BENEFITS SCHEDULE

The following benefits are provided for incurred eligible medical expenses for any one Accident or Sickness while insured under the Plan, not to exceed an Aggregate Maximum while continuously insured of \$10,000 per Covered Accident or Sickness. All benefits will be paid secondary to other valid and collectible insurance.

The payment of any Co-pays, Deductibles, the balance above any Coinsurance amount and any medical expenses not covered are the responsibility of the Covered Person. The following benefits are subject to all Policy limits and exclusions:

INPATIENT BENEFITS

Room and Board	80% of Usual and Reasonable, up to semi-private room rate
Intensive Care	80% of Usual and Reasonable
Hospital Miscellaneous Expenses	80% of Usual and Reasonable
Surgery	80% of Usual and Reasonable
Assistant Surgeon	80% of Usual and Reasonable
Anesthetist Services in conjunction with surgery	80% of Usual and Reasonable
Mental and Nervous Conditions (including Substance Abuse)	Same as any other Sickness

OUTPATIENT BENEFITS

Surgery	80% of Usual and Reasonable
Day Surgery Miscellaneous	80% of Usual and Reasonable
Anesthetist Services in conjunction with surgery	80% of Usual and Reasonable
Assistant Surgeon	80% of Usual and Reasonable
Emergency Room Visits	80% of Usual and Reasonable
Physician's Visits subject to a \$10 co-pay	100% of Usual and Reasonable
Diagnostic X-ray Services when prescribed by the attending physician	80% of Usual and Reasonable
Miscellaneous Diagnostic & Laboratory Tests and Procedures when prescribed by the attending physician	80% of Usual and Reasonable
Prescription Drugs	80% of Usual and Reasonable up to \$500

Mental & Nervous Disorders

Mental Health Care	
Outpatient	80% up to \$2,000
Inpatient	Same as any other Sickness
Alcohol & Drug Dependency	
Outpatient	80% up to \$2,000
Inpatient (Residential Treatment)	Same as any other Sickness

OTHER BENEFITS

Ambulance Service for transportation to or from a hospital	100% of Usual and Reasonable up to \$50
Dental Treatment for injury to sound, natural teeth and removal of impacted wisdom teeth	100% of Usual and Reasonable up to \$250 Max. benefit per tooth
Maternity	Same as any other Sickness
Abortion	80% of Usual and Reasonable
Sexually Transmitted Infections Testing	Up to \$500
Mammography including one baseline mammogram for women between the ages of 35 and 40 and one routine annual mammogram for women age 40 and older	80% of Usual and Reasonable

ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the benefit stated below if a Covered Person suffers a Covered Injury resulting in any of the losses stated below within 180 days after the date the Covered Injury is incurred:

LOSS	BENEFIT
Loss of Life	100% of the Principal Sum
Loss of one hand	50% of the Principal Sum
Loss of one foot	50% of the Principal Sum
Loss of sight of one eye	50% of the Principal Sum

CLASS OF INSURED	PRINCIPAL SUM
Eligible Student	\$10,000
Covered Spouse	\$ 5,000
Covered Child	\$ 1,000

Loss of one hand or loss of one foot means the complete severance through or above the wrist or ankle joints. Loss of the sight of one eye means the total permanent loss of sight in that eye. If more than one of the losses stated above is due to the same Accident, the Company will pay 100% of the Principal sum. In no event will we pay more than the Principal Sum for loss to the Covered Person due to any one Accident.

MEDICAL EVACUATION EXPENSE

If an Insured Person is unable to continue their academic program as the result of a Covered Injury or Sickness occurring while he or she is covered under the Policy, the Company will pay the necessary reasonable and customary charges, not to exceed \$10,000, for evacuation to another medical facility of the Insured Person's home state. A medical evacuation would be considered only if medically necessary and after a Hospitalization of at least five days. Any expenses payable under this benefit require approval of the attending Physician, as well as the Company.

REPATRIATION OF REMAINS EXPENSE

In the event of the death of an Insured Person, while he or she is covered under the Policy, the Company will pay the necessary reasonable and customary charges, not to exceed \$10,000, for preparation and transportation of the remains to the Insured Person's place of residence. Any benefits payable under this provision require the prior approval of the Company.

STATE MANDATED BENEFITS

Your Student Accident and Sickness Insurance Plan includes benefits for the following coverages as mandated by the state of Maine: Home Health Care Expense; Treatment of Inborn Error of Metabolism; Diabetic Supplies and Education; Treatment of Mental and Nervous Conditions; Alcohol and Drug Dependency; Maternity, Including Newborn Coverage; Dental Anesthesia and Facility Charges for Certain Individuals; Prescription Contraceptives and Outpatient Contraceptive Services; Diabetes Treatment and Education; Prosthetic Devices; Cancer Screening Tests, including Mammograms (annually after age 40), Pap Smears, and Prostate Cancer Screening; Coverage for Breast Cancer Treatment; Hearing Aid Expense; and Medically Necessary Infant Formula. See the Policy on file at the College for benefit amounts if you need to file a claim under one of these benefits.

STUDENT HEALTH INSURANCE 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.
2. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth and removal of wisdom 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. 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 or 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. Services and/or supplies that are not Medically Necessary for the care and treatment of an Injury or Sickness.
 13. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance.
 14. Medical services rendered by a provider contracted with or employed by the School.
 15. Treatment of nervous or mental disorders or treatment of alcoholism or drug addiction except as provided for in the Benefit Schedule.
 16. 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.
 17. 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 fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
 18. Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.
 19. Professional services rendered by an immediate family member or anyone who lives with the Insured Person.
 20. Temporomandibular Joint Disorder, unless shown in the Benefit Schedule.
 21. 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.
 22. Expenses payable under any prior Policy which was in force for the person making the claim.
 23. Expenses incurred by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country.

PREEXISTING CONDITIONS LIMITATION

The Policy does not cover preexisting conditions unless the conditions were covered by other insurance during the 90 days immediately prior to the date of enrollment for this Plan.

CONTINUOUS COVERAGE

Coverage for an insured individual will be considered as continuous during consecutive periods of insurance (Fall and Spring, Spring and Summer, etc.) when premium payment is received by the Policyholder, Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

EXTENSION OF BENEFITS

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.

THIRD PARTY REFUND

When an Insured Person is injured through the negligent act or omission of another person (the "third party") and benefits are paid under the Policy as a result of that Injury, the Company is entitled to a refund by the Insured Person of all Policy benefits paid as a result of the Injury. The refund must be made to the extent that the Insured Person receives payment for the Injury from the third party or that third party's insurance carrier. We may file a lien against that third party payment. Reasonable pro-rata charges, such as legal fees and court costs, may be deducted from the refund made to the Company. The Insured Person must complete and return the required forms to the Company on request.

NONDUPLICATION OF BENEFITS

The Policy will not duplicate benefits for expenses covered by any Other Valid and Collectible medical, health or accident insurance or prepayment plan. Benefits payable under this Plan will be excess and secondary to such other coverage.

ID CARDS

You will be issued an ID card as soon as possible. If the Covered Person must seek medical attention before the ID card is received, benefits will be payable in accordance with the Policy. The Covered Person does not need an ID card to be eligible to receive benefits.

HOW TO SUBMIT A STUDENT HEALTH INSURANCE CLAIM

In the event of Injury or Sickness, the student should:

1. Report at once to the on-campus Health Office for treatment or referral, or when not open, to the nearest Doctor or Hospital.
2. Secure an Insurance claim form on-line from Cross Insurance at:
www.crossagency.com/coa
and complete it according to the directions of the form. Only one claim form needs to be submitted for each Accident or Sickness.
3. Bills must be received by the Company within 90 days of service or as soon as reasonably possible to be considered for payment.
4. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
5. When submitting a claim form, attach itemized medical bills to the claim form. Subsequent medical bills should be mailed promptly to:

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

6. **Prescription medications need to be paid for at the pharmacy. For reimbursement of a covered prescription, submit an itemized receipt along with a completed claim form to Commercial Travelers.**

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.

Underwritten and Claims Administered by

**Commercial Travelers
Mutual Insurance Company**
70 Genesee Street
Utica, NY 13502

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.)***

MAJOR MEDICAL INSURANCE COVERAGE

Information regarding
Major Medical Insurance coverage
may be obtained by contacting
Cross Insurance
at 800-537-6444

TEMPORARY ID CARD

Name of Insured Student

**COLLEGE OF THE ATLANTIC
DOMESTIC PLAN**
POLICY# 2009J3A44

Claims to: **Commercial Travelers**
70 Genesee Street • Utica, NY 13502
1-800-756-3702

*Possession of this card does not guarantee eligibility.
The student must be enrolled in the plan.*

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 employers plan within 90 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please contact the agent at the above address 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.

Underwritten by:

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