

Who Is Eligible for the Insurance?

All regular, full time Eligible Participants of the College of the Atlantic and their **Eligible Dependents**, who meet the following criteria:

Eligible Participant means a person who is engaged in international educational activities; and is temporarily located outside his/her home country as a non-resident alien; and has not obtained permanent residency status.

Eligible Dependent: An Eligible Dependent may be an Eligible Participant's lawful spouse and/or his/her unmarried children under age 19. The term "child/children" includes a natural child, a legally adopted child, a stepchild, and a child who is dependent on the eligible Participant during any waiting period prior to finalization of the child's adoption. The Eligible Dependent is one who: With a similar visa or passport, accompanies the Eligible Participant while that person is engaged in international educational activities; and is temporarily located outside the Eligible Participant's home country as a non-resident alien; and has not obtained permanent residency status.

When does Coverage Start?

Coverage for an **Eligible Participant** starts as 12:01 a.m. on the effective date shown on the Insurance Identification Card. Thereafter, the insurance is effective 24 hours a day, worldwide. In no event, however, will insurance start prior to the date the premium is received by the Company.

An **Eligible Dependent's** coverage starts at 12:01 a.m. on the effective date shown on the insurance identification card, if any; or the date the completed enrollment form, if any, and premium are received by the Company. Thereafter, the insurance is effective 24 hours a day, worldwide. In no event, however, will insurance start prior to the date the enrollment form, if any, with premium is received by the Company.

A newborn child of the Eligible Participant will automatically be a Covered Person for 31 days from the moment of his/her birth if the birth occurs while the Policy is in force, and subject to the particular coverages and amounts of insurance as specified for Eligible Dependents in the schedule of Benefits. "Expenses for Routine nursery care" of a newborn infant of a covered Pregnancy are covered up to the limits, if any, shown in the Schedule of Benefits. An adopted child of the Eligible Participant is covered on the same basis as described above for a newborn. Coverage starts on the date of placement for adoption, provided the Eligible Participant's coverage is then in force. Coverage terminates if the placement is disrupted and the child is removed from placement.

The insurance of any Covered Person will immediately terminate on the earliest of:

- (1) the date to which the premium is paid;
- (2) the date the Policy expires as shown on the schedule of benefits, subject to the Extension of Benefits provision;
- (3) the date of entrance into the armed forces of any country, a pro-rata portion of the premium paid will be returned;
- (4) the date the Covered Person no longer meets the conditions of eligibility for coverage; or
- (5) the date the Insured begins a leave of absence or withdraws from the University.

Termination will be made without prejudice to any existing expense. Coverage for any Insured who leaves the University before the end of the semester will continue in force through the end of the period for which a premium was paid.

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Insured's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the Insured noticed symptoms or was medically diagnosed, treated (including medication), or advised by a Physician within the six months immediately prior to his Effective Date of Coverage under the Policy. Pregnancy shall not be considered a Pre-existing Condition.

Covered Medical Expenses resulting from a Pre-existing Condition will not be covered unless:

- (1) six consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or
- (2) the Insured has been insured under the Policy and the University's prior policies for the immediately prior year; or
- (3) the insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of Injury, or Sickness, whichever occurs first.

NON-DUPLICATION OF BENEFITS

The Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Covered Person is covered by other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid by the Policy. The Policy is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision.

If the Covered Person is insured under group or blanket insurance which is also excess to other coverage, the Policy pays a maximum of 50% of the benefits otherwise payable.

What is Covered - Schedule of Benefits - Table 1

Medical Expense Limits	Eligible Participant & Eligible Dependents
Maximum Benefit per Injury or Sickness	\$150,000
Accidental Death & Dismemberment	Maximum Benefit Principal Sum up to \$10,000 for Eligible Participant Only
Repatriation of Remains	Maximum Benefit up to \$15,000
Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to \$50,000
Bedside Visit	Up to a maximum benefit of \$1,000 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the hospital confinement for one (1) person

Medical Expenses Schedule of Benefits - Table 2

	Plan Limits
Physician Office Visits*	100% of Usual & Customary Expenses after \$20 Copayment per visit

Medical Expenses Schedule of Benefits - Table 2 Cont.

	Plan Limits
Inpatient Hospital Services	100% of Usual & Customary Expenses after \$50 Copayment per visit
Hospital and Physician Outpatient Services	100% of Usual & Customary Expenses after \$50 Copayment per visit

* All Physician Visit Copayments for an Injury or Sickness are waived if treatment is received at the Student Health center or if the initial treatment for an Injury or Sickness is received at the Student Health Center.

Medical Expenses Schedule of Benefits - Table 3

Benefits listed below are subject to Table 1 Lifetime maximums, Annual Maximums, Maximums per Injury and Sickness, Coinsurance, Out-of-Pocket Maximums.

Medical Expenses	Plan Limits
Maternity Care for a Covered Pregnancy	Usual & Customary Expenses
Outpatient back and spine treatment (including Modalities)	Usual & Customary Expenses up to \$1,000 Maximum per Policy Year with a \$50 per visit Maximum and a Maximum of 3 visits per week
Therapeutic and Elective termination of pregnancy	Usual & Customary Expenses up to \$500 Maximum per Policy Year
Routine nursery care of a newborn child of a covered pregnancy	Usual & Customary Expenses up to \$750 Maximum per Policy Year
Annual cervical cytology screening for women 18 and older	Usual & Customary Expenses
Mammography screening	Usual & Customary Expenses
Medical treatment arising from participation in intercollegiate or interscholastic sports	Usual & Customary Expenses up to \$10,000 Maximum per Policy Year
Repairs to sound, natural teeth required due to an Injury	100% of Usual & Customary Expenses up to \$500 Maximum per Policy Year with a \$100 per tooth Maximum per Injury
Outpatient prescription drugs	50% of actual charge

Medical Expenses Schedule of Benefits - Table 3 Continued

Medical Expenses	Plan Limits
Medical treatment received in the Home Country, if NOT covered by Other Plan	100% of Usual & Customary Expenses up to \$1000 lifetime maximum
Sexually Transmitted Disease Testing	100% of Usual & Customary Expenses up to a \$250 Maximum per Policy Year
School Required Immunizations	100% of Usual & Customary Expenses up to a \$250 Maximum per Policy Year
Chest X-Ray to Screen for Tuberculosis	100% of Usual & Customary Expenses

Description of Coverages - Medical Expenses

What the Insurer Pays for Covered Medical Expenses

If a Covered Person incurs expenses while insured under the Policy due to an Injury or a Sickness, the Company will pay the Usual & Customary Expenses for the Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum benefit of \$150,000 per Injury or Sickness. Benefits are subject to the deductible amount, specified benefits and limitations set forth under Covered Medical Expenses, the Exclusions, the Pre- Existing Condition Limitation, the Student Health Center provision and to all other limitations and provision of the Policy.

1. Physician office visits

2. Hospital Services: Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; and RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x-rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement.

3. Student Health Center: If there is a charge for visits to, or medical services, treatments and supplies received from the Student Health Center for an Injury or a Sickness, benefits for those visits, medical services, treatments and supplies will be paid at 100% of usual & Customary Expenses with no copayment or deductible.

4. Additional Covered General Medical Expenses and Limitations: These additional Covered Medical Expenses are limited to the Usual & Customary Expenses incurred for services, treatments and supplies listed below. All benefits are per Injury or Sickness unless stated otherwise.

A. Pregnancy: the Insurer will pay the actual expenses incurred as a result of pregnancy, childbirth, miscarriage, or any complications resulting from any of these, except to the

extent shown in the Schedule of Benefits. Conception must have occurred while the Covered Person was insured under the Policy.

B. Annual cervical cytology screening for cervical cancer and its precursor states for women age 18 and older.

C. Mammography screening, when screening for occult breast cancer is recommended by a Physician.

D. Home country coverage (While Insured)

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the termination date. However, if a Covered Person is hospital confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, Covered Medical Expenses for such Injury or Sickness will continue to be paid until the completion of his hospital confinement but not to exceed 31 days from the expiration date of coverage or the maximum policy benefit, whichever occurs first.

CREDIT FOR PRIOR COVERAGE

The Policy provides portability of coverage as it relates to "pre-existing conditions". The pre-existing condition limitation set forth in the Policy will be reduced to the extent an Covered Person was covered under a qualifying previous coverage if: 1) the person is not a late enrollee; and 2) the prior coverage was continuous to a date not more than 90 days prior to the effective date of the new coverage, exclusive of any applicable waiting period.

Any pre-existing limitation is reduced by the aggregate of the periods of creditable coverage, if any, applicable to the Covered Person as of the enrollment date, for similar services covered under the Policy and the prior coverage.

DEFINITIONS

COVERED MEDICAL EXPENSES are usual, customary, and Medically Necessary charges that are:

- (1) not in excess of the maximum amount payable for services as specified in the Schedule;
- (2) in excess of any deductible amount; and
- (3) incurred while the Covered Person's coverage under the Policy is in force.

ELECTIVE SURGERY means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supply that is deemed by us to be research or experimental; or is not recognized as generally accepted medical practice in the United States. Elective Surgery and Elective Treatment do not include any procedures deemed a Medical Necessity. Elective Surgery does not mean a cosmetic procedure required to correct an Injury for which benefits are otherwise payable under the Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vials, including allergy testing; bio-feedback type services; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the Policy, and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under the Policy; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; fertility tests; hair

growth or removal; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom (including hernia of any kind), except for the treatment of an underlying covered Sickness; pre-marital examinations; preventive medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing; smoking cessation; temporomandibular joint dysfunction (TMJ); and weight loss or reduction.

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force 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. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

MEDICALLY NECESSARY HEALTH CARE means health care services or products provided to an enrollee for the purpose of preventing, diagnosing or treating an illness, injury or disease or the symptoms of an illness, injury or disease in a manner that is:

- (1) Consistent with generally acceptable standards of medical practice;
- (2) Clinically appropriate in terms of type, frequency, extent, site and duration;
- (3) Demonstrated through scientific evidence to be effective in improving health outcomes;
- (4) Representative of "best practices" in the medical profession; and

Not primarily for the convenience of the enrollee or physician or other health care practitioner.

SICKNESS means an illness, or disease 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. It also includes pregnancy and complications of pregnancy.

USUAL AND CUSTOMARY CHARGE means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered.

EXCLUSIONS

Benefits will not be paid under the Policy and any attached Rider for any expenses which result from:

1. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
2. Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations, and any associated laboratory work or prescription drugs, not including mammograms and routine Papanicolaou cytology test;

3. Expenses for preventative medicines, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition;
4. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
5. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of this Policy;
6. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
7. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
8. Elective Surgery or Elective Treatment;
9. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
10. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
11. Expenses incurred for experimental infertility procedures and fertility tests unless caused by Sickness or Injury;
12. Organ transplants;
13. Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
14. Taking of alcohol in combination with any drug, medication or sedative;
15. Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy);
16. Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions, or toenails;
17. Suicide or attempted suicide while sane or insane, including drug overdose; or intentional self-inflicted Injury while sane);
18. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for University credit.

MANDATED BENEFITS

The Plan will pay benefits for the following mandated benefits and any other applicable mandate in accordance with Maine insurance laws: Alcoholism and Drug Dependency; Chiropractic; Clinical Trials; Diabetes Treatment; Dental General Anesthesia; Eye Care Services; Hospice Care; Inborn Error of Metabolism; Mammography; Mastectomy, Lumpectomy, Lymph Node Dissection and Reconstructive Breast Surgery; Maternity and Newborn Care; Mental or Nervous Disorder Treatment; Obstetrics and Gynecology Services; Pap Smears; Prostate Cancer Screening; Prosthetic Devices; Contraceptive Benefit; Registered Nurse First Assistant; Medically Necessary Infant Formulas; Colorectal Cancer Screening; Hearing Aids; and Off Label Drugs.

What Does the Coverage Cost?

Student: \$ 870 annually
 Spouse: \$ 3,764 annually
 Children: \$ 1,413 annually

STUDENT ASSISTANCE SERVICES (Administered by On Call International)

Nurse Advise Line: On Call shall provide Students enrolled in this Plan with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose a Student's ailments.

Travel Assistance Services: Each Insured Student and his/her enrolled Dependents are eligible for travel assistance services when traveling 100 miles or more away from their home and campus address. Travel Services are only available for medical claims that are covered under the College's Student Accident and Sickness Insurance Plan. Services provided include: Emergency Medical Transportation (Evacuation/Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance.

Bedside Visit: In the event that a covered student will be hospitalized 7 days or longer, On Call International will provide a benefit of up to \$2,500 for a parent or family member to join the hospitalized student. The benefit can go towards transportation and accommodations. In all cases On Call International must make and pay for the travel and accommodations arrangements. There is no reimbursement for transportation or accommodations if made by the family or school.

Emergency Return Home: If a parent or sibling of a covered student dies or is hospitalized for a life threatening illness while the student is away at school (100 miles or more), On Call International will provide a benefit of up to \$2,500 for the student to return home. In all cases On Call International must make and pay for the travel arrangements. There is no reimbursement for transportation if made by the student, family or school.

Identity Theft Recovery Assistance: In the event that a covered student suspects he or she is a victim of identity theft, the student may contact On Call International to speak to the Identity Theft Recovery Unit. The Identity Theft Recovery Unit is a team of trained Fraud Specialists who will listen, document, and support participants who experience identity theft. The Fraud Specialist will: obtain participant's permission to pull and review their 3-bureau credit report in detail, with the participant; enroll the customer in six months of daily credit bureau monitoring to monitor and detect suspicious activity; document the event and contact history with participant; at participant request, assist in the placement of Fraud Alerts with major credit reporting agencies; write dispute letters on behalf of participant for signing and forwarding to National Credit Bureaus and Creditors. The Identity Theft

Recovery Unit provides victims with a Fraud First Aid Kit which includes: Tips for Fraud Victims; Credit Bureau Reporting Agency Information; Contact History Tracking; Pre-populated letters to creditors to dispute suspicious items.

**U.S. & Canada Toll Free: 866-525-1955
 International Collect: 603-328-1955**

Note: The On Call related services listed above are not insurance and are not connected with or provided by Monumental Life Insurance Company.

CLAIM PROCEDURE

In the event of Injury or Sickness the student should:

1. If at the College, in a non-emergency situation, report immediately to the Health Center so that proper treatment can be prescribed.
2. Submit copies of itemized bills and your other insurance carrier's Explanation of Benefits, within 90 days after first treatment to:

Bollinger
Insurance Solutions

P.O. Box 727
 101 JFK Parkway
 Short Hills, New Jersey 07078-0727
 1-866-267-0092 (Claims/Coverage)
 1-800-526-1379 (Other Questions)

Local Servicing Broker:

Cross Insurance
 217 Main Street, P.O. Box 3028
 Lewiston, Maine 04243-3028
 (207) 783-8591 or 1-800-537-6444
 Web site: www.crossagency.com

Policy Form: SH1000GPM(Rev.2000).ME 11299416

College Of The Atlanti Student Medical Benefit Plan - I. D. Card

This is to certify that as of August 15, 2009, insurance cover age is provided in accordance with all terms and provisions of Policy No. CME504F issued to the above named college for the student named below.

Name	Social Security No.	
Street Address		
Town	State	Zip Code

The coverage expires August 15, 2010

UNDERWRITTEN BY:

**Monumental Life
 Insurance Company**

ADMINISTERED BY:

Bollinger
Insurance Solutions
 PO Box 727
 Short Hills, NJ 07078
 1-866-267-0092

Claim forms and plan benefits available online:
www.crossagency.com/coaint
 Send all claims to **Bollinger, Inc.**



College of the Atlantic
 life changing. world changing.

2009-2010

International Students & Scholars Blanket Injury and Sickness Insurance Plan

Underwritten by:
**Monumental Life
 Insurance Company**
 Cedar Rapids, Iowa
 an AEGON company

www.crossagency.com/coaint

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. If any discrepancy exists between the Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Policy # CME504F