

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 this Policy.

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 this Policy and the College's prior policies for six months; or
- (3) The insured has been receiving benefits under the College's prior policies and has been continuously insured since the date of Injury or Sickness whichever occurs first.

Credit for Prior Coverage

This Policy provides portability of coverage as it relates to "pre-existing conditions". The pre-existing condition limitation set forth in this Policy will be reduced to the extent an Insured 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 63 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 Insured Person as of the enrollment date, for similar services covered under this Policy and the prior coverage.

Exclusions

Benefits will not be paid under this 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 lab work (except as is shown in the benefit schedule);

3. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury (except as shown in the benefit schedule);
4. Treatment of temporomandibular joint dysfunction (TMJ) and associated myofascial pain;
5. Cosmetic surgery or other reconstructive procedures or services except as the result of Injury occurring while coverage is in effect as to the Covered Person;
6. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
7. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance;
8. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
9. Elective Surgery or Elective Treatment;
10. Declared or undeclared war, riot, civil disorder, civil commotion or acts of terrorism;
11. Expenses incurred for experimental infertility procedures and fertility tests unless caused by Sickness or Injury;
12. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician; and
13. Services that are provided normally without charge by the College's health center, infirmary or Hospital; or by any person employed by the College.

Claim Procedure

In the event of Accident or Sickness the student should:

1. Consult a doctor and follow his advice.
2. Complete and submit a claim form. Claim forms can be obtained from the Dean of Enrollment Management at Eastern Maine Community College, or on-line from Cross Insurance at www.crossagency.com/emcc. 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 Bollinger, Inc. (The address is on the claim form.)
3. After the first \$100 of eligible expenses, 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 listed below.

UNDERWRITTEN AND CLAIMS PAID BY:

**MONUMENTAL LIFE
INSURANCE COMPANY**
Cedar Rapids, Iowa

ADMINISTERED BY:

Bollinger
Insurance Solutions

PO Box 727
SHORT HILLS, NJ 07078
(866) 267-0092 (Claims/Coverage)
(800) 526-1379 (Other Questions)

Served 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>

**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. Eastern Maine Community College is an equal opportunity/affirmative action institution and employer. For more information, please call 207-974-4633.

Policy Form: SH1000GPM(REV.2000).ME 11286883

EASTERN MAINE COMMUNITY COLLEGE

2009-2010 Student Accident and Sickness Insurance

Policy #: CME706F

EASTERN MAINE COMMUNITY COLLEGE

Bangor, Maine

THIS PLAN UNDERWRITTEN BY:

**Monumental Life
Insurance Company**
Cedar Rapids, Iowa

TEMPORARY ID CARD

Name of Insured

EASTERN MAINE COMMUNITY COLLEGE

POLICY# CME706F

Claims to:

Bollinger
Insurance Solutions

PO Box 727, SHORT HILLS, NJ 07078
Possession of this card does not guarantee eligibility.

Eastern Maine Community College 2009-2010

Student Accident and Sickness Insurance Plan

Eastern Maine Community College has always been vitally concerned with the promotion of good health for its students. Therefore, we are pleased to announce the availability of our Student Accident and Sickness Insurance Plan. This plan will help provide benefits for covered accidents or sickness requiring medical treatment and is available to all students taking credit courses on or off campus. Students carrying more than six credit hours will be automatically charged for this insurance. Students carrying six or fewer credit hours must sign up for the insurance in the Student Accounts Office at Eastern Maine Community College.

The student who has no other health insurance coverage will benefit most from this plan. In addition, for those with other insurance, this plan will ease the costs of out-of-pocket expenses and deductibles. Other insurance plans must be used to cover expenses before this plan's benefits can be considered.

Students enrolled in this insurance plan will be covered 24 hours a day. Coverage begins on August 15, 2009 or upon arrival for duly authorized class activity and ends on August 15, 2010. Athletes and Resident Assistants who arrive on campus early for the Fall semester will have their coverage start earlier at the discretion of the College.

The annual premium for this insurance is \$288. The premium will either be included in your tuition bill or you may enroll by sending \$288 to the EMCC Student Accounts Office. Students enrolling for the second semester only will pay \$193.

Once enrolled, a student may not cancel the insurance. There are no refunds. Coverage continues until the Policy expires.

To Waive Insurance:

Students who choose not to enroll need to complete the waiver form on studentOne (www.emcc.edu) no later than September 11, 2009 for the Fall semester or January 29, 2010 for Spring semester. No waiver requests will be accepted after these dates.

PLEASE READ THE FOLLOWING PAGES CAREFULLY!

THIS PLAN WILL PAY UP TO \$10,000 IN COVERED MEDICAL EXPENSE PER CONDITION BASIC ACCIDENT & SICKNESS BENEFITS

The following benefits are provided for incurred eligible medical expenses up to \$1,000 per covered accident or sickness when eligible medical expenses are 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 covered expense incurred will be paid regardless of any other insurance. If expenses exceed \$100, the claim will then be processed on an excess basis, if other insurance or medical service plans are involved.

BENEFITS	FOR ACCIDENTS	FOR SICKNESS
Hospital Room and Board	80% of U&C* up to Semi-private Room Rate	80% of U&C, up to \$100 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	80% of U&C up to \$500
Surgical Expense (Inpatient or Outpatient)	80% of U&C up to \$500	80% of U&C up to \$500
Anesthetist	25% of Surgical Allowance	25% of Surgical Allowance
Miscellaneous Outpatient Expense (Hospital and non-hospital) including diagnostic X-rays, laboratory tests, and services & supplies prescribed by the attending physician	80% of U&C	80% of U&C up to \$500
In-Hospital Physician's Fees	80% of U&C	\$20/visit; one visit per day; \$100 max
Out-of-Hospital Physician's Fees**	80% of U&C	80% of U&C up to \$500
Dental Treatment	80% of U&C	Up to \$100 per tooth for the removal of wisdom teeth \$50 max per sickness
Ambulance Expense for Emergency Transportation	80% of U&C	
Mental & Nervous Disorders		
Mental Health Care		
Outpatient***	N/A	80% of U&C up to \$1,500
Inpatient	N/A	Same as any other Sickness
Alcohol & Drug Dependency		
Outpatient***	N/A	80% 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
Prescription Drugs	70% of U&C up to \$150	80% of U&C up to \$150
Accidental Death & Dismemberment		
Accidental Death	\$1,000	N/A
Double Dismemberment	\$1,000	N/A
Single Dismemberment (Arm, leg or eye)	\$500	N/A
Immunization	N/A	100% of U&C up to \$200

SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$1,000 in expenses for a covered accident or a covered 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 a maximum of \$9,000 in additional benefits after a \$100 deductible is applied per accident or sickness. This benefit is payable only after other collectible insurance has paid to its 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

** Routine Physical Examinations are covered at 100% of U&C, not to exceed \$200. The benefit includes pre-sports physicals, eye exams and depression screening when referred by an EMCC counselor.

*** 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 Treatment; Prosthetic Devices; Treatment of Mental and Nervous Disorder; Alcohol and Drug Dependency; Maternity Including Newborn Coverage; Dental General Anesthesia and associated facility charges for some Dental Procedures; Prescription Contraceptives and Outpatient Contraceptive Services; Mammograms (annually age 40 and over); Pap Smears; Prostate Cancer Screening; Mastectomy, Lumpectomy, Lymph Node Dissection, and Reconstructive Breast Surgery; Clinical Trials; Eye Care Services; Chiropractic, Obstetrics and Gynecology Services; Registered Nurse First Assistant; Medically Necessary Infant Formula; Colorectal Cancer Screening; Hearing Aids; and Off Label Drug Use. 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 after Termination

The coverage provided under this 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 as long as the condition continues for the duration of recovery but not to exceed 31 days from the expiration date of coverage or beyond release from the Hospital for that Inpatient Confinement or the maximum policy benefit whichever occurs first.

The total payments made in respect of the Covered Person for each condition both before and after the termination date will never exceed the maximum benefit.

Non-Duplication of Benefits

This 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 in excess of \$100 will be determined before benefits will be paid by this Policy. This 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, this Policy pays a maximum of 50% of the benefits otherwise payable.