



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)

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 90 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 confirmation.

**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 University'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.

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 the 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. Elective abortion;
13. Services or supplies which are experimental or investigative in nature: including the treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice and any such items requiring federal or other governmental agency approval not received at the time services were rendered; and
14. Services that are provided normally without charge by the University's health center, infirmary or Hospital; or by any person employed by the University.

**Claim Procedure**

In the event of Injury or Sickness the student should:

1. If at the University, in a non-emergency situation, report immediately to Student Health Services so that proper treatment can be prescribed or approved.
2. Claim forms can be obtained from Student Health Services, Student Affairs Office, or on-line from Cross Insurance at: [www.crossagency.com/husson](http://www.crossagency.com/husson).

**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:**

acupuncture; allergy and allergy vials, including allergy testing; bio-feedback type services; birth control; 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 this 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 this 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; obesity and any condition resulting therefrom (including hernia or any kind), except for the treatment of an underlying covered Sickness; premarital 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); tubal ligation; vasectomy; and weight loss or reduction.

**Exclusions**

The Policy does not cover expenses which result from:

1. 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 except as provided in the schedule of benefits.
2. Expenses for preventative medicines, vaccines or prescription drugs, 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 except as provided in the schedule of benefits.
3. Expenses incurred as the result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
4. Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;

**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.

*Submit all claims and related inquiries to:*



P.O. Box 727  
 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](http://www.crossagency.com)



**2009-2010**

**Student Injury and  
 Sickness Insurance**

**Policy #: CME701**

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

**NOTE**

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the University 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.

To the Students and their Parents:

For many years now our University has made available to its students a plan of Injury and Sickness insurance. We are pleased to announce that coverage will again be available for the current school year.

All regularly enrolled full-time day students attending classes at Husson University are eligible for this insurance. Students entering the University in January are eligible to join the plan for the remainder of the coverage period upon payment of the premium at Spring Semester registration.

We strongly encourage you to consider this program as a supplement to Student Health Services. The University requires all students to have some form of Injury and Sickness coverage.

Payment of \$660\* automatically provides coverage for a full year beginning August 1, 2009. This charge will be included as part of the University charges unless such coverage is waived by the student prior to September 9, 2009. For new second semester students, the charge is \$420\* payable by January 20, 2010. If you have insurance coverage and wish to waive the Husson University Student Injury and Sickness Insurance Plan, go to [www.crossagency.com/husson](http://www.crossagency.com/husson), and click on the "Waive Insurance" link. You will be given instructions on how to complete a waiver form that will be submitted to the University electronically. This form will request the name and policy number of your current insurance plan, so have that information available. A successful waiver will generate an electronic confirmation which should be kept for your records. You have only one opportunity to waive the insurance via the website. If you need to make any change in your election to waive the coverage prior to September 9, 2009 for the annual plan or by January 20, 2010 for new second semester students, you will need to contact the business office at the University. Those students who do not waive the insurance plan by the deadline, (September 9, 2009 for the annual plan or by January 20, 2010 for new second semester students), will be automatically enrolled in and charged for the Husson University Student Injury and Sickness Insurance Plan. Once enrolled, a student may not cancel the insurance and no refund is available. Coverage continues until the policy expires.

\*AN ADMINISTRATIVE FEE IS INCLUDED IN THESE RATES.

**PLEASE READ THE FOLLOWING PAGES CAREFULLY!**

HUSSON UNIVERSITY		
Temporary Student Medical Benefit Plan - I. D. Card		
This is to certify that as of August 1, 2009, insurance coverage is provided in accordance with all terms and provisions of Policy No. CME701F issued to the above named University for the student named below.		
Name	Student I.D. #	
Street Address		
Town	State	Zip Code
<b>The coverage expires August 1, 2010</b>		
UNDERWRITTEN BY:		ADMINISTERED BY:
<b>Monumental Life Insurance Company</b>		<b>Bollinger</b>
Cedar Rapids, Iowa		P.O. Box 727 Short Hills, NJ 07078
Claim forms and plan benefits available on website: <a href="http://www.crossagency.com/husson">www.crossagency.com/husson</a>		
Send all claims to <b>Bollinger, Inc.</b>		

## BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided up to \$15,000 for covered medical expense incurred as an inpatient or outpatient, as a result of a covered Injury or Sickness per Policy Year, until the termination date, or any extension of benefits of the Policy. For the first \$5,000 of Covered Medical expenses resulting from a Covered Injury, the plan will process these claims at 90% of the Usual & Customary Charge. Thereafter, the claims will be processed at 80% of the Usual & Customary Charge until the maximum benefit of \$15,000 is reached.

### Benefits

Hospital Room & Board up to the semi-private room rate	80% of Usual and Customary Charge
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 and temporary surgical appliances.	80% of Usual and Customary Charge
Surgical Expense (Inpatient or Outpatient)	80% of Usual and Customary Charge
Anesthetist	80% of Usual and Customary Charge
Miscellaneous Outpatient Expense* (Hospital and non-hospital) including diagnostic X-rays, laboratory tests, and services and supplies prescribed by the attending physician.	80% of Usual and Customary Charge
Physician's Fees	80% of Usual and Customary Charge
Prescription Drugs	100% up to \$1,000 per policy year (Please use your Caremark Pharmacy ID card when obtaining your prescription)
Dental Treatment for accidental injury to sound, natural teeth	80% of Usual and Customary Charge
Ambulance Expense for Emergency Transportation	80% of Usual and Customary Charge
Intercollegiate & Club Sports	80% of Usual and Customary Charge
Mental & Nervous Disorders Outpatient Inpatient	80% of U&C up to \$2,500 Same as any other Sickness
Alcohol & Drug Dependency Outpatient Inpatient	80% of U&C up to \$2,000 Same as any other Sickness
Maternity	Included in Sickness Benefit
Wellness Exam and Immunizations	100% of Usual and Customary Charges to \$250
Medical Evacuation	100% of Usual and Customary Charges to \$15,000
Repatriation	100% of Usual and Customary Charges to \$10,000
<b>*The \$50 co-payment for Emergency Room Expenses will be waived if referred by Student Health Services.</b>	

## Coverage for Mandated Benefits

The Plan will pay 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 Conditions; Obstetrics and Gynecology Services; Pap Smears; Prostate Cancer Screening; Prosthetic Devices; Registered Nurse First Assistant; Contraceptive Benefit; and Off-Label Drugs.

## Extension of Benefits

**The benefits under the Policy terminate on August 1, 2010;** 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 Reduction

**Non-duplication of Benefits provision:** 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 insured person is covered by other valid and collectible insurance, all benefits payable by such insurance in excess of \$500 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 insured 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.

**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 90 days immediately prior to his effective date of coverage under the Policy. Covered medical expenses resulting from a Pre-existing Condition will not be covered unless:

- (1) Three 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 receiving benefits and has been continuously insured since the date of Injury, or Sickness.

## 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 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 Insured Person as of the enrollment date, for similar services covered under this Policy and the prior coverage.

## Prescription Drug Claim Procedure

When obtaining a covered Prescription, please present your Caremark ID card to the pharmacy. Caremark will bill Bollinger, Inc. for the cost of the drug, plus a dispensing fee. When you need to fill a Prescription and do not have your ID card with you, you may obtain your prescription and be reimbursed by submitting a completed claim form. You will be reimbursed for covered medications directly by Bollinger, Inc. Prescription drug benefit management services are provided by Caremark Pharmacy.

## Definition

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 this Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne;