

Exclusions

The policy does not cover a loss resulting from nor provide benefits for:

1. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth.
2. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance.
3. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except as shown in the Benefit Schedule.
4. Loss resulting from the Insured Person's participation in a riot or felony.
5. 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.
6. 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.
7. 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.
8. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. Loss resulting from the Insured's being under the influence of alcohol or drugs unless taken on the advice of a Physician.
10. Treatment, services, 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.
11. Loss resulting from playing, practicing, traveling to or from, or participating in, any intercollegiate sports except basketball and soccer.
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.

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. 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.

Student Cost

\$1,100 Annual Policy	(9/1/09-9/1/10)
\$ 738 Spring Term	(1/1/10-9/1/10)

Coverage is effective on above enrollment dates or date of enrollment in the plan, whichever is later.

Dependent Coverage

Dependent coverage may be purchased through Cross Insurance. Rates are as follows:

Spouse/Domestic Partner:	
\$2,420 - Annually	(9/1/09-9/1/10)
\$1,622 - Second Semester	(1/1/10-9/1/10)
Child/Children:	
\$1,200 - Annually	(9/1/09-9/1/10)
\$ 804 - Second Semester	(1/1/10-9/1/10)

Coverage is effective on above dates or date of enrollment in the Plan, whichever is later. The Student must be enrolled in the Student Health Plan to enroll eligible dependent(s).

How to File a Claim

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

1. Claim forms may be obtained from the office of the Dean of Students or on-line from Cross Insurance at www.crossagency.com/uma
2. Coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under this plan.
3. 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.)

If you have not received a response within 3-4 weeks or if you should have any questions on pending or paid claims, you may call 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.

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

*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.)**

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>

**Representations of this plan
must be approved by the Company.**

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.

UNIVERSITY
OF MAINE
at AUGUSTA

Campuses in
Augusta and Bangor,
and Centers and Sites
throughout Maine

Student Accident
and
Illness Insurance



2009-2010

UNDERWRITTEN BY:
Commercial Travelers
Mutual Insurance Company
Utica, NY 13502

as policy form # SHME-01

Policy #: 2009J3A00

09-J3A00(Bro.)

University of Maine at Augusta

To Students and Prospective Students:

This informational pamphlet outlines the Accident and Illness Insurance coverage that is available to any student registered for at least 6.0 UMA credit hours.

Although the University has no financial interest in the insurance program, we recommend it very highly as protection against costly and unforeseen expenses that may seriously deplete financial resources earmarked for college purposes. The program provides protection for a twelve month period beginning on September 1, 2009. Coverage ends on September 1, 2010.

All students are urged to take advantage of this coverage. It is strongly recommended that the enrollment form enclosed with this brochure be completed, signed and returned with payment to the Office of the Dean of Students.

We suggest that you become familiar with the provisions of this brochure and that you retain it for future reference.

In addition to the continuing Student Accident and Illness Plan, access to major medical insurance is also available. Contact Cross Insurance for information.

Student Accident & Health Insurance Plan

Following are the essential provisions of this Plan. The Master Policy is held by the University and underwritten by Commercial Travelers Mutual Insurance Company through Cross Insurance, 217 Main Street, Lewiston, Maine 04240.

Any student registered for at least 6.0 UMA credit hours is eligible for this insurance. For students enrolling in the Fall, coverage for the annual plan is effective on September 1, 2009 or on the date of enrollment, whichever is later. Coverage expires September 1, 2010. The enrollment deadline for the annual plan is September 25, 2009. Coverage for the Spring Term is effective January 1, 2010 and expires September 1, 2010. The enrollment deadline for the Spring Term is February 12, 2010. Late enrollments will be accepted only from those who have lost insurance coverage within the last 30 days. Proof of prior insurance is required.

The insurance may not be cancelled once enrolled. There are no refunds. Maximum Benefit: \$5,000 per accident or sickness. Coverage remains in effect on or off campus.

The services must be incurred during the term of coverage. Covered expenses for daily hospital room and board will not be more than the usual and customary semi-private room charge.

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 and 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.

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.

BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$2,500 for a covered accident or a covered 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 claim will be processed on an excess basis, if other insurance or medical service plans are involved. All benefits are per Accident or Sickness unless otherwise noted.

Benefits	Accident	Sickness
Hospital Room & Board	80% of U&C	Up to Semi-Private Room Rate
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	U&C up to \$1,500
In-Hospital Physician's Fees (non surgical)	80% of U&C	Up to \$60 per visit
Out-of-Hospital Physician's Fees (non surgical)	80% of U&C	Up to \$60 per visit
Surgical Expense (Inpatient or Outpatient)	80% of U&C	80% of U&C, up to \$1,000
Anesthetist	20% of Surgery Allow.	20% of Surgery Allow.
Miscellaneous Outpatient Expense (Hospital and non-hospital) including emergency room and services & supplies prescribed by the attending physician	80% of U&C with a \$50 deductible	80% of U&C, up to \$500 with a \$50 deductible
Prescription Drugs	80% of U&C	U&C up to \$100 per Sickness
Dental Treatment for accidental injury to sound natural teeth	U&C up to \$300/tooth	N/A
Ambulance Expense for Emergency Transportation	80% of U&C	Up to \$500
Consultant or Specialist Expense	80% of U&C	Up to \$200
Outpatient Diagnostic X-ray & Laboratory Expense (non-hospital billed)	80% of U&C	Up to \$500 w/ \$25 deductible
Mental & Nervous Disorders		
Mental Health Care		
Outpatient	N/A	50% of U&C, up to \$2,000/plan yr.
Inpatient	N/A	Same as any other Sickness
Day Treatment Services	N/A	Same as any other Sickness
Alcohol & Drug Dependency		
Outpatient	N/A	Same as any other Sickness, up to \$1,500/plan yr.
Inpatient (Residential Treatment)	N/A	Same as any other Sickness
Cancer Screening Tests		
Mammogram, annually after age 40	N/A	U&C, up to \$250
PAP Smear	N/A	U&C, up to \$75
Prostate Cancer Screening	N/A	U&C, up to \$250
Maternity	N/A	Same as any other Sickness
Immunizations	N/A	U&C, up to \$200

SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$2,500 in expenses for a covered accident or covered sickness which are payable under the Basic Medical Expense Benefit section above, eligible expenses in excess of the \$2,500 are payable at 80% of U&C for Accidents and 80% of U&C for sickness for Covered Medical Expenses incurred in excess of \$2,500, up to, but not exceeding \$5,000. Expenses must be incurred during the Policy period. 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.

PLEASE RETAIN THIS ID CARD

Name of Insured

UNIVERSITY OF MAINE AT AUGUSTA
POLICY# 2009J3A00

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.