

Student Injury and Sickness Insurance Plan



**Designed especially for
the Graduate Assistants,
Fellows and Trainees**

NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio

Policy Number: 302-087-1807

Effective September 1, 2009 to September 1, 2010

Serviced by:



Cross Insurance
217 Main Street
P.O. Box 3028
Lewiston, ME 04240
www.crossagency.com
1-800-537-6444
(207) 783-8591

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PRIVACY POLICY

We are required by HIPPA and certain state laws to maintain the privacy of Our members' protected health information and to provide members with notice of Our legal duties and privacy practices with respect to Your protected health information. For more details please refer to the Consolidated Health Plans, Inc. online website at www.chpstudent.com.

ELIGIBILITY AND ENROLLMENT

Students:

Eligibility:

All U.S. half-time (20 hrs. of work a week) Graduate Assistants, Fellows, and Trainees (GAFT), earning at least The University of Maine's established minimum stipend (\$1,421) per month during the fall and spring semesters are automatically enrolled in The University of Maine Student Injury and Sickness Insurance Plan.

Students must attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

UMaine International GAFT's must notify the Graduate School if they want to purchase the Nationwide Life Insurance Company plan instead of the International Student plan.

Enrollment:

Eligible UMaine Graduate Assistants, Fellows, and Trainees, will be automatically enrolled unless proof of comparable medical insurance is provided via the On-Line Graduate Assistant Waiver Form at www.crossagency.com/umaine. Select the link to the "Graduate Assistants, Fellows & Trainees" page and then click on "Waiver Form" and follow the form's instructions. ***The deadline to waive coverage for the Annual Term is September 14, 2009. The deadline to waive coverage for the Spring Term is January 12, 2010. Once enrolled, coverage cannot be cancelled and premium is non-refundable.***

Payment Options: 50% of the insurance premium will be paid by your assistantship for The University of Maine Student Injury and Sickness Insurance Plan designed especially for Graduate Assistants through Nationwide Life Insurance Company during the period that you are appointed as a graduate assistant. You may make arrangements with the Bursar's Office to pay the insurance premium through payroll deduction. The Office of Student Financial Aid is also prepared to advise you on the availability of financial aid options including student loans to help pay the premium.

Dependents:

Eligibility: Covered students may also enroll their lawful spouse/domestic partner* and unmarried dependent children under age 25 who are not self-supporting. The Graduate Assistant must be enrolled in the plan in order for Dependents to be eligible for enrollment. Dependent eligibility expires concurrently with that of the insured Graduate Assistant. There are no Cutler Health Center services available to Dependents of Graduate Assistants. **Once enrolled, Dependent coverage cannot be cancelled and premium is non-refundable.**

*Domestic partners must also submit an "Affidavit of Domestic Partnership" at the time of enrollment. The affidavit is available at www.crossagency.com/umaine.

Enrollment: Graduate Assistants who wish to enroll their eligible dependents must complete a Dependent Insurance Enrollment Form and submit it with the appropriate premium (or make premium arrangements) to Ms. Dawn Marie Glidden in the Bursar's Office, 100 Alumni Hall, 581-1521, by the Open Enrollment Deadline. The Open Enrollment Deadline is September 14, 2009 for the Annual Term and January 12, 2010 for the Spring Term. To obtain an enrollment form, please choose one of the following options:

1. Dependent Insurance Enrollment Forms may be downloaded from the Internet at www.crossagency.com/umaine or at www.umaine.edu/cutler.
2. A Dependent Enrollment Form may also be requested from Cross Insurance by calling 800-537-6444.

*Domestic partners must also submit an "Affidavit of Domestic Partnership" at the time of enrollment. The Affidavit is available at www.crossagency.com/umaine.

Late Enrollment: Under certain circumstances, coverage for late enrollees may be possible. Contact the Graduate School for details.

PREMIUM RATES

	Annual (9/1/09-9/1/10)	Spring (1/1/10-9/1/10)	Summer (6/1/10 – 9/1/10)
Student	\$2,090	\$1,398	\$525
Dependent premiums are in addition to the student premiums			
1 Dependent	\$3,950	\$2,642	\$989
2 or more Dependents	\$8,634	\$5,775	\$2,166

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m., September 1, 2009. Coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 12:01 a.m., September 1, 2010. Coverage terminates on the date or at the end of the period through which premium is paid, whichever is earlier.

If paying premiums by semester, coverage is as follows:

Annual	09/01/2009 to 09/01/2010
Spring	01/01/2010 to 09/01/2010
Summer	06/01/2010 to 09/01/2010

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy. Except for medical withdrawal, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the period for which premium has been paid. No refund will be allowed.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is Totally Disabled 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 as long as the condition continues but not to exceed 6 months after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below.

Payment under this benefit will not exceed the policy Maximum Benefit.

For Loss Of:

Life	\$25,000
Two or More Members	\$25,000
One Member	\$12,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

CUTLER HEALTH CENTER

The University has partnered with the Eastern Maine Medical Center's (EMMC) subsidiary, Norumbega Medical Specialist LTD, to operate The University of Maine's on-campus Cutler Health Center. The collaboration will allow students access to EMMC's on-campus primary care medical services, health insurance billing capabilities, other EMMC facilities, as well as expedited specialty care referrals when indicated. All services from Cutler Health Center providers are subject to the policy copayments, co-insurance, and policy year deductible. Norumbega and Eastern Maine Medical Center are committed to delivering high quality healthcare and providing excellent service to the University's campus community.

CONTINUATION PRIVILEGES

All Insured Persons who have been continuously insured under the school's regular student policy for at least 3 consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than 12 months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

Students whose premiums are paid and have been covered under the plan but then graduate or withdraw from the University shall maintain coverage for the remainder of the plan term and may elect to continue for 1 additional plan year.

Application must be made and premium must be paid directly to Cross Insurance and be received within 14 days after expiration date of your student coverage. For further information on the Continuation privilege, please contact Cross Insurance at 800-537-6444.

COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

PHCS PREFERRED PROVIDER INFORMATION

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

If care is received within the Network from a Preferred Provider, all Covered Medical Expenses will be paid at the Preferred Provider level of benefits found on the Schedule of Benefits.

If a Preferred Provider is not available in the Network Area, or an Insured is out of the Country, benefits will be paid at the level of benefits shown on the Schedule of Benefits as a Preferred Provider.

If the Covered Medical Expense is due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network Provider is used.

PHCS is the Preferred Provider Network and provides access to Hospitals and Physicians across the United States. The Insured should always confirm that a Preferred Provider is participating prior to services being rendered. **All participating providers are available online at: www.phcs.com or at www.chpstudent.com.** You may also confirm that a Preferred Provider is participating by calling PHCS at 866-559-7427.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out of Network" providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

"Network Area" means the 50-mile radius around the local school campus the Named Insured is attending. Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance levels specified in the Schedule of Benefits.

OUT-OF-NETWORK HOSPITALS - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by PHCS providers will be paid at the coinsurance levels specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

MATERNITY TESTING

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call Consolidated Health Plans at 800-633-7867.

BENEFITS FOR BREAST CANCER TREATMENT AND RECONSTRUCTIVE SURGERY

Benefits will be paid the same as any other Sickness for breast cancer treatment and post-mastectomy reconstruction.

Coverage for the treatment of breast cancer shall be provided for a period of time determined by the attending Physician, in consultation with the patient following a mastectomy, a lumpectomy or a lymph node dissection.

Post mastectomy reconstruction includes the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the Insured elects reconstruction and in the manner chosen by the Insured and the Physician.

Benefits shall be subject to all Deductibles, co-payment, coinsurance, limitations or any other provisions of the policy.

BENEFITS FOR MENTAL ILLNESS

Benefits will be paid the same as any other Sickness for Mental Illness, Alcoholism and Drug Dependency.

Benefits for an Insured suffering from Mental Illness include the following: Inpatient care; Day treatment services; Outpatient services; Home health care services.

Mental illness shall include the following categories as defined in the Diagnostic and Statistical Manual, except for those that are designated as "V" codes by the Diagnostic and Statistical Manual:

1. Psychotic disorders, including schizophrenia;
2. Dissociative disorders;
3. Mood disorders;
4. Anxiety disorders;
5. Personality disorders;
6. Paraphilias;
7. Attention deficit and disruptive behavior disorders;
8. Pervasive development disorders;
9. Tic disorders;
10. Eating disorders, including bulimia and anorexia; and
11. Substance abuse-related disorders.

Amounts payable for specific inpatient services are limited by the Schedule of Benefits. All outpatient expenses incurred for other or ancillary services stated on the Schedule of Benefits; and incurred as a result of Alcoholism and Drug Dependency are subject to the above aggregate maximums.

Psych-Educational Testing: Covered Medical Expenses are payable on the same basis as any other Sickness for expenses incurred as a result of evaluation and assessment of students with psych-educational needs as determined by the Disability Support Services, or the Counseling Center. Covered Medical Expenses are subject to a maximum of 80% of Preferred Allowance for a Preferred Provider or 60% of Usual & Customary for a Non-Preferred Provider up to \$450 per Policy Year and the student must first meet the Deductible requirements. Prior referral by the Disability Support Services of the Counseling Center is required for benefits to be payable. Exclusions and Limitations #2 will be waived for the Disability Support Services or Counseling Center program.

STATE OF MAINE MANDATED BENEFITS

Residents of Maine are also entitled to any mandated benefits required by the State of Maine, which include coverage for 1) Breast Cancer Treatment and Reconstructive Surgery; 2) Chiropractic Services; 3) Cancer Clinical Trials; 4) Colorectal Screenings; 5) Prescription Contraceptives; 6) Diabetes Supplies; 7) Anesthesia and Facility Charges for Dental Procedures; 8) Children's Hearing Aide Benefit; 9) Home Health Care Services; 10) Hospice Care; 11) Mental Illness (including Alcoholism and Drug Dependency); 12) Medical Food (Modified Low-Protein Food Products); 13) Off label Use of

Prescriptions Drugs for Cancer, HIV/AIDS; 14) Prostate Cancer Screening; 15) Prosthetic Devices; 16) Screening Mammograms and Pap tests and 17) Domestic Partners. Please see the Master Policy on file with the College for more information or call Customer Service.

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

MEDEX Assistance Corporation provides you with a comprehensive program with 24/7 emergency medical assistance including emergency evacuation and repatriation and other travel assistance services when you are 100 or more miles away from home. Your MEDEX identification card is your key to travel security.

For general inquiries regarding your international assistance coverage, please call Consolidated Health Plans at 800-633-7867.

If you have a medical or travel problem, simply call MEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 800-527-0218 or if you are in a foreign country, call collect at: 410-453-6330.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

DEFINITIONS

COINSURANCE means the ratio by which We and the Insured share in the payment of Usual and Customary expenses for Medically Necessary treatment. The coinsurance percentage that we will pay is stated in the Schedule of Benefits of Benefits.

COVERED MEDICAL EXPENSES means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the schedule of benefits; 3) made for services and supplies not excluded under the Policy; 4) made for services and supplies which are Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

INJURY means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related

**Graduate Assistants, Fellows and Trainees of The University of Maine
Schedule of Medical Expense Benefits**

Maximum per Injury or Sickness per Policy Year	\$100,000	
Policy Year Deductible per Covered Person	\$250	
Maximum Out-of-Pocket per Covered Person per Policy Year	\$5,000 (Note: Medical expenses, which exceed the internal plan benefit maximums, are not covered and are not applicable towards satisfying the Out-of-pocket Maximum. Some examples of benefits with internal plan benefit maximum are: Outpatient Day Surgery Miscellaneous, and Prescription Drugs)	
INPATIENT SERVICES	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDERS
Room and Board/Hospital Miscellaneous , daily semi-private room rate; and general nursing care provided by the Hospital. Miscellaneous expenses such as the cost of the operating room, laboratory tests, x-ray examinations, pre-admission testing, anesthesia, drugs (excluding take home drugs) or medicines, physiotherapy, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of Preferred Allowance	60% of Usual & Customary Charges
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. The Deductible does not apply for benefits provided under this benefit.	Paid as any other Sickness/4 days Hospital Confinement Expense Maximum	Paid as any other Sickness/ 4 days Hospital Confinement Expense Maximum
Intensive Care / Hospital Miscellaneous	Paid under Room & Board/Hospital Misc.	
Surgeon's Fees , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	80% of Preferred Allowance	60% of Usual & Customary Charges
Assistant Surgeon's Fee , payable only when required by the Hospital.	80% of Preferred Allowance	60% of Usual & Customary Charges
Anesthetist , professional services administered in connection with inpatient surgery.	75% of Preferred Allowance	60% of Usual & Customary Charges
Registered Nurse's Services , private duty nursing care.	100% of Preferred Allowance	60% of Usual & Customary Charges
Physician's Visits , benefits are limited to one (1) visit per day and do not apply when related to surgery	100% of Preferred Allowance	60% of Usual & Customary Charges
Pre-Admission Testing , This benefit is payable within 3 working days prior to admission	Paid under Room & Board/Hospital Misc.	Paid under Room & Board/Hospital Misc.
Psychotherapy	Paid as any other Sickness/See Benefits for Mental Illness	
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix, Inc. No more than one (1) surgical procedure will be covered when multiple procedures are performed through same incision or in the immediate succession.	Paid under Day Surgery Misc.	Paid under Day Surgery Misc.
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of Preferred Allowance \$10,000 maximum	60% of Usual & Customary Charges \$10,000 maximum
Assistant Surgeon's Fees	No Benefits	No Benefits
Anesthetist , professional services administered in connection with outpatient surgery	75% of Preferred Allowance	60% of Usual & Customary Charges
Physician's Visits / Consultant , benefits are limited to one (1) visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of Preferred Allowance/ \$20 co-pay per visit	80% of Usual & Customary Charges/ \$20 co-pay per visit
Physiotherapy , benefits are limited to one (1) visit per day.	80% of Preferred Allowance	60% of Usual & Customary Charges
Medical Emergency Expenses , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. The co-pay will be waived if admitted.	80% of Preferred Allowance/\$50 co-pay per visit (Not subject to the deductible)	60% of Usual & Customary Charges/ \$50 co-pay per visit (Not subject to the deductible)
Diagnostic X-ray and Laboratory Services	80% of Preferred Allowance	60% of Usual & Customary Charges
Wellness / Immunization Benefit	100% of Preferred Allowance, \$100 maximum	100% of U&C Charges, \$100 maximum
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-ray and lab procedures.	80% of Preferred Allowance	60% of Usual & Customary Charges
Chemotherapy & Radiation Therapy	80% of Preferred Allowance	60% of Usual & Customary Charges
Prescription Drugs , Prescriptions are not subject to the calendar year deductible and must be purchased through a participating pharmacy. Participating Pharmacies can be found on-line at www.RESTAT.com NOTE: Use of RX card replaces need for submission of claim receipts.	Plan pays 100% of the Negotiated Rate after a \$12 co-pay per generic and a \$25 co-pay per brand name prescription up to the plan maximum of \$2,500 per policy year (including contraceptives).	
Psychotherapy , Benefits are limited to one (1) visit per day.	Paid as any other Sickness/See Benefits for Mental Illness	
OTHER		
Ambulance Services	80% of Usual & Customary Charges/ \$500 maximum	80% of Usual & Customary Charges/ \$500 maximum
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of Usual & Customary Charges/ \$500 maximum	80% of Usual & Customary Charges/ \$500 maximum
Dental Treatment , Covered expenses for Injury to Sound, Natural Teeth, including the removal of impacted wisdom teeth are payable at 100% of the actual charge up to a maximum of \$150 per tooth. Benefits include one (1) annual dental cleaning and x-ray with coverage of 100% not to exceed \$150 Per Policy Year. The annual dental cleaning and x-ray are not subject to the deductible.	Paid as any other Sickness	
Maternity and Complications of Pregnancy	80% of Preferred Allowance/ \$400 maximum	60% of Usual & Customary Charges/ \$400 maximum
Elective Abortion	Paid as any other Sickness/See benefits for Mental Illness	
Alcoholism/Drug Dependency	Paid as any other Sickness/See benefits for Mental Illness	
Intercollegiate Sports , paid as any other Injury	\$10,000 maximum (Per Policy year)	\$10,000 maximum (Per Policy Year)

CUTLER HEALTH CENTER SERVICES – STUDENTS ONLY

After the \$250 Per Policy Year Deductible has been satisfied, benefits will be paid according to the provision of the plan. Services provided by Cutler Health Center will be provided as listed below:

Well Woman Exam & Pap test	100% of Preferred Allowance/ \$20 co-payment
STD Testing	80% up to maximum benefit limit \$50
Routine HIV testing	80% of Preferred Allowance
Office Visits	100% of Preferred Allowance/ \$20 co-payment
The following treatments and/or services will be covered only when provided by Cutler Health Center: Treatment for eating disorders, Treatment for allergic rhinitis, Treatment for removal of non-malignant moles, warts and lesions, Foot treatment including toenail removal.	

conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

OUT-OF-POCKET EXPENSES include Deductibles, Co-payments and Co-Insurance of Covered Medical Expenses. Charges above the Usual and Customary (U&C) and over internal maximum benefit amounts payable per service, as specified in the schedule of benefits, are not considered Out of Pocket expenses.

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

SICKNESS means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

WE, OUR or **US** means Nationwide Life Insurance Company.

YOU, YOUR, YOURS means the Insured Student.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Allergy, including allergy testing, except allergic rhinitis when treated at Cutler Health Center only;
2. Learning disabilities, developmental delay or disorder or mental retardation;
3. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
4. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy; removal of warts, non-malignant moles and lesions;
5. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
6. Dental treatment, except as specifically provided in the Schedule of Benefits;

7. Elective Surgery or Elective Treatment;
8. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
9. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet, except for foot treatment including toenail removal performed at Cutler Health Center;
10. Immunizations, injections, preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Schedule of benefits;
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
12. Injury sustained by reason of motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
13. Injury sustained while (a) participating in any professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
14. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
15. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy. Credit will be given if the prior coverage was continuous to a date within 90 days prior to the Insured Person's effective date of coverage under this policy;
16. Prescription Drugs, services or supplies as follows:
 - a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Benefits For Diabetes;
 - b. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except as specifically provided in the Benefits for Off-Label Drug Use;

- d. Products used for cosmetic purposes;
 - e. Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f. Anorectics - drugs used for the purpose of weight control;
 - g. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h. Growth hormones; or
 - i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
 18. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
 19. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
 20. Services provided normally without charge by the Health Service of the Policyholder;
 21. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
 22. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
 23. Supplies, except as specifically provided in the policy;
 24. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
 25. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 26. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
 27. Weight management, weight reduction, nutrition programs, treatment for obesity, and surgery for removal of excess skin or fat.

CLAIMS PROCEDURE

In the event of Injury or Sickness, students should:

1. It is recommended that you report first to the Cutler Health Center for treatment. When the Cutler Health Center is closed, or the patient is out of the area, report to your Physician or Hospital.
2. Have all medical and hospital bills mailed to the Claims Administrator listed below within 30 days of Injury or first treatment of a Sickness. All bills should include the patient's name and insured student's name, address, member identification number and name of the university under which the student is insured. A Company claim form is not required for filing a claim.
3. All bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
4. All Prescriptions must be filled at a RESTAT Participating Pharmacy. Present your ID card to the pharmacist when purchasing your prescription. **If a prescription needs to be filled prior to receiving an ID card, reimbursement will be made upon receipt of a completed prescription drug claim form.** Claim forms can be found online at www.restat.com or by calling the claims administrator.

For Questions Concerning

- Plan Benefits
- Enrollment / ID Cards
- Dependent Insurance
- Common Questions and Concerns

Contact: **Cross Insurance**

P.O. Box 3028

Lewiston, ME 04243-3028

800-537-6444

www.crossagency.com/umaine

For Questions Concerning

- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification
- In-Network Providers

Contact the Claims Administrator:

Consolidated Health Plans

2077 Roosevelt Avenue

Springfield, MA 01104

800-633-7867

www.chpstudent.com

ONLINE SERVICES

Cross Insurance: Please Visit our Website at www.crossagency.com/umaine to view and print Brochures, enrollment forms, request ID Cards, and for FAQ's.

Please Visit Consolidated Health Plans Website at www.chpstudent.com to view and print Brochures, (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

Please keep this Brochure as a general summary of the insurance. 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. The Master Policy is the contract and will govern and control payment of benefits.

The Plan is underwritten by:
Nationwide Life Insurance Company

POLICY NUMBER: 302-087-1807

**This is your Temporary ID card
Detach and Retain for your Records
The Permanent ID Card Will Follow.
2009-2010 Identification Card
Consolidated Health Plans**

Insured (Name of Student)

If a premium has been paid, the Student whose name appears above has been insured under a Policy issued to:

**The University of Maine – Graduate Assistants, Fellows and
Trainees**

Policy Number: 302-087-1807

Direct all claims or inquiries to:

Consolidated Health Plans

2077 Roosevelt Avenue

Springfield, MA 01104

(800) 633-7867

The Plan is underwritten by:

Nationwide Life Insurance Company