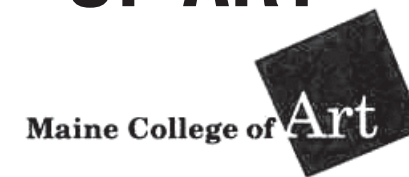


MAINE COLLEGE OF ART



2010-2011

Student Accident and Sickness Insurance Plan 1 and Plan 2

Policy #: CME707G

THIS PLAN UNDERWRITTEN BY:

Monumental Life Insurance Company
Cedar Rapids, Iowa
an AEGON company

set time limits, the grievance shall be deemed resolved in favor of the Covered Person. All of the above time periods may be waived or extended by mutual written agreement. Please submit all grievances to: Bollinger, Inc., Attn: Claims Manager, P.O. Box 727, Short Hills, NJ, 07078-0727

A Covered Person who has received a final Adverse Determination issued by us may request an external review by filing a request in writing with the Maine Bureau of Insurance within 12 months of the Covered Person's receipt of written notice of such final Adverse Determination. Complete information on filing a grievance and/or requesting an external review can be found on the www.crossagency/meca site.

CLAIMS ADMINISTRATOR:

Bollinger
Insurance Solutions

P.O. Box 727

Short Hills, New Jersey 07078-0727
1-866-267-0092 (Claims/Coverage)
1-800-526-1379 (Other Questions)

Serviced By:

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

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.

Policy Form: SH1000GPM(Rev. 2000).ME

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ed 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 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; 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; 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); vasectomy; and weight loss or reduction.

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.

Claim Procedure

In the event of Accident or Sickness the student should:

1. After the first \$200 of eligible expense, coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under this Plan.
2. Submit copies of itemized bills and your other insurance carrier's Explanation of Benefits within 90 days after first treatment to Bollinger, Inc. P.O. Box 727, Short Hills, NJ 07078-0727.

How to File an Appeal

We will accept grievances in writing, by mail or by electronic means. Within 3 working days after receiving the grievance we will send the Covered Person a written acknowledgement. Written resolution of a grievance stating the final decision will be given to the Covered Person within 20 working days of receipt of the written grievance, unless additional time is needed due to our inability to obtain all information necessary to make a final determination. The 20-day period will not begin until the Covered Person submits a signed authorization for release of medical records and treatment information. If we do not act within the

3. 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;
4. Elective Surgery or Elective Treatment;
5. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
6. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
7. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate, or club sport, contest or competition sponsored by the College, any professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
8. Expenses incurred for experimental infertility procedures and fertility tests unless caused by Sickness or Injury;
9. Treatment of temporomandibular joint dysfunction (TMJ) and associated myofacial pain;
10. 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 shown in the Benefits Schedule);
11. Committing or attempting to commit an assault or felony; or fighting, except in self defense;
12. Hospital care (admission tests, supplies or continued care), medical care, rehabilitation, or any other treatment, procedure, facility, equipment, drug, device, supply or service which we determine is not Medically Necessary. We have the right to deny payments if a Physician or Hospital does not supply medical records required to determine Medical Necessity. We also have the right to deny or reduce payment if the records supplied do not provide adequate justification for performing the service;
13. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance; and
14. Expenses incurred after the termination date except as provided under the Extension of Benefits.

Definitions

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 limit-

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.

Benefits paid by this Policy will not exceed: (1) any applicable Policy maximums; and (2) 100% of the compensable expenses incurred when combined with benefits paid by any Other Valid and Collectible Insurance.

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 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. 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 this Policy and the University's prior policies for six months; or
- (3) The insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of accident, 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 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.

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. Eyeglasses, radial keratotomy, contact lenses, or examinations except as required for repair caused by a covered Injury;

**Maine College of Art
2010-2011
Student Accident and Sickness
Insurance Plan**


Many Colleges require that all students be covered by health insurance while attending school. Working with Cross Insurance Agency, Maine College of Art is sponsoring a Student Health Insurance Program. All eligible students are automatically enrolled in Plan 1 which provides students with benefits up to \$1,000 for each covered accident. Plan 2 provides eligible students with additional accident benefits as well as sickness benefits for a total maximum benefit of \$15,000 per covered accident or covered sickness. Plans 1 and 2 are effective on September 1, 2010 and expire on September 1, 2011. The plans provide benefits for covered accidents and sickness that occur on and off campus.

All registered students taking 9 or more credit hours are automatically enrolled in and charged for Maine College of Art's Plan 2 unless proof of medical insurance is provided via the online Waiver Form at www.crossagency.com/meca. Select the "Waive Insurance" link and follow the instructions on the form. Online Waiver Forms cannot be accepted after September 18, 2010 for fall. Online Waiver Forms for spring cannot be accepted after January 29, 2011. Students who waive the insurance in the fall do not need to waive again for the spring. Students who have not waived the insurance by the deadline will be insured in both Plan 1 and Plan 2 through August 31, 2011. Waivers will not be accepted after the deadline.

The student cost of Plan 2 for the full year (9/1/10–8/31/11) is \$630 (including an administrative fee) or for the spring term (1/1/11–8/31/11) is \$420 (including an administrative fee). Once enrolled and after the waiver deadline has passed, coverage cannot be cancelled and the premium is non-refundable.

PLEASE READ THE FOLLOWING PAGES CAREFULLY!

TEMPORARY ID CARD

Name of Insured
**MAINE COLLEGE OF ART—PLAN 1
POLICY# CME707G**
Claims to:

PO Box 727, SHORT HILLS, NJ 07078-0727
Possession of this card does not guarantee eligibility.

PLAN 1—AUTOMATIC ACCIDENT ONLY (Plan 1 is mandatory and all eligible students are automatically enrolled)
Accident benefits are provided for incurred eligible medical expenses up to \$1,000, payable at 100% of U&C*, for covered medical expenses incurred as an inpatient or outpatient, as a result of a covered accident, until the termination date, or any extension of benefits of the policy, subject to all policy provisions. Routine Physical Examinations are also covered at 100% of U&C, not to exceed \$200. Plan 1 is mandatory and all eligible students are automatically enrolled. The first \$200 in covered expense incurred will be processed without regard to other insurance.

PLAN 2—WAIVER BASIC SICKNESS AND SUPPLEMENTAL ACCIDENT EXPENSE BENEFITS
Annual Rate:\$630.00 (including administrative fee)
Spring Term :\$420.00 (including administrative fee)
Incurred eligible expenses due to a covered Sickness, and incurred eligible expenses due to a covered Accident in excess of \$1,000, are payable at 80%of the usual and customary charge up to an aggregate maximum of \$15,000 for any one Sickness or Accident.

BENEFITS	FOR SICKNESS
Hospital Room & Board	80% of U&C
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
Surgical Expense (Inpatient or Outpatient)	80% of U&C
Anesthetist	80% of U&C
Assistant Surgeon	80% of U&C
Miscellaneous Outpatient Expense (Hospital and non-hospital) including services & supplies prescribed by the attending physician	80% of U&C
Diagnostic X-rays and Laboratory Tests	80% of U&C
In-Hospital Physician's Fees	80% of U&C
Out-of-Hospital Physician's Fees	80% of U&C
Chiropractic	80% of U&C
Dental Treatment	N/A
Ambulance Expense for Emergency Transportation	80% of U&C
Severe Mental & Nervous Disorders	
Mental Health Care	
Outpatient**	80% of U&C
Inpatient	80% of U&C
Alcohol & Drug Dependency	
Outpatient**	80% of U&C
Inpatient (Residential Treatment)	80% of U&C
Maternity	80% of U&C
Prescription Drug Expenses	\$20 Copay, then 100%of U&C up to \$1,000
(Please present your ID Card when obtaining a prescription.)	
Immunizations	100% of U&C up to \$200

*U&C means Usual and Customary

** Non-severe Outpatient Mental Health Care and Alcohol & Drug Dependency benefits are covered up to \$1,500 as provided by the benefits mandated by the State of Maine.

**STUDENT ASSISTANCE SERVICES
(Administered by On Call International)**

Nurse Helpline: 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

continued

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.

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: Medically Necessary Infant Formula; Colorectal Cancer Screening; Hearing Aids; 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 & Gynecology Services; Pap Smears; Prostate Cancer Screening; Prosthetic Devices, Registered Nurse First Assistant; Cardiac Rehabilitation Benefit; Telemedicine Services; Home Health Care Benefit; Prescription Contraceptive Benefit; and Off-Label Drug Use Benefit. See the Policy on file at Cross Insurance for benefit amounts if you need to file a claim under one of these benefits.

Extension of Benefits

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 but not to exceed 31 days from the expiration date of coverage or the maximum policy benefit whichever occurs first.

Limitations and Reductions

Non-Duplication of Benefits Provision

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 \$200 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.