

## Limitations and Reductions

**Non-duplication of Benefits Provision:** The Policy will not duplicate benefits for expense covered by any Other Valid and Collectible medical, health or accident insurance or prepayment plan (in excess of \$200). Benefits payable under the Policy will be excess and secondary to such other coverage.

If the Insured Person is insured under any other valid and collectible insurance or plan which is also excess to other coverage, We will pay a maximum of 50% of the benefits otherwise payable.

**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.

## Exclusions

The Policy does not cover Loss nor provide benefits for:

1. 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.
2. Medical services rendered by a provider contracted with or employed by the School.
3. Dental treatment, except as specified for accidental Injury to Sound, Natural Teeth.
4. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except as shown in the Benefit Schedule.
5. Temporomandibular Joint disorder, unless shown in the Benefit Schedule.
6. 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.
7. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.

8. 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.
9. 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.
10. Treatment, services or 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. Services that are duplicated when provided by both a certified nurse-midwife and a Physician.
12. 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.
13. Elective surgery or treatment.
14. Loss resulting from the Insured Person's participation in a riot or felony.

## Claim Procedure

In the event of Accident or Sickness the student should:

1. If at school, report immediately to the Student Health Services so that proper treatment can be prescribed or approved.
2. If away from the School, consult a doctor and follow his advice. Notify the Student Health Services or the Claims Administrator within 30 days of the covered accident or commencement of covered illness, or as soon thereafter as is reasonably possible.
3. Claim forms can be obtained from the Student Health Services, or by downloading a form from Cross Insurance website at: [www.crossagency.com/unity](http://www.crossagency.com/unity). 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 Commercial Travelers. (The address is on the claim form.)
4. Coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under this Plan.

## How to File an Appeal

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator at the address below.

*Underwritten and Claims Paid By:*

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

**Policy Form: SHME-01**

*For a copy of the Company's Privacy Notice, go to:*  
[www.commercialtravelers.com/privacy.html](http://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  
Lewiston, ME 04240  
(207) 783-8591 or 1-800-537-6444  
Website: <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.



**2011–2012**

## Student Accident and Sickness Insurance

**Policy #: 2011J3A02**

***Fully Insured and Underwritten by:***

**Commercial Travelers  
Mutual Insurance Company**  
Utica, NY

as policy form # SHME-01

11-J3A02(Bro.)

## Unity College 2011–2012 Student Accident and Sickness Insurance Plan

*This information pamphlet outlines the Accident and Sickness Insurance Coverage that is available to all Unity College Students. The need for protection against unexpected medical expenses, that may be incurred as a result of accident or sickness, is obvious. These expenses can seriously deplete the financial resources earmarked for educational purposes.*

*The program described in this brochure is designed to provide protection at a reasonable cost for covered expenses that accrue outside of the school health service.*

**All students are automatically enrolled in the Unity College Student Accident and Sickness Insurance Plan unless proof of medical insurance is provided via the on-line Waiver Form at [www.crossagency.com/unity](http://www.crossagency.com/unity). Click on the "Waive Insurance" link and follow the instructions. On-line Waiver Forms for the Annual Policy cannot be accepted after *September 6, 2011*. On-line Waiver Forms for Spring Term cannot be accepted after *January 24, 2012*. Students who do not complete the on-line Waiver Form by the deadline, will automatically be enrolled in the Student Accident and Sickness Insurance Plan.**

*Payment of \$473 (which includes an administrative fee) automatically provides coverage for a full year. Coverage begins at 12:01 a.m. on July 1, 2011 and terminates at 12:01 a.m. on July 1, 2012. **Once enrolled, a student may not cancel the insurance. Coverage continues until the Policy expires.***

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PLEASE RETAIN THIS ID CARD

\_\_\_\_\_  
Name of Insured

**UNITY COLLEGE**  
POLICY# 2011J3A02

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.  
Eligibility is subject to Verification by Plan Administrator.*

### THIS PLAN WILL PAY UP TO \$5,000 IN COVERED MEDICAL EXPENSES PER CONDITION BASIC MEDICAL EXPENSE BENEFIT SCHEDULE

The following benefits are provided for incurred eligible medical expenses up to \$1,000 per covered accident or sickness 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 first \$200 of benefits are paid on a primary basis regardless of any other insurance, the remaining benefits are paid on an excess basis.

<u>Benefits</u>	<u>For Accidents</u>	<u>For Sickness</u>
Hospital Room & Board	100% of U&C* up to Semi-private Room Rate	\$250 per day
Miscellaneous Inpatient Hospital Expense including anesthesia, use of operating room, nurse services of an LPN or RN, laboratory tests, X-ray examinations, prescription drugs and medications, casts & temporary surgical appliances	100% of U&C	U&C up to \$1,000
Surgical Expense (Inpatient or Outpatient)	100% of U&C	70% of U&C up to \$1,000
Anesthetist	33% of Surgery Allowance	33% of Surgery Allowance
Assistant Surgeon	33% of Surgery Allowance	33% of Surgery Allowance
Miscellaneous Outpatient Expense (Hospital and non-hospital) including diagnostic X-rays, laboratory tests, and services & supplies prescribed by the attending physician	100% of U&C	U&C up to \$500
In-Hospital Physician's Fees	100% of U&C	\$25/visit, up to \$100/Sickness
Out-of-Hospital Physician's Fees	100% of U&C	\$100/visit, Max 20 visits/claim
Prescribed Medicine Expense	100% of U&C	\$100 per sickness
Ambulance Expense for Emergency Transportation	100% of U&C	N/A
Dental Treatment (for accidental injury to sound natural teeth)	100% of U&C	N/A
Mental & Nervous Disorders		
Mental Health Care		
Outpatient	N/A	80% of U&C up to \$1,500
Inpatient	N/A	Same as any other Sickness
Alcohol & Drug Dependency		
Outpatient**	N/A	80% of U&C up to \$1,500
Inpatient (Residential Treatment)	N/A	Same as any other Sickness
Maternity	N/A	Same as any other Sickness
Immunizations	N/A	100% of U&C up to \$200
Annual Physical Exam	N/A	100% of U&C up to \$100

### SUPPLEMENTAL EXPENSE BENEFIT

After incurring \$1,000 in expenses for a covered accident or a covered sickness which are payable under the Basic Medical Expense Benefit section above, eligible expenses in excess of the \$1,000 are payable at 80% of the usual and customary charges up to a maximum of \$4,000 in additional benefits. This benefit is payable only after other collectible insurance has paid to their limit. Expenses must be incurred during the policy term. Outpatient Mental Health and Alcohol & Drug Dependency Disorder Benefits are not covered under the Supplemental Expense Benefit, except Severe Mental Illness as defined in the Policy.

\* U&C means Usual and Customary

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

### Definitions

**Covered Injury** means a bodily Injury that is sustained by an Insured Person while he/she is insured under the Policy or the School's prior policies; and is caused by an accident directly and independently of all other causes. Coverage under the School's policies must have remained continuously in force from the date of Injury until the date services or supplies are received for them to be considered as a Covered Medical Expense under the Policy. All Injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries are considered a single Covered Injury.

**Covered Sickness** means Sickness, disease or trauma related disorder due to Injury which causes a loss while the Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar conditions will be considered the same Sickness. Sickness includes Complications of Pregnancy.

**Covered Medical Expense** means those charges for any treatment, service or supplies that are not in excess of the Usual and Customary charges therefor; are not in excess of the charges that would have been made in the absence of this insurance; and are incurred while the Policy is in force as to the Insured Person, except with respect to any expenses payable under the Extension of Benefits Provision.

### 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 Coverage; Medically Necessary Infant Formulas; and Autism Spectrum Disorders. See the Policy on file at the College for benefit amounts if you need to file a claim under one of these benefits.

### Extension of Benefits

The benefits under the Policy terminate at 12:01 a.m. on July 1, 2012; 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.