

other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Policy definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.

23. an Insured Person committing or attempting to commit a felony, being engaged in an illegal occupation, or participation in a riot.
24. allergy testing.
25. braces and appliances, except as specifically provided in the Schedule of Benefits.
26. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
27. durable medical equipment except as specifically provided in the Schedule of Benefits.
28. custodial care service and supplies.
29. hernia, of any kind.
30. act of terrorism.

Claim Procedure

In the event of Accident or Sickness the student should:

1. If at the Academy, report immediately to the Student Health Services so that proper treatment can be prescribed or approved.
2. If away from the Academy, 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 on-line from Cross Insurance at:

www.crossagency.com/mma

Claims Paid and Plan Administered by:

**Commercial Travelers
Mutual Insurance Company**
70 Genesee St., Utica, NY 13502
(800) 756-3702

**Fully Insured and Underwritten by:
National Guardian Life Insurance Company**
Madison, WI

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.)

Appeal Procedure

If an Insured Person wishes to appeal an Adverse Determination based on a claim decision, contact the Claims Administrator either orally or in writing: Special Risk Claims, Commercial Travelers Mutual Insurance Company, 70 Genesee Street, Utica, NY 13502. Toll free: 800-756-3702.

Refund of Premium

Premiums received by Us are fully earned upon receipt. Refund of premium will be considered only: 1) For any student who does not attend school during the first thirty-one (31) days of the period for which coverage is purchased. Such a student will not be covered under the Policy and a full refund of the premium will be made. 2) For Insured Persons entering the Armed Forces of any country. Such persons will not be covered under the Policy as of the date of his/her entry into the service. A pro rata refund of premium will be made for such person upon written request received by Us within ninety (90) days of withdrawal from school. 3) For International Students, Scholars, Visiting Faculty member and/or their covered Dependents. We will refund a pro rata portion of the premium actually paid for any individual who: a. Withdraws from School during his/her first semester; and b. Returns to his/her Home Country. A written request must be sent to us within 60 days of such departure. No other refunds will be allowed.

Cost

Premium Cost*	Fall Term 8/15/17-8/15/18	Spring Term 1/1/18-8/15/18
Student Only	\$1,991	\$1,259

*Includes an administrative fee.

On Call

The following services are not part of the Plan Underwritten by National Guardian Life Insurance Company. These value added services are provided by On Call International.

ON CALL INTERNATIONAL Global Assistance Program

The Global Assistance Program (GAP) is supplemental to the Student Insurance Plan. The GAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 1-855-226-7915 (toll free) or collect at 1-603-952-2045. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The Global Assistance Program is effective when you are outside your home country, or over 100 miles from home within the United States or when you are traveling.

The following emergency services are included*:

Emergency Medical Evacuation and Repatriation If you suffer an accident, injury or sickness resulting in a serious medical condition which in the opinion of the On Call physician requires transportation to be treated adequately, On Call will arrange and pay for air and/or surface transportation, medical care during transportation, communication and all usual and customary ancillary charges incurred in moving and transporting you to the nearest hospital where appropriate medical care is available.

After being treated at a medical facility, On Call will arrange and pay for the transport of the Participant with a qualified medical attendant to the Country of Domicile or Country of Residence for further medical treatment or recovery should it be deemed medically necessary by the On Call physician.

Return of Remains In the event of death, On Call shall make the arrangements and pay for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

Return of Dependent Children If your Dependent(s) are present but left unattended as a result of your hospitalization or Medical Evacuation, On Call shall make and pay for travel arrangements to return them home, including a non-medical escort as needed. This service has a limit of \$5,000.

Visit by Family / Friend If the Participant has or will be hospitalized for more than five (5) days while traveling, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of your choice to join them. This service includes flights and up to \$200 a day for hotel for a maximum of seven (7) days, up to a combined service limit of \$5,000.

*On Call International must pay and arrange for all services included above, reimbursement for self-paid expenses will not be considered; it is not insurance but it is added as a service in your Student Health Insurance Policy.

Additional Medical and Travel Assistance

If there are third party costs associated with the following services, On Call will notify you and you will be responsible for the costs: **Pre-Trip Information; Referral** to the nearest, most appropriate medical facility, and/or provider; **Medical monitoring** by board certified emergency physicians in the United States; **Guarantee of Payment** to provider and assistance in coordinating insurance benefits; **Prescription Replacement Assistance** or Dispatch of Medicine if not available locally; **Emergency Message Forwarding** to family, friends, personal physician, school etc; **Emergency Travel Arrangements** for disrupted travel; **Legal Consultation and Referral; Interpreter Assistance and Referral; Lost Luggage Assistance; Lost/Stolen Travel Documents Assistance.**

24 Hour Nurse Helpline

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. A Registered Nurse counselor will provide a clinical assessment to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Students). Nurses shall not diagnose Member's ailments.

Contact On Call International to access any of the GAP services described above.

Toll Free from U.S. and Canada: 1-855-226-7915
Collect Worldwide: 1-603-952-2045
mail@oncallinternational.com

This is only an outline of services and terms, conditions and exclusions apply.

Fully Insured and Underwritten by:
National Guardian Life Insurance Company
2 East Gilman Street, Madison, WI 53703

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life

as policy form # NBH-280(2014) ME

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

*For Summary of Benefits & Coverage,
Brochures,
Forms & Claim Information go to:*
www.crossagency.com/mma
or www.studentplanscenter.com

For a copy of the Company's Privacy Notice, go to:

commercialtravelers.com/privacy
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
150 Mill St., Fourth Floor, Suite 4
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.

**MAINE
MARITIME
ACADEMY**
Castine, Maine

2017-2018

**Student Health
Insurance Plan**

Policy #: 2017J3A06

Underwritten by:
**National Guardian Life
Insurance Company**
Madison, WI

as policy form # NBH-280(2014) ME

17-J3A06(Bro.)

Maine Maritime Academy 2017–2018

Student Health Insurance Plan

Maine Maritime Academy encourages all students to carry the basic health insurance plan offered by the Academy. All matriculating students will be enrolled in the Student Health Insurance Plan unless a waiver is “submitted as complete” on the Academy’s Sea Campus Portal by August 15, 2017. The annual premium of \$1,991, which includes an administrative fee, will appear on your Fall term bill or \$1,259 will appear on your spring term bill if you begin attending MMA in January. If a waiver is completed on the Academy’s portal by August 15th, the charge will be reversed. For students who begin in January the charge will be reversed if a waiver is completed by the end of the add/drop period. Coverage begins at 12:01 a.m. on August 15, 2017 and terminates at 12:01 a.m. on August 15, 2018.

This information pamphlet outlines the Health Insurance Coverage that is available to all matriculating students. Covered expenses are payable to the limit of the policy.

Definitions

Covered Injury means a bodily injury that is: 1) Sustained by an Insured Person while he/she is insured under the Policy or the School’s prior policies; and 2) Caused by an accident directly and independently of all other causes. Coverage under the School’s policies must have remained continuously in force: 1) From the date of Injury; and 2) Until the date services or supplies are received, for them to be considered as a Covered Medical Expense under the Policy.

Covered Medical Expense means those charges for any treatment, service or supplies that are: 1) Not in excess of the Usual and Reasonable charges therefore; 2) Not in excess of the charges that would have been made in the absence of this insurance; and 3) 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.

Covered Sickness means Sickness, disease or trauma related disorder due to Injury which: 1) causes a loss while the Policy is in force; and 2) which results in Covered Medical Expenses.

SCHEDULE OF BENEFITS	
We will pay benefits for Covered Medical Expenses that are incurred by the Insured Person for Loss due to Covered Injury or Covered Sickness. Benefits payable are subject to any specified benefit maximum amounts, deductibles, coinsurance or copayments.	
Deductible	\$0 per Insured per Policy Year
Benefit Period	Policy Year
Medical Maximum	Unlimited
Out-of-Pocket Maximum	\$2,350
Inpatient Benefits	
Room and Board Expense	80% of Usual and Reasonable
Intensive Care	80% of Usual and Reasonable
Hospital Miscellaneous Expenses	80% of Usual and Reasonable
Preadmission Testing	80% of Usual and Reasonable
Physical Therapy	80% of Usual and Reasonable
Surgery	80% of Usual and Reasonable
Anesthetist Services	80% of Usual and Reasonable
Assistant Surgeon	80% of Usual and Reasonable
Registered Nurse’s Services	80% of Usual and Reasonable
Physician’s Visits	80% of Usual and Reasonable
Skilled Nursing Facility	80% of Usual and Reasonable
Outpatient Benefits	
Surgery	80% of Usual and Reasonable
Anesthetist Services	80% of Usual and Reasonable
Assistant Surgeon	80% of Usual and Reasonable
Outpatient Surgery Miscellaneous	80% of Usual and Reasonable
Physician’s Visits	80% of Usual and Reasonable
Rehabilitative Therapy and Habilitative Services	80% of Usual and Reasonable
Medical Emergency Expenses	80% of Usual and Reasonable
Diagnostic X-ray Services	80% of Usual and Reasonable
Laboratory Procedures (Outpatient)	80% of Usual and Reasonable
Prescription Drugs (Rx Card) (Deductible not applicable; no copayment for contraceptives)	100% of Usual and Reasonable
Outpatient Miscellaneous Expenses	80% of Usual and Reasonable
Preventive Services*	100% of Usual and Reasonable (Deductible not applicable)
Home Health Care	80% of Usual and Reasonable
Hospice	80% of Usual and Reasonable
Other Benefits	
Ambulance Service	80% of Usual and Reasonable
Maternity Benefit	80% of Usual and Reasonable
Routine Newborn Care	80% of Usual and Reasonable
Durable Medical	80% of Usual and Reasonable
Prosthesis and Orthotics	80% of Usual and Reasonable
Chiropractic Care	80% of Usual and Reasonable up to 40 visits per policy year
Pediatric Vision	100% of Usual and Reasonable for Preventive up to 1 visit per policy year, including frames
Pediatric Dental	100% of Usual and Reasonable for Preventive up to 2 exams per policy year; 50% for all other covered services
Consultant Physician	80% of Usual and Reasonable when prescribed by the attending physician
Medical Treatment Received in Home Country (International Students Only)	No Benefit
Intercollegiate or Club Sports	80% of Usual and Reasonable not to exceed \$500

*Please visit www.healthcare.gov/what-are-my-preventive-care-benefits/ for more information.

International Student means an international student: 1) with a current passport and a student Visa; 2) who is temporarily residing outside of his or her Home Country; and 3) is actively engaged, on a full time basis, as a student or in educational research activities through the Policyholder. In so far as this is concerned, permanent residents or those who have applied for Permanent Residency Status are not considered to be an International Student.

Essential Health Benefits

The plan will include coverage for Essential Health Benefits in the following general categories and the items and services covered within the categories: Ambulatory patient services; Emergency services, Hospitalization, Maternity and newborn care; Mental health and substance use disorder services, including behavioral health treatment; Prescription drugs; Rehabilitative and habilitative services and devices; Laboratory services; Preventive and wellness services and chronic disease management; and Pediatric services, including oral and vision care. Essential Health Benefits are not subject to annual or lifetime dollar limits. If additional care, treatment or services are added to the list of Essential Health Benefits by a governing authority, the policy benefits will be amended to comply with such change. Please refer to www.studentplanscenter.com for an updated copy of this brochure when additional care, treatment or services are added to your Student Health Insurance Plan.

Coverage for Mandated Benefits

Your Student Health Insurance Plan includes, but is not limited to, benefits for the following coverages as mandated by the state of Maine: Mental and Nervous Disorders and Substance Abuse Treatment; Severe Mental Illness; Anesthesia and Facility Charges for Dental Procedures; Breast Cancer Treatment; Diabetes Equipment, Supplies and Service; Diabetes Self-Management; Treatment for Inborn Error of Metabolism; Hearing Aid Expense; Prosthetic Devices Benefit; Telemedicine Services; Bariatric Surgery; Colorectal Cancer Screening; Prostate Cancer Screening; and Clinical Trials. See the Policy on file at the College for benefit amounts if you need to file a claim under one of these benefits. If any Preventive Services Benefit is subject to the

mandated benefits required by state law, they will be administered under the federal or state guideline, whichever is more favorable to the student.

Extension of Benefits

Coverage under the Policy ceases at 12:01 a.m. on August 15, 2018. However, coverage for an Insured Person will be extended as follows: if an Insured Person is Hospital confined for Covered Injury or Covered Sickness on the date his or her insurance terminates, we will continue to pay benefits for up to a minimum of 31 days from the Termination Date while such confinement continues.

Coordination of Benefits

The Policy contains a coordination of benefits provision. It will coordinate benefits with any other valid and collectible insurance a student may have, including HMO’s and PPO’s.

Exclusions and Limitations

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Policy and as shown in the Schedule of Benefits. Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

- International Students Only:** expenses incurred within the Insured Person’s Home Country or country of regular domicile, that exceeds the benefit amount shown in the Schedule of Benefits.
- medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
- dental treatment for an insured person who is over age 18, except as specifically provided in the Schedule of Benefits.
- professional services rendered by an Immediate Family Member or any who lives with the Insured Person.
- services or supplies not necessary for the medical care of the Insured Person’s Injury or Sickness.
- services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury or as

specifically provided in the Schedule of Benefits.

- weak, strained or flat feet, corns, calluses or ingrown toenails.
- treatment or removal of nonmalignant moles, warts, boils, acne, actinic or seborrheic keratosis, dermatofibrosis or nevus of any description or form, hallus valgus repair, varicosity, or sleep disorders including the testing for same.
- expenses covered under any Workers’ Compensation (unless the Insured Person is exempt from state Workers’ Compensation or has filed an exemption from the state Workers’ Compensation laws), occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
- charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
- 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.
- 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 Schedule of Benefits.
- loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate or club sports in excess of \$500 per Accident.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
- 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.
- Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the policy.

- charges incurred for care, acupuncture, physical therapy, heat treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
- expenses for weight increase or reduction, and hair growth or removal unless otherwise specifically covered under the policy.
- expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses or hearing aids, except as required for repair caused by a Covered Injury.
- racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra light aircraft, parasailing, sail planing, hang gliding, bungee jumping or other hazardous sport or hobby.
- expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from Reconstructive Surgery. For the purposes of this provision, Reconstructive Surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible. For the purposes of this provision, Plastic or Cosmetic Surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient’s appearance.
- treatment to the teeth, including surgical extractions of teeth and any treatment of Temporomandibular Joint Dysfunction (TMJ)

PLEASE RETAIN THIS ID CARD

Name of Insured

MAINE MARITIME ACADEMY
POLICY# 2017J3A06

Electronic Claim Payor ID: 88091
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.