

**2009–2010
STUDENT MEDICAL
INSURANCE PLAN**

*Designed Especially for
the Students of*

**THE COMMUNITY COLLEGE
SYSTEM OF NEW HAMPSHIRE**

**White Mountains Community College
Berlin**

**River Valley Community College
Claremont**

**Lakes Region Community College
Laconia**

**Manchester Community College
Manchester**

**Nashua Community College
Nashua**

**Great Bay Community College
Portsmouth**

**NHTI-Concord's Community College
Concord**

**THIS BROCHURE OUTLINES THE
INSURED'S COVERAGE AND
SHOULD BE RETAINED**

**LIMITED BENEFITS—
READ YOUR
CERTIFICATE
CAREFULLY**

TO STUDENTS and THEIR PARENTS:

Student welfare with respect to both mind and body is of concern to the staff of The Community College System of New Hampshire. For this reason, and realizing that students are often reluctant to seek medical assistance for fear of excessive expenses or that unexpected medical expenses may result in financial problems or worry, the health and accident plan described herein has been made available. PLEASE NOTE THE REVISED PROGRAM BENEFITS FOR THIS YEAR.

This plan was selected after a careful study by The Community College System of New Hampshire representatives of a number of available plans. The plan is written in accordance with similar plans at other educational institutions, and with CCSNH students' needs in mind.

The coverage is described in this folder, and we hope you will consider the programs carefully. The insurance covers expenses arising from both accidents and sickness, whether sustained at school or elsewhere, during the policy term. There are few exclusions in the policy, but these should be carefully noted.

Some students may not desire the full Accident and Sickness program. For their convenience there is available an optional Accident Only coverage. However, we strongly recommend that all resident students and all students not otherwise covered by health and accident insurance participate in the Accident and Sickness coverage.

Coverage is provided under basic benefits for covered injuries sustained as the result of intercollegiate sports except football. NOTE: THE MAXIMUM BENEFIT PAYABLE FOR ANY ONE INTERCOLLEGIATE SPORTS RELATED INJURY IS \$1,000.

TO BE ELIGIBLE TO APPLY FOR THIS COVERAGE, A STUDENT MUST BE FULLY MATRICULATED, CARRY AT LEAST 6 CREDIT HOURS AND SIGN THE AUTHORIZATION TO VERIFY ELIGIBILITY ON THE REVERSE SIDE OF THE APPLICATION FORM.

Please complete the enclosed enrollment card and return it as soon as possible. MAKE CHECKS PAYABLE TO: COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY.

EFFECTIVE DATE OF COVERAGE:
FIRST DAY OF SCHOOL AT EACH LOCATION

NOTE: In no event is coverage effective prior to date of premium payment at the college. Enrollment in this plan will not be accepted after March 31, 2010.

DEFINITIONS

Covered Expense or Covered Loss means only fees and prices regularly and customarily charged for medical services

and supplies generally furnished for cases of comparable nature and severity in the particular geographical area concerned. Expense is considered to be incurred on the date the service or supply is rendered or obtained.

Injury means a bodily injury resulting directly and independently of all other causes in loss covered by the Policy, and caused by an accident sustained while the Policy is in force as to the Insured Person whose injury is the basis of claim. Any injury for which the Insured Person has received no medical care or treatment for three consecutive months ending while the Policy is in force as to the Insured Person will be covered as any other injury.

Physician means any physician or surgeon other than a member of the Insured Person's immediate family, licensed by the state in which she/he practices, but only insofar as she/he is practicing within the scope of his/her license. Physician includes: a doctor of medicine; a doctor of osteopathy; a dentist; a podiatrist; a chiropractor; an optometrist; psychologist; psychiatrist or a licensed pastoral counselor. Services of a licensed registered graduate private duty nurse and of a psychiatric/mental health advanced registered nurse practitioner will be compensated as any other health care provider. Physician will also include the services of a nurse practitioner or physician assistant.

Preexisting Injury, Sickness or Condition means a sickness, disease or bodily injury which required medical care or treatment during the three months immediately preceding the Insured Person's effective date of coverage under the Policy, unless the medical expense for treatment of such condition is incurred after the first of the following to occur: (1) a period of three consecutive months ending while the Insured Person's coverage under the Policy is in force and during which the Insured Person incurred no medical care or treatment expenses in connection with the sickness, disease or bodily injury; or (2) a period of twelve (12) consecutive months during which the Insured Person was continuously insured under the Policy; or (3) in the case of a student, a period of six (6) consecutive months during which the student was continuously insured under the Policy and was enrolled and attending school on a full-time basis.

Sickness means sickness or disease which first becomes manifest and which first causes loss commencing while the Policy is in force as to the Insured Person whose sickness is a basis of claim. Any sickness for which the Insured Person has received no medical treatment for three (3) consecutive months ending while the Policy is in force as to the Insured Person will be covered as any other sickness.

MANDATED BENEFITS

The following benefits are mandated in the State of New Hampshire. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Reconstructive Breast Surgery Expense; Mammography; Non-prescription Enteral Formulas Expense; Medical or Hospital Dental Procedures for certain individuals; Bone Marrow Transplants for Breast Cancer Treatment; Scalp Hair Prosthesis; Diabetes Treatment; Outpatient Contraceptives and Contraceptive Services; Off-label Prescription Drug Coverage; Mental Illness and Emotional Disorders including Chemical Dependency and Alcoholism; Clinical Trials Cost Benefit; Human Leukocyte Antigen Testing; Artificial Limb Expense Benefit; Obesity Coverage; and Early Intervention. See the Policy on file with the school for further details on these benefits.

Benefits provided under Section I, Basic Student Accident & Sickness Medical Insurance, are underwritten by: Commercial Travelers Mutual Insurance Company as policy form SH-H8A12-94.

BASIC STUDENTS' ACCIDENT AND SICKNESS MEDICAL INSURANCE

Following are the essential provisions of the insurance which will be incorporated into a Master Policy issued to the Colleges/Institute. The policy is issued by the Commercial Travelers Mutual Insurance Company, Utica, New York. The local representative is the Richard J. Horan Agency, Box 460, Laconia, N.H. 03247.

When hospital or medical care is required as a result of injury causing loss directly and independently of all other causes and occurring while the policy is in force, or sickness manifesting itself and causing loss commencing while the policy is in force, the eligible expense actually incurred will be paid by the company, subject to the following provisions.

BASIC BENEFITS

THE TOTAL LIABILITY FOR ANY ONE ACCIDENT OR ANY ONE PERIOD OF SICKNESS NOT TO EXCEED \$5,000 (NOT TO EXCEED \$1,000 FOR SPORTS INJURIES).

Payment will be made for actual eligible medical expenses incurred within 52 weeks from the date of the accident or date of first treatment for any one sickness as allocated below:

Hospitalization

A. Room and Board—Up to 80% of U&C up to a maximum of \$250/day, beginning with the first day of confinement.

B. Miscellaneous Inpatient Expenses—Up to 100% of U&C to a maximum of \$2,000.

Surgical Treatment—Up to 80% of U&C to a maximum of \$750.

Nurse—(Private Registered Graduate)—Up to 80% of U&C.

Physicians—non-surgical cases—Up to \$60 per office, house or hospital visit (limit: one visit per day) beginning with the first visit.

Consultant—Up to 100% of U&C to a maximum of \$120 for diagnosis or treatment of any one sickness when recommended by the attending physician.

Miscellaneous Non-Confined Services—Up to 80% of U&C to a maximum of \$750 for x-ray examinations, laboratory tests, anesthesia, use of operating room and temporary surgical appliances when not confined to a hospital. Up to \$750 for treatment, including preventive medication, due to occupational exposure to bloodborne pathogens while performing duties as a student in a clinical setting.

Prescription Drugs—80% of U&C to a maximum of \$150.

Ambulance—Up to 80% of U&C for transportation to or from hospital.

Mental Illness Benefit—Mental Health benefits are payable in accordance with New Hampshire Statutes that are contained in detail in the Master Policy and is in the office of the VP of Student Affairs that is available for inspection at the students' convenience.

EXCLUSIONS

The policy does not cover loss caused by or resulting from, and no payments shall be made on account of any charge incurred for treatment of the following:

1. Air travel, except as a passenger on a regularly scheduled flight of an air transport company.
2. The expense of eyeglasses, or eye examinations or prescriptions therefor; nor for elective treatment, preventive medicines, serums or vaccines.
3. War or any act of war, or injury or sickness suffered by the insured person while in the military, naval or air service of any country; and any premium paid to the Company for any period not covered by the policy while the insured student is in such service will be returned pro rata.
4. Voluntary abortion.
5. Expense for services normally provided without charge by the College's Health Service, infirmary or hospital; or services covered by the student medical fee.

6. Injury arising out of or in the course of any employment for compensation, profit or gain.
7. Dental surgery, service or repair except that made necessary by injury to sound, natural teeth.
8. Injury sustained while participating in the practice or play of intercollegiate football.
9. Riot, civil strife or civil commotion if a participant.
10. Intoxication or use of any drug not prescribed by a physician.

PREEXISTING CONDITION LIMITATION

No benefits are payable for a pre-existing condition under the Policy until the earlier of: (1) a period of three (3) consecutive months, ending while the Insured Person's health coverage is in force and during which the Insured Person incurred no medical care treatment expense in connection with the Preexisting condition; or (2) a period of nine (9) months following the effective date of the Insured Person's coverage under the Policy if he or she has received medical care or treatment in connection with the Preexisting Condition.

However, this limitation will not apply if, during the period immediately preceding the effective date of coverage under this plan, the Insured Person was covered under a prior creditable coverage for six consecutive months. Prior creditable coverage 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 Person becomes eligible and applies for coverage under the Policy within 63 days of the termination of his or her prior coverage.

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 the Plan Administrator at the address when you need such certification.

COORDINATION OF BENEFITS

The coordination of benefits (COB) provision applies to this plan when You or Your covered Dependent have health care coverage under more than one plan. If the COB provision applies, the order of benefit determination rules of this provisions will be used to determine whether the benefits of this plan are determined before or after those of another plan.

The benefits of this plan: (1) will not be reduced when, under the order of benefit determination rules, this plan determines its benefits before another plan; but (2) may be reduced when, under the order of benefit determination rules, another plan determines its benefits first. If the COB provision applies, but the other plan assumes an always secondary position or

refuses to follow the order of benefit determination rules, the benefits of this plan will not be reduced.

CLAIM PROCEDURE

In the event of injury or sickness, the student should:

- a. If at the College/Institute go to the Business Office or Health Services for the proper forms. The student may also download a claim form from: www.nhti.edu/campuslife/healthservices.htm
- b. During vacations, notify Commercial Travelers Mutual Insurance Company, 70 Genesee St., Utica, NY 13502. Call 1-800-756-3702

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 listed on page 11.

CLAIMS PROVISIONS

Notice of Claim: We must receive written notice of claim at Our Home Office or at the office of Our authorized agent. It must be given within 30 days of the date the claim begins or as soon thereafter as reasonably possible. The Insured Person's notice should include his or her name and the Policy number.

Claim Forms: We will provide the Insured Person with claim forms within 15 days after We receive his or her notice of claim. If We do not provide these forms within this time, a claim may be filed without using them. The claim must contain written proof of Loss. It must cover the occurrence, type and extent of Loss. It must be provided within the time allowed in the following provision.

MEDICAL INSURANCE PLAN Student Identification Card	
Name _____	
School _____	
Policy No. 2009H8A12	
<i>Underwritten & Claims Administered by:</i>	
Commercial Travelers Mutual Insurance Company 70 Genesee St. • Utica, NY 13502 • 1-800-756-3702	
<i>Possession of this card does not guarantee eligibility. The student must be enrolled in the plan.</i>	

Underwritten and Claims Administered by:

Commercial Travelers

Mutual Insurance Company

70 Genesee Street • Utica, NY 13502

as Policy Form SH-H8A12-94

For claim inquiries call: 1-800-756-3702

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

www.commercialtravelers.com/privacy.html

***or Request one from the Health or
Business office at your school***

or Request one from:

Commercial Travelers Mutual Insurance Company

c/o Privacy Officer

70 Genesee Street • Utica, NY 13502

Utica, NY 13502

***(Please indicate the school you attend
with your written request.)***

Local Representative

RICHARD J. HORAN AGENCY

P.O. Box 460 • Laconia, NH 03247

(603) 524-5912 • (800) 327-7567

***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. 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, and subject to any necessary approvals.

Check the Plan You Prefer and Location of the College

THE COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE
<hr/> Name of School Attended: <hr/>
Student Medical Insurance
Enclosed is my check for:
<input type="checkbox"/> STUDENT ACCIDENT ONLY COVERAGE \$196—Twelve Months
<input type="checkbox"/> STUDENT ACCIDENT AND SICKNESS COVERAGE \$640—Twelve Months
<input type="checkbox"/> STUDENT AND FAMILY ACCIDENT ONLY COVERAGE \$786—Twelve Months
<input type="checkbox"/> STUDENT AND FAMILY ACCIDENT & SICKNESS COVERAGE \$4,608—Twelve Months
<input type="checkbox"/> I do not wish to enroll in this program of insurance.
Mail To: The Richard Horan Agency P.O. Box 460 • Laconia, N.H. 03247

THE COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE

To be eligible to apply for this coverage, a student must be fully matriculated and carry at least 6 (six) credit hours. The student must also sign and date the authorization to verify eligibility statement on the reverse of this enrollment form. Enrollment in this plan is not accepted after March 31, 2010.

Student's Name _____
(Last) (First) (Initial)

Social Security Number _____

Home Address _____
(Street)

(City) (State) (Zip)

Check Payable to: Commercial Travelers Mutual Insurance Amount Enclosed _____

Credit Card: Visa MasterCard

Account No. _____ Expiration Date _____

Cardholder's Signature _____

EF-H8A12

<p>NOTE: Students who have purchased the Student Medical Insurance Plan are eligible to purchase an additional Catastrophic Major Medical Plan which would provide total coverage up to \$500,000.</p> <p>Should you be interested in this program, please call the Richard J. Horan Agency at 1-800-327-7567 for further details.</p>

**I HEREBY AUTHORIZE
THE COMMUNITY COLLEGE SYSTEM
OF NEW HAMPSHIRE TO VERIFY THAT I AM
A FULLY MATRICULATED STUDENT AND AM
CARRYING AT LEAST 6 (SIX) CREDIT HOURS,
AND AM THEREFORE ELIGIBLE TO PURCHASE
THE STUDENT MEDICAL INSURANCE PLAN.**

STUDENT SIGNATURE DATE