

Student Accident Insurance Program

Marietta College is pleased to provide a student accident insurance plan for the 2019-2020 year.

All full-time students are covered for Accident Medical Expense Benefits and Accidental Death Benefits as described in this brochure.

The plan provides coverage whether or not college is in session, 24 hours a day, seven days a week. Coverage begins August 1, 2019 and terminates August 1, 2020. *No sickness benefits are available.

Definitions

The terms listed below have the following meanings stated.

Appropriate Treatment means care, services or supplies, provided by or at the direction of a Physician that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury and are provided during the course of treatment of an injury sustained in a Covered Accident. Appropriate Treatment must be provided no less frequently than monthly unless the Covered Person's Physician specifies in writing to Us that such treatment of injuries sustained in a Covered Accident can be provided at less frequent intervals.

Benefit Percentage means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the *Schedule of Benefits*.

Company or We, Us, Our, means QBE Insurance Corporation domiciled in Pennsylvania.

Covered Accident means a sudden, unforeseeable event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions: 1) occurs while the Covered Person is insured under this Policy; 2) is not contributed to by disease, sickness, or mental or bodily infirmity; and 3) is not otherwise excluded under the terms of this Policy.

Covered Expense means the lesser of the Usual and Customary Charge and the maximum benefit shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Accidental Medical Expense Benefits* section of the policy. Covered Expenses must be Incurred by a Covered Person for appropriate treatment for injuries sustained in a Covered Accident.

Covered Person means an Eligible Person, as defined in the Schedule of Benefits, whom for required premium has been paid when due and for whom coverage under this Policy remains in force.

Deductible: means the amount of Covered Expenses that each Covered Person must incur before benefits are paid under this Policy. The Covered Person may use Covered Expenses paid under another Health Care Plan to satisfy the Deductible under this Policy only if so indicated in the Schedule of Benefits

Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not: 1) Employed or retained by the Policyholder; or 2) A parent, sibling, spouse or child of the Covered Person.

Usual and Customary Charge means the normal charge, in absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area; 1) for a life service by a provider with similar training or experience; or 2) for a supply that is identical or substantially equivalent.

Accident Medical Expense Benefits

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the plan maximum. Eligible medical expenses must be incurred within two years of the date of the accident; with the first eligible expense incurred within 180 days of the accident.

Schedule of Benefits:

Maximum Benefit: \$5,000 per Injury

Benefit Period: 2 years

Deductible: \$500

Covered Expenses are subject to **Reasonable and Customary Charges**.

Some Covered Expenses Include: 1) Inpatient Hospital Services; 2) Ambulatory Medical Center, 3) Emergency Room Treatment, 4) Physician Services, 5) Outpatient X-ray, CT Scan, MRI and Laboratory Tests, 6) Outpatient Physiotherapy, 7) Outpatient Nursing Services, 8) Ambulance Services, 9) Medical Equipment Rental, 10) Medical Services and Supplies, 11) Dental Services, 12) Prescription Drugs, 13) Home Health Care

Accidental Death and Dismemberment Benefits Covered Loss

We will pay the benefit for Covered Losses if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period.

AD&D Principal Sum: \$10,000

(Covered Loss must occur within 365 days of the Covered Accident)

Schedule of Covered Losses

Covered Loss Benefit

Loss of Life:..... 100% of the Principal Sum

Loss of Two or More

Hands or Feet: 100% of the Principal Sum

Loss of Sight of Both Eyes:.....100% of the Principal Sum

Loss of One Hand or Foot and

Sight in One Eye100% of the Principal Sum

Loss of Speech and Hearing: ...100% of the Principal Sum

Loss of One Hand or Foot:50% of the Principal Sum

Loss of Sight in One Eye50% of the Principal Sum

Limitations of Coverage

The Policy does not cover loss contributed to or resulting from:

1. Suicide, attempted suicide or intentionally self-inflicted Injury;
2. Participation in a felony;
3. Participation in a riot or insurrection;
4. War or act of war, whether declared or undeclared;
5. Air travel except,
 - as a fare-paying passenger on a commercial airline on a regularly scheduled route;
 - as a fare-paying passenger on a charter flight operated by a scheduled airline; or
 - as a passenger for transportation only and not as a pilot or crew member;
6. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder, or a parent, sibling, spouse or child of the Covered Person.

Accident Medical Benefit limitations and excluded expenses:

- Cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury;
- Any elective or routine treatment, surgery, health treatment, or examination;
- blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood;
- Examination or prescription for eyeglasses, contact lenses or hearing aids;
- Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- rest cures or custodial care;
- Repair or replacement of existing dentures, partial dentures, braces or bridgework;
- Personal services such as television and telephone or transportation;
- Expenses payable by any automobile insurance policy without regard to fault;
- Services or treatment provided by an infirmary operated by the policyholder;
- Treatment or service provided by a private duty nurse;
- Treatment of hernia of any kind;
- Treatment of injury resulting from a condition that a covered person knew existed on the date of the accident, unless he received a written medical release from his physician.

Claim Procedure

Always keep a copy of all documents submitted for claims. An accident claim form should be filed with BMI Benefits within 90 days from the date of accident. Proof of loss and itemized bills must be submitted to BMI Benefits within 90 days from the Date of Service. Failure to do so may result in denial of benefits.

Contact student health services for a claim form. Claims must be filed either via e-mail, fax or mail. Contact BMI Benefits at 1-800-445-3126 with any questions. In the event of an accident, the Covered Person should:

1. If at college, report immediately to the Student Health Services so that proper treatment can be prescribed or approved.
2. If away from College, consult a Doctor and follow the Doctor's advice. Notify Student Health Services within thirty (30) days after the

date of the Covered Accident or as soon thereafter as it is reasonably possible.

3. Staple all your itemized medical and hospital bills to the claim form and mail to:

BMI Benefits
P.O. Box 511
Matawan, NJ 07747
Toll free :(1-800) 445-3126
Fax: (732) 583-9610

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.

Claims Administered by:
BMI Benefits
PO Box 511
Matawan, NJ 07747

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on policy form, BAM-03-1000.33. Any policy QBE offers to issue will be subject to the laws of the jurisdiction in which it is issued.

Keep this brochure as a record of your accident insurance coverage.

Student Accident Insurance Program

Designed especially for



Marietta College

215 5th Street, Marietta, OH 45750

2019-2020

Policy Numbers: KHH500186

 **Gallagher** | Student Health & Special Risk