

Student Accident Insurance Program

Lincoln Technical Institute is pleased to provide Accident Medical coverage for 2024.

All Full-time and Part-time students of the schools are covered for Accident Medical Expense Benefits and Accidental Death Benefits as described in this brochure.

This coverage is excess to all other valid and collectable insurance plans.

Definitions

The terms listed below have the following meanings stated. **Covered Accident** means an unexpected and unintended event, independent of sickness and all other causes, which causes Injury to an Insured; and, occurs within the Scope of Coverage.

Benefit Period means the period of time, as stated in the Schedule, from the date of Injury within which benefits will be paid.

Medically Necessary means cares that is ordered, prescribed, or rendered by a Physician or Hospital, and is determined to be consistent with the diagnosis and treatment of the loss; appropriate with the standards of good medical practice, not solely for the convenience of the Insured; the most appropriate supply or level of service which can be safely provided; and, not considered experimental or investigative.

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.

Exclusions

1. intentionally self-inflicted injury, suicide while sane;
2. voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured's Physician;
3. treatment for alcoholism or drug addiction;
4. Injury caused by, attributable to, or resulting from the Insured's Intoxication;
5. Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
6. operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
7. operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred;
8. commitment of or an attempt to commit a felony, or engagement in an illegal activity;
9. participation in a riot or insurrection;
10. any Injury that results from fighting, brawling, assault or battery;
11. an act of declared or undeclared war;
12. active duty service in any Armed Forces;
13. operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the Insured Risk section of this Memorandum of Coverage;
14. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
15. parachuting, except for self-preservation;
16. snow skiing, scuba diving, bob-sledding, bungee jumping, ballooning, flight in an ultralight aircraft, sky diving, hang-gliding, glider flying, sailplaning, or parasailing;
17. participation in professional racing;
18. injuries associated with activities or travel outside the United States;
19. sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
20. orthodontic braces or appliances;
21. any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law;
22. treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay;
23. charges which the Insured would not have to pay if the Insured did not have insurance;
24. a charge which is in excess of the Reasonable Allowable Expense;
25. cosmetic surgery, except reconstructive surgery due to a covered Injury;

26. participation in semi-professional and professional sports, play or practice, or any related travel;
27. participation in practice or play of intercollegiate sports, unless specified in this policy;
28. organ transplants;
29. elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved;
30. preventive medicines or, serums or, vaccines;
31. voluntary termination of pregnancy;
32. contraceptive methods, devices or aids; elective sterilization or its reversal; artificial insemination; or in-vitro fertilization;
33. routine medical care; and normal health checkups;
34. rest cures or Custodial Care;
35. mental and nervous disorders;
36. Pre-existing Conditions;
37. human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC);
38. infectious disease;
39. any Heart or Circulatory Malfunction;
40. loss caused by or resulting from nuclear radiation or the release of nuclear energy;
41. services or treatment rendered by a Physician, Nurse or any other person who is:
 - employed or retained by the Sponsoring Organization; or
 - the Insured or an Immediate Family Member;
42. services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan;
43. services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited;

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by Mutual of Omaha. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on the Policyholder's master policy.

Lincoln Educational Services

Student Accident Policy I.D. Card

As of January 1, 2024, accident/injury insurance coverage is provided in accordance with all terms and provisions of **Policy No. SR2014-P-053987** issued to the college for the student named below. This card does not guarantee coverage.

Name

Student ID #

Street Address

City

State

Zip Code

Submit all Claims / EOBs to Mutual of Omaha, PO Box 31156, Omaha, NE 68131 (Phone: 800-524-2324)

Schedule of Benefits:

Maximum Benefit: \$15,000 per Injury

Benefit Period: 52 weeks

Deductible: \$0

Eligible Expenses covered up to 100% of **Usual 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

If an Insured (student) suffers a loss listed below from an Accident within the Loss Period stated in the Schedule, We will pay the benefit opposite the Loss. If the Insured (student) sustains more than one loss as the result of One Accident, We will pay only the largest benefit to which the Insured (student) is entitled. The Principle Sum is showed in the schedule below.

AD&D Principal Sum: \$20,000

(Must occur within 365 days of the Covered Accident)

Schedule of Covered Losses

Loss	Benefit Amount
Loss of Life	100% Principal Sum
Loss of Both Hands	100% Principal Sum
Loss of Both Feet	100% Principal Sum
Loss of Entire Sight of Both Eyes	100% Principal Sum
Loss of One Hand and One Foot	100% Principal Sum
Loss of One Hand and Entire Sight of One Eye	100% Principal Sum
Loss of One Foot and Entire Sight of One Eye	100% Principal Sum
Loss of Speech and Hearing	50% Principal Sum
Loss of Entire Sight of On Eye	50% Principal Sum
Loss of Speech or Hearing	50% Principal Sum
Loss of One Hand or One Foot	50% Principal Sum
Loss of Thumb and Index Finger	25% Principal Sum

Claim Procedures

If you become injured you should file an Injury Claim Form with Mutual of Omaha as soon as possible. Claim forms not filed within 90 days from the date of accident may result in denial of benefits.

In addition, every claim must be authorized by Lincoln Tech before medical claims are eligible. Students can find a copy of the Injury Claim Form to be completed on the Gallagher Student website.

Please be advised that this policy does not replace your primary insurance, and that all medical claims must be submitted to your primary health insurance first. This coverage excess to any other valid & collectable insurance plan. It is each student's responsibility to give their primary health insurance information at the time of receiving treatment, as well as the Student Accident Insurance information. The Student Accident policy will cover the remaining balance of expenses not covered by the primary insurance (co-pays, deductibles, coinsurance, etc.) for up to \$15,000 per injury.

Before Mutual of Omaha can consider payment on a claim they will need the itemized medical bill from the provider and a copy of the primary insurance's Explanation of Benefits (EOB).

Students can submit this documentation to Mutual of Omaha directly, or they can request the medical providers they seek treatment from to bill Mutual of Omaha directly.

Claims Company: **Mutual of Omaha**
Attn: Special Risk Services

Mailing Address: **PO Box 31156**
Omaha, NE 68137

Phone Number: **(800) 524-2324**

Fax Number: **(402) 351-4732**

Policy Number: **SR2014MO-P-053987**

Group Name: **Lincoln Tech**

This brochure provides general information for Lincoln Tech's Accident Insurance.

Student Accident Insurance Program



Coverage is designed for all Full-time and Part-time Students

Policy Number: SR2014MO-P-053987

This program is Underwritten by:
Mutual of Omaha
PO Box 31156
Omaha, NE 68131

This program's Insurance Broker is:

