

## EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from:

1. Suicide, or attempted suicide, self-destruction or attempted self-destruction while sane or insane.
2. Intentional self-inflicted Injury.
3. War or any act of war or invasion, declared or undeclared.
4. Sickness, disease, bodily or mental infirmity; or any bacterial or viral infection except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. Intoxication or being under the influence of any drug or narcotic.
7. Voluntarily taking any drug or narcotic unless prescribed by a physician
8. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
9. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
10. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
11. Travel or activity outside of the United States
12. Travel in or on any off road and on road motorized vehicle not requiring licensing
13. Treatment by persons who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
14. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment
15. Injury paid by Worker's Compensation, similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder
16. Expense incurred for treatment of temporomandibular; or craniomandibular joint dysfunctionl and associated myofacial pain.
17. Covered medical expenses for which the Covered Person would not be responsible for in the absence of this Policy.

18. Any elective treatment; surgery; health treatment; or examination
19. Blood , blood plasma, or blood storage
20. Cosmetic surgery, except for reconstructive surgery needed as result of injury.

## CLAIMS PROCEDURES

Always keep a copy of all documents submitted for claims. Written Proof of loss and itemized bill(s) must be furnished with your claim within 90 days after the date of the loss. Failure to do so may result in denial of benefits.

Claims must be filed either via e-mail, fax, or mail. Contact the Health Center for a claim form. Direct questions to BMI Benefits at (800) 445-3126. 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: (800) 445-3126  
Fax: (732) 583-9610

Insurance coverage is underwritten by Arch Insurance Company (a Missouri corporation, NAIC #11150). Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the policy. In the event of any conflict between this description of coverage and the policy, the policy will govern. Not all insurance coverage's or products are available in all jurisdictions. Coverage is subject to actual policy language.



# Student Accident Plan

**2017-2018**

Designed for the students of  
**Cairn University**

Policy #: 11 SPD 0923600

Underwritten by Arch Insurance Company  
(A Missouri corporation, NAIC #11150). Executive  
Offices: One Liberty Plaza, New York, NY 10006

## STUDENT ACCIDENT INSURANCE PLAN

*Cairn University continues to require all full-time undergraduate students to have health insurance, either their personal health insurance or the coverage provided through the University's Student Health Insurance Program. In order to provide our students with supplemental coverage, Cairn University is pleased to provide a student accident insurance plan for the 2017-2018 school year. The plan provides accident coverage for students, whether or not college is in session, 24 hours a day, seven days a week. This provides secondary insurance coverage to the student if an event occurs as described in the booklet provided. The effective dates of coverage for all enrolled students is August 1, 2017 to August 1, 2018.*

### DEFINITIONS

The male pronoun includes the female whenever used. For the purposes of this Policy, the capitalized terms used herein are defined as follows:

**Accident** means a sudden, unexpected event that result in Injury to the Covered Person.

**Benefit Period** means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

**Covered Accident** means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss for which benefits are payable.

**Covered Loss and Covered Losses** means an accidental death, dismemberment or other Injury covered under this Policy and indicated on the Schedule of Covered Losses.

**Covered Person** means an eligible person who is within the covered class(es) listed in the Policy, for whom the required premium is paid when due.

**Deductible** means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense for each Accident, before Accident Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under this Policy.

**Injury** means bodily Injury caused by the direct result of an Accident occurring while the Policy is in force as to the person

whose Injury is the basis of the claim which results, directly and independent of disease or bodily infirmity in a Covered Loss.

**Medically Necessary** means a treatment, service or supply that is:

1. required to treat an Injury;
2. prescribed or ordered by a Physician or furnished by a Hospital;
3. performed in the least costly setting required by the condition;
4. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at our discretion, consider the cost of the alternative to be the Covered Expense.

**Usual and Customary Charges** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

### DESCRIPTION OF BENEFITS

#### Hazards Insured Against

##### **Class 1: 24 Hour Coverage**

All activities which happen while the Policy is in force. Accident Medical and Dental Expense Benefit 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 from the date of the accident; with the first eligible expense incurred 180 days of the accident. Covered Expenses are subject to Reasonable and Customary Charges.

#### Schedule of Benefits

##### **Benefit Maximum for all Accidents**

Medical:	\$5,000
Deductible:	0
Loss Period:	180 days (after the Covered Accident)
Benefit Period:	2 Years
Benefit Percentage:	100% of Usual & Customary Charges

Terms of Payment:	Full Excess
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Dental Benefit:	100% of Accident Medical Benefit
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##### **Accidental Death and Dismemberment Benefits**

Class 1 Principal Sum:	\$10,000
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Time Period for Loss:	365 days
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##### **Aggregate Limit of Liability**

Benefit Maximum	\$500,000
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Applies to Accidental Death & Dismemberment Benefits only

### Schedule of Covered Losses

#### Loss of Benefit

Life.....	100%
Two or More Members.....	100%
One Member.....	50%
Thumb and Index Finger of the Same Hand.....	25%
Four fingers of the Same Hand.....	25%
(Percentage of Principal Sum)	

#### **Accident Medical Expense Benefits**

Some Covered Medical Expenses, from a Covered Accident, include:

1. Hospital room and board expenses
2. Daily Intensive Care Unit/Cardiac Care Unit Expenses
3. Ancillary Hospital expenses; services and supplies including operating room; laboratory tests; anesthesia and medicines (excluding take home drugs) when Hospital confined.
4. Physician office visit; non-surgical treatment or examination expenses
5. Physician surgical expenses.
6. Emergency Room and Supplies expense incurred 72 hours of Covered Accident and including the attending Physicians charges; x-rays, laboratory procedures; use of the emergency room and supplies.
7. Ambulance expenses for transportation from the emergency site to the hospital
8. Outpatient surgery visit.
9. Outpatient surgical room and supply expenses for use in surgical facility. Second surgical opinion expenses.
10. Outpatient diagnostic x-rays; laboratory procedures, and laboratory test expenses. Does not include dental x-rays. Diagnostic imaging expenses, including magnetic resonance imaging (MRI) and CAT scans
11. Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day
12. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis
13. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole sound and a natural tooth at the time of the Covered Accident
14. Prescription drug expenses prescribed by a Physician and administered on an outpatient basis
15. Medical equipment rental expenses for wheelchair or other medical equipment with therapeutic value. Not including motor vehicle ramps, eyeglasses or hearing aids.
16. Medical services and supplies for blood and blood transfusion; oxygen and its administration.