

**NORTH COUNTRY COMMUNITY COLLEGE – 2017-2018**

**SUMMARY OF COVERAGE FOR SUPPLEMENTAL ACCIDENT COVERAGE  
A Non-Renewable Term Policy  
Policy Number: US439806**

**ELIGIBILITY**

All registered full-time students that are physically and actively attending classes are eligible for this coverage. Dependent coverage is not available.

**ENROLLMENT**

All registered full-time students are automatically enrolled for accident-only coverage purchased by the College. The premium of \$23 per student is charged to the student's account.

**EFFECTIVE AND TERMINATION DATES**

Coverage becomes effective on the Policy Effective Date 08-01-2017. All coverage expires on the Policy Termination date 07-31-2018.

**ACCIDENT MEDICAL 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 one year of the date of the accident; with the first eligible expense incurred within 90 days of the accident. Appropriate Treatment of injuries sustained in a Covered Accident will include all medically necessary benefits mandated by New York Insurance Law.

**SCHEDULE OF BENEFITS**

When an accidental injury covered by the Policy results in treatment by a physician within 90 days from the date of Injury, the Company will pay 100% of the usual, reasonable & customary charges (URC) for Covered Expenses incurred within one year from the date of injury. Benefits are payable up to the policy maximum of \$2,000 for each covered injury. Benefits are payable on an excess basis to any other insurance coverage.

**COVERED EXPENSES**

1) Hospital Room & Board; 2) Out-Patient Surgery; 3) Emergency Room Treatment, 4) Physician Services, 5) Outpatient X-ray and Laboratory Tests, 6) Outpatient Physiotherapy, 7) Nursing Services, 8) Ambulance Services, 9) Durable Medical Equipment, 10) Medical Services and Supplies, 11) Dental Services, 12) Prescription Drugs, and 13) Home Health Care, 14) Expanded Medical, 15) Pre-existing Conditions, and 16) HMO/PPO Provision, and 17) Heart and Circulatory expenses.

**EXCLUSIONS**

1) Suicide, self destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane, 2) War or any act of war, declared or undeclared, 3) An accident which occurs while the covered person is on active duty in any armed forces, national guard, military, naval or air service or organized reserve corps. 4) Injury sustained while in the service of the armed forces of any country. When the covered person enters the armed forces of any country. We will refund the unearned pro-rata premium upon request, 5) Participation in a riot or insurrection. 6) Disease or disorder of the mind including mental or nervous disorders. 7) Loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic unless administered on the advice of the covered person's physician, 8) Commission or attempt to commit a felony, 9) Injuries paid under Worker's Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the policyholder, 10) Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay, 11) Travel or activity outside the United States and its territories, or the countries of Canada and Mexico, 12) Dental care or treatment other than care of natural teeth and gums required on account of injury resulting from an accident while covered person is covered under this policy, and rendered within 12 months of the accident, 13) Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore, 14) Aviation, except as a fair paying passenger on a scheduled flight operated by a scheduled airline, 15) Ultralight hang gliding, parachuting, or bungee cord jumping, 16) Rest cures or custodial care, 17) Elective or cosmetic surgery, except for reconstructive surgery on an injured part of the body.

**SUBMIT CLAIMS TO: NAHGA Claims Services** P.O. Box 189, 88 Main Street, Bridgton, ME 04009

**SERVICED BY: Student Healthcare Solutions** 5001 Genesee Street, Buffalo, NY 14225. **This brochure is the summary of the insurance plan as specified in Policy US439804 that is on file with the College. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company under Form BA-50000P-USF-NY. In the event of a discrepancy, the Policy will prevail.**

If you have any questions concerning this coverage, please call Student Healthcare Solutions at (800) 444-5530 or NAHGA Claims Services at (800) 952-4320.