

Student Accident Insurance Program

Erie Community College is pleased to provide a student accident insurance plan for the 2017-2018 school year.

All full-time Undergraduate students are automatically covered for Excess Accident Medical Expense Benefits and Accidental Death & Dismemberment Benefits as described below. Please read this brochure carefully for information on coverage, limitations, exclusions, etc.

Questions should be directed to the program administrator as shown on the back panel of this brochure.

The accident plan provides 24 hour coverage. It covers medical expenses resulting from bodily injury caused by a Covered Accident occurring while the insurance is in effect. Virtually all accidents are covered - at school - in sports - while traveling - at home - weekends - vacations - any time - anywhere in the United States. See "Benefits," "Definitions" and "Exclusions" for further details.

The effective date of coverage is August 1, 2017 and coverage terminates July 31, 2018. Should the insured graduate or withdraw from school, their coverage will end.

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 Maximum Benefit, as indicated below. Eligible medical expenses must be incurred within the Benefit Period; with the first eligible expense incurred within 90 days of the date of the accident. Deductible - \$0.

Maximum Benefit for ALL Students:

\$2,500 per injury

Benefit Period: 2 Year from the date of the accident

Maximum Benefit for Intercollegiate Sports Athletes:

\$5,000 per injury

Benefit Period: 2 Years from the date of the accident

Covered Expenses Include: 1) Inpatient Hospital Services; 2) Intensive Care Room and Board, 3) Hospital Miscellaneous Treatment, 4) Outpatient Pre-admission Testing, 5) Outpatient Hospital Emergency Room, 6) Surgical Benefits, 7) Doctors Visits, 8) X-Ray and Laboratory Tests, 9) Nursing Services, 10)

Physiotherapy, 11) Ambulance, 12) Medical Equipment Rental Charges, and 13) Medical Services and Supplies, 14) Home Health Care, and 15) Outpatient Prescription Drug Benefit. 16) Expanded Medical, 17) Pre-existing Conditions, and 18) HMO/PPO Provision, and 19) Heart and Circulatory Benefit.

Excess of Other Insurance

This insurance is provided to fill-in the gaps that may exist in other insurance programs and to provide coverage where no other insurance exists. When an accident occurs, therefore, the bills for any necessary medical care must first be submitted to any other applicable insurance company, medical service plan, or pre-payment program. Any unpaid balance should be submitted, along with a copy of the other company's explanation of benefits, for processing under this insurance.

Accidental Death and Dismemberment (AD&D) Benefits

We will pay benefits for Eligible Expenses if the insured suffers an Eligible Expenses resulting directly and independently of all other causes from a Covered Accident within 365 days of the Covered Accident.

AD&D

Principal Sum: \$2,500

Schedule of Covered Losses

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 Eye:	100% 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 Eye:	50% of the Principal Sum

Aggregate Limit of Indemnity: \$500,000

Important Definitions

Covered Person means a person eligible for coverage for whom proper premium payment has been made, and who is therefore insured under this Policy.

Covered Accident means a sudden, unforeseeable event which causes injury to one or more Covered Persons; and occurs while coverage is in effect for the Covered Person.

Eligible Expenses means the lesser of the Usual, Reasonable and Customary Charges for services or supplies which are incurred by the Covered Person for the Medically Necessary

treatment of an Injury. Eligible Expenses must be incurred while the Policy is in force.

Usual, Reasonable and Customary Charge means: 1) With respect to fees or charges, fees for medical services or supplies which are; a) Usually charged by the provider for the service or supply given; and b) the average charged for the service or supply in the locality in which the service or supply is received; or 2) With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

Medically Necessary means those services or supplies provided or prescribed that are: 1) provided for the diagnosis, treatment, cure or relief of a health condition, illness, injury, or disease and not for experimental, investigational or cosmetic purposes. 2) Necessary for and appropriate to the diagnosis, treatment cure or relief of a health condition, illness, injury or disease or its symptoms. 3) Within generally accepted standards of medical care in the community. 4) Not solely for a Covered Person's convenience, their families convenience or the Doctor's convenience.

Exclusions

1. Injury caused by or results from the Covered Person's own:
 - a. Intentionally self-inflicted Injury, suicide or any attempt thereat;
 - b. Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance and involuntary inhalation of gas/fumes is not excluded);
 - c. Commission or attempt to commit a felony;
 - d. Participation in a riot or insurrection;
 - e. Driving under the influence of a controlled substance unless administered in the advice of a doctor; or;
 - f. Driving while Intoxicated.
2. Injury caused by or results from:
 - a. Declared or undeclared war or act of war;
 - b. Accident which occurs while Covered Person is on active duty service in any Armed Forces;
 - c. Aviation, except as specifically provided in this Policy;
 - d. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the result of an accidental external bodily injury or accidental food poisoning.

Additional Exclusions

1. Normal Health Checkups
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this policy, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
 - a. The Covered Person or a member of his immediate family
4. Charges which: a) The Covered Person would not have to pay if he did not have insurance; or b) Are in excess of Usual, reasonable and Customary charges.
5. An Injury that is caused by flight in: a) an aircraft, except as a fare-paying passenger; b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or c) An ultra light; hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon: a) A snowmobile; b) Any two or three wheeled motor vehicle; c) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
8. Injury that is: a) the result of the Covered Person being Intoxicated; or b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
9. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
10. Any Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer, or football;
11. Practice or play in any in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Policy;
12. Preventative medicines, serums, vaccines;
13. Expenses to the extent that they are paid or payable under valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
16. Any loss covered by state or federal worker's compensation law, employer's liability law, occupational disease law, or similar laws or act.
17. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
18. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
19. Hernia of any kind, or any bacterial infection that was not caused by an Accidental cut or wound

IMPORTANT NOTICE:

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by US Fire Insurance Company. It is not a contract. Full terms and conditions of

coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth in the policy.

Claim Procedures

Submit your claims to your primary medical insurance plan first. Once you receive an Explanation of Benefits (EOB) from your primary plan, send copies of the EOBs, and copies of all itemized bills to the Claims Administrator, BMI Benefits. Always keep a copy of all documents submitted for claims.

Claims must be filed within 90 days of the date of accident and can be submitted via e-mail, fax or mail. To obtain a claim form, contact your student health services. If you have any questions, contact Heather at BMI Benefits: (800) 445-3126 or heather@bobmccloskey.com

In the event of an accident, the insured should:

1. If at college, report immediately to 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 is reasonably possible.
3. Staple all your EOBs and itemized medical and hospital bills to the claim form and mail to the Claims Administrator:

**BMI Benefits
P.O. Box 511
Matawan, NJ 07747
Toll free: (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 above.

Niagara National Inc.
5001 Genesee St.
Buffalo, NY 14225

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



Mandatory Student Accident

August 1, 2017

Designed for the students of
Erie Community College

Williamsville, NY 11235

Policy #: US 857419
Underwritten by:
United State Fire Insurance Company
5 Christopher Way Eatontown, NJ 07724

2017-2018 Identification Card Erie Community College

Basic Accident

STUDENT NAME _____
ADDRESS _____
Policy Number.....US 857419
Effective.....8/1/17
Expires.....8/1/18
Company.....United States Fire
Insurance Company
Program Administrator.....BMI Benefits, LLC
(800) 445-3126
P.O. Box 511
Matawan, NJ 07747

“Process through primary insurance first then BMI as secondary”