



3325 Marvin Sands Drive
Canandaigua, NY 14424

BASIC STUDENT ACCIDENT INSURANCE

Policy Number: US789204

SUMMARY OF COVERAGE

ELIGIBILITY

All registered students are automatically covered for Basic Accident Benefits and Accidental Death Benefits.* The plan provides coverage whether or not college is in session, 24 hours a day, seven days a week.

**"This plan excludes Study Abroad and Concurrently Enrolled students."*

EFFECTIVE AND TERMINATION DATES

Coverage becomes effective August 1, 2017. All coverage expires on July 31, 2018. Fall coverage is effective August 1, 2017 to December 31, 2017 and Spring/Summer coverage is effective January 1, 2018 to July 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 maximum benefit. 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.

MAXIMUM BENEFIT

Maximum Benefit for ALL Students: **\$3,000 per injury** up to 100% of Usual, Reasonable, and Customary Charges. Benefit Period: 104 weeks from the date of the accident. Deductible: \$0.

EXCESS OF OTHER INSURANCE

Benefits are payable for covered expenses in excess of benefits paid by any other health care plan. 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, 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.

COVERED EXPENSES

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, and 13) Home Health Care.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT:

Benefits will be paid for Covered Losses if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within 365 days of the Covered Accident. Accidental Death & Dismemberment Maximum Benefit: **\$5,000.**

EXCLUSIONS AND LIMITATIONS:

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

- intentionally self-inflicted injury, suicide or any attempted thereat while sane or insane;
- commission or attempt to commit a felony or an assault; commission of or active participation in a riot or insurrection;
- bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, snowboarding, skateboarding, motorcycle racing or racing rocket-powered, jet propelled or nuclear-powered vehicles;
- declared or undeclared war or act of war;
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- travel or activity outside the United States, unless advance written approval is provided;
- the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
- injuries compensable under Workers' Compensation law or any similar law;
- an accident which occurs while the covered person is driving a private passenger automobile while intoxicated;

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;

- flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
- travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; participation in any motorized race or contest of speed;
- an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learner's permit and the covered person is participating in a driver's education program.

Benefits will not be paid for any hospital stay that is not considered appropriate treatment for the condition and locality.

- Overnight Supervised and Sponsored Activities and related travel are not covered, unless agreed to in writing by the Company.
- In addition, benefits will not be paid for services or treatment rendered by any person who is employed or retained by the policyholder or living in the covered person's household or provided by a parent, sibling, spouse or child of either the covered person or the covered person's spouse.
- The Accidental Death and Dismemberment aggregate limit is \$500,000.
- Coverage becomes effective on the date requested provided the premium and the application are received and accepted by QBE Insurance Corporation.

- 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. (unless coverage is specifically provided);
- Any covered expenses payable under the Accident Medical Expense benefit will be reduced by 50 percent if the covered person has HMO or PPO coverage and elects not to use that coverage.

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by United States 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 on policy form. GA26932-NY. Any policy United State Fire Insurance Company offers to issue will be subject to the laws of the jurisdiction in which it is issued.

SUBMIT CLAIMS TO: BMI Benefits, P.O. Box 511, Matawan, NJ 07747 (800) 445-3126

SERVICED BY: Student Health Care Solutions, 5001 Genesee Street, Buffalo, NY 14225 (800) 444-5530