



S U N Y

JAMESTOWN COMMUNITY COLLEGE 2017-2018

214 North Main Street Jamestown, NY 14701

Policy Number: US 789216

STUDENT ACCIDENT INSURANCE SUMMARY OF COVERAGE

ELIGIBILITY

All full time 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. The annual cost of these benefits is mandatory and included in the tuition billing statement. The premium of \$9 per student is charged to the student's account each semester for accident medical expense coverage.

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 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 plan maximum. Eligible medical expenses must be incurred within one year of the date of the accident; with the first eligible expense incurred within 180 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:

Maximum Benefit for ALL Students: **\$2,000 per injury** up to 100% of Usual, Reasonable, and Customary Charges
Benefit Period: 52 weeks from the date of the accident, Deductible - \$0.

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.

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:

We will pay the benefit for Covered Losses if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period.

Accidental Death & Dismemberment Benefit: **\$5,000**

CLAIMS ADMINISTERED BY: 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

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 in the policy. Any policy United States Fire Insurance Company offers to issue will be subject to the laws of the jurisdiction in which it is issued.

Fully Insured and Underwritten by

United States Fire Insurance Company

5 Christopher Way

Eatontown, NJ 07724