

Student Accident Insurance Program

Scholastic First School Insurance Program is pleased to provide a student accident insurance plan to participating member schools for the 2020-2021 school year.

All full-time 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 plan provides coverage for students participating in school sponsored and supervised activities during their policy term.

Important Definitions *(Definitions vary by state)*

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 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.

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. Coverage and availability vary by state. This brochure is for illustrative purposes only.

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.

Contact your school for an accident claim form.

Direct questions to: **Lisa Crupi, Claims Examiner**
at BMI Benefits at (800) 445-3126 or lisac@bobmccloskey.com

In the event of an accident, the Covered Person should:

1. Complete the claim form in full and sign by the appropriate school official.
2. Have the student/parent complete part 1B of the claim form in full along with the "Medical information/Assignment of benefits" section.
3. Staple all your itemized medical and hospital bills along with explanation of benefits from all other insurance carriers to the claim form and mail to:

BMI Benefits, LLC.

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.



Scholastic First Insurance

School Insurance & Safety Program



Student Accident Insurance Program

Designed for participating members of:

Scholastic First Insurance
School Student Accident Insurance Program

Policy No.:

US 1347276

Underwritten by:

United States Fire Insurance Company
5 Christopher Way, Eatontown, NJ 07724

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

Accident Medical Expense Benefits

Hazards Insured Against

Class 1: All enrolled students of the school participating in Supervised and Sponsored Activities including interscholastic sports, and extends to all enrolled and non-enrolled students while participating in summer camps. Coverage also includes volunteer workers of the policyholder.

Schedule of Benefits

Benefit Maximum for all Accidents

| | |
|---|---|
| Medical | \$25,000 |
| Deductible | \$0 |
| Benefit Period | 2 Years |
| Benefit Percentage: 100% of Usual & Customary Charges | |
| Terms of Payment | Full Excess |
| Dental Benefit | 100% of Accident Medical Benefit with a \$1,000 extended dental benefit |

Accidental Death and Dismemberment Benefits

| | |
|------------------------------------|-----------|
| (due to accident injury) | \$15,000 |
| Time Period for Loss | 365 days |
| Aggregate Limit of Liability | |
| Benefit Maximum | \$500,000 |

Applies to Accidental Death & Dismemberment Benefits only

Schedule of Covered Losses

| Loss of: | Benefit |
|---|---------|
| Life | 100% |
| Two or More Members | 200% |
| One Member | 50% |
| Thumb and Index Finger of the Same Hand | 25% |
| Four fingers of the Same Hand | 25% |

(Percentage of Principal Sum)

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.

Catastrophic Accident Expense Benefits*

Policy Number **US 1347277**

Benefit Period: 10 years from the date of Injury

Maximum Benefit Amount: \$5,000,000 or \$7,500,000

Deductible: \$25,000

Co-Insurance Percentage: 100% of Usual, Reasonable & Customary

Accidental Death & Dismemberment: \$10,000

Aggregate Limit: \$500,000

CAT Cash Benefit (Optional) \$1,000,000

**Not all schools purchase the Catastrophic Insurance Benefits. The CAT Cash Benefit is optional by school. Please consult your school's business office to see if catastrophic coverage is in place.*

Covered Expenses

Inpatient Hospital Services

| | |
|------------------------|----------|
| Room and Board | 100% URC |
| Intensive Care Unit | 100% URC |
| Hospital Miscellaneous | 100% URC |
| Emergency Room | 100% URC |

Physician Services

| | |
|------------------------------------|--|
| Surgery | 100% URC |
| Primary Surgeon | 100% URC |
| Physician Surgical Facilities | 100% URC |
| Nursing | 100% URC |
| In-Hospital Visits | 100% URC |
| Office Visits | 100% URC |
| X-Ray and Laboratory Treatment | 100% URC |
| Ambulance Services | 100% URC |
| Medical Equipment Rental | 100% URC |
| Medical Services and Supplies | 100% URC |
| Dental Treatment for Injuries Only | 100% URC |
| | with a \$1,000 extended dental benefit |

Physiotherapy

| | |
|--|----------|
| Hospital Inpatient | 100% URC |
| Outpatient | 100% URC |
| Outpatient Prescription Drug Benefit | 100% URC |
| HMO/PPO Benefits | 100% URC |
| Includes Heart and Circulatory Benefits, Expanded Medical Treatment Benefits, and Re-Agravation of Prior Sports Injuries | |

Exclusions (Exclusions vary by state)

- Injury caused by or results from the Covered Person's own:
 - Intentionally self-inflicted Injury, suicide or any attempt thereat;
 - 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);
 - Commission or attempt to commit a felony;
 - Participation in a riot or insurrection;
 - Driving under the influence of a controlled substance unless administered in the advice of a doctor; or; Driving while Intoxicated.
- Injury caused by or results from:
 - Declared or undeclared war or act of war;
 - Accident which occurs while Covered Person is on active duty service in any Armed Forces;
 - Aviation, except as specifically provided in this Policy;
 - 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 (exclusions vary by state.)

- Normal Health Checkups
- 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;
- 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
- 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.
- 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 ultralight; hang-gliding, parachuting or bungi-cord jumping;
- 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;
- 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);
- 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;
- Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
- Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Policy;
- Preventative medicines, serums, vaccines;
- Expenses to the extent that they are paid or payable under valid and collectible group insurance or medical prepayment plan;
- Blood or Blood plasma, except for charges by a hospital for the processing or administration of blood;
- Elective treatment or surgery, health treatment, or examination where no Injury is involved;
- Any loss covered by state or federal worker's compensation law, employer's liability law, occupational disease law, or similar laws or act.
- Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
- Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
- Hernia of any kind, or any bacterial infection that was not caused by an Accidental cut or wound