

## Student Accident Insurance Program

Maine Community College System is pleased to provide a student accident insurance plan for the 2021-2022 year.

All enrolled students are covered for Accident Medical Expense Benefits and Accidental Death Benefits subject to the terms, conditions, limitations and exclusions of the Policy.

The plan provides coverage whether or not college is in session, 24 hours a day, seven days a week. Coverage begins August 15, 2021 and terminates August 15, 2022. \*No sickness benefits are provided.

### Definitions

The terms listed below have the following meanings stated.

**Appropriate Treatment** means care, services or supplies, provided by or at the direction of a Physician that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury and are provided during the course of treatment of an injury sustained in a Covered Accident. Appropriate Treatment must be provided no less frequently than monthly unless the Covered Person's Physician specifies in writing to Us that such treatment of injuries sustained in a Covered Accident can be provided at less frequent intervals.

**Benefit Percentage** means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the *Schedule of Benefits*.

**Company or We, Us, Our,** means QBE Insurance Corporation domiciled in Pennsylvania.

**Covered Accident** means a sudden, unforeseeable event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions: 1) occurs while the Covered Person is insured under this Policy; 2) is not contributed to by disease, sickness, or mental or bodily infirmity; and 3) is not otherwise excluded under the terms of this Policy.

**Covered Expense** means the lesser of the Usual and Customary Charge and the maximum benefit shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Accidental Medical Expense Benefits* section of the policy. Covered Expenses must be incurred by a Covered Person for appropriate treatment for injuries sustained in a Covered Accident.

**Covered Person** means an Eligible Person, as defined in the Schedule of Benefits, whom for required premium has been paid when due and for whom coverage under this Policy remains in force.

**Deductible:** means the amount of Covered Expenses that each Covered Person must incur before benefits are paid under this Policy. The Covered Person may use Covered Expenses paid under another Health Care Plan to satisfy the Deductible under this Policy only if so indicated in the Schedule of Benefits

**Physician** means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not: 1) Employed or retained by the Policyholder; or 2) A parent, sibling, spouse or child of the Covered Person.

**Usual and Customary Charge** means the normal charge, in absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area; 1) for a life service by a provider with similar training or experience; or 2) for a supply that is identical or substantially equivalent.

### 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 subject to the terms, conditions, limitations and exclusions of the Policy. 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.

### 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 two years of the date of the accident; with the first eligible expense incurred within 180 days of the accident.

### Schedule of Benefits:

**Maximum Benefit:** \$25,000 per injury.

**Benefit Period:** 2 years from the date of the Covered Accident.

**Deductible:** \$0

Covered Expenses are subject to **Usual and Customary Charges**.

Some Covered Expenses Include: 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, 13) Home Health Care.

### Accidental Death and Dismemberment Benefits

#### Covered Loss

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. Covered Loss must occur within 365 days of the Covered Accident.

**AD&D Principal Sum:** \$10,000

#### Schedule of Covered Losses

##### Covered Loss Benefit

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

#### Limitations of Coverage

In addition to any benefit-specific exclusions, the Policy does not cover loss contributed to or resulting from:

1. Suicide, attempted suicide or intentionally self-inflicted Injury;
2. Participation in a felony;
3. Participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. War or act of war, whether declared or undeclared;
6. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. Participation in any motorized race or contest of speed;
9. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
10. 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;
- 11. Travel or activity outside the United States or Canada;
- 12. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
- 13. 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;
- 14. Injuries compensable under Workers' Compensation law or any similar law;

We will not pay benefits for:

- 15. Services or treatment rendered by a Physician, Nurse or any other person who is:
  - a. employed or retained by the Policyholder;
  - b. living in the Covered Person's household;
  - c. who is a parent, sibling, spouse or child of the Covered Person;
- 16. Any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition and locality.
- 17. A Covered Person's Covered Loss if:
  - a. he was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
  - b. he was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

**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;
- 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.

**Claim Procedure**

**Always keep a copy of all documents submitted for claims.**

**Written Proof of Loss and itemized bill(s) must be furnished with your claim within ninety (90) days after the date of the loss. Failure to do so may result in denial of benefits.**

Claim forms are available in the Dean of Students Office and on the student portal maintained by each Community College. Claims must be filed either via e-mail, fax or mail. Contact BMI Benefits at 1-800-445-3126 with any questions. In the event of an accident, the Covered Person should:

1. Consult a Doctor and follow the Doctor's advice. Submit claims within thirty (30) days after the date of the Covered Accident or as soon thereafter as it is reasonably possible.
2. Staple all your 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*

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation. 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, BAM-03-1000.33. To the extent there is any discrepancy between the descriptions in this brochure and the terms, conditions, limitations and exclusions of the Policy, the Policy shall prevail. Any policy QBE offers to issue will be subject to the laws of the jurisdiction in which it is issued.

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

# Student Accident Insurance Program

*Designed especially for*  
**Maine Community College  
System**

323 State Street, Augusta Maine 04330

**2021-2022**

**Policy Number: KHH500196**