

Student Accident Insurance Program

Maine Community College System is pleased to provide a student accident insurance plan for the 2025-2026 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, 2025 and terminates August 15, 2026.
*No sickness benefits are provided.

Definitions

The terms listed below have the following meanings. Please note that the Policy contains other defined terms in addition to the definitions set forth below.

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the **Policy** term.

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 Zurich American Insurance Company or Our authorized representative.

Covered Accident means an **Accident** that results in a **Covered Loss**.

Covered Activity(ies) means those activities set out in the COVERED ACTIVITIES section of the Schedule.

Covered Injury means bodily injury directly caused by **Accidental** means which is independent of all other causes, results from a **Covered Accident**, occurs while the **Insured** is insured under this **Policy** and participating in a **Covered Activity**, and results in a **Covered Loss**.

Covered Loss means a loss which meets the requisites of one or more benefits or additional benefits, results from a **Covered Injury**, and for which benefits are payable under this **Policy**.

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 person who is:

1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that **We** recognize or are required by law to recognize;
2. licensed to practice in the jurisdiction where care is being given;
3. practicing within the scope of that license; and
4. not related to the Insured by blood or marriage.

Usual and Customary Charge means the normal charge, in the absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area; 1) for a like 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:

Accident Medical Maximum: \$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

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 Both Hands or Both Feet:	.....100% of the Principal Sum
Loss of One Hand and One Foot:	.....100% of the Principal Sum
Loss of One Hand or One Foot plus the loss of Sight of One Eye:	.....100% of the Principal Sum
Loss of Sight of Both Eyes:	.....100% of the Principal Sum
Loss of Speech and Hearing:	.....100% of the Principal Sum
Loss of Speech or Hearing:	.....50% of the Principal Sum
Loss of One Hand, One Foot, or Sight of One Eye:	.....50% of the Principal Sum
Loss of Thumb and Index Finger of the same Hand:	.....25% of the Principal Sum
Loss of Hearing in One Ear:	.....25% 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 or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods.
5. the commission of or attempt to commit a felony or which occurs while the Insured is engaged in an illegal occupation.
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. injury incurred or disease contracted while the Insured is intoxicated or under the influence of narcotics or hallucinogenic drugs unless administered on the advice of a physician.
8. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
9. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.

10. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.

Accident Medical Expense Benefit limitations and excluded expenses:

1. Cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of the Covered Injury.
2. Any medical expenses related to pregnancy unless Medically Necessary for the treatment of the Covered Injury.
3. Covered Injury for which the Insured is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutorily mandated coverage.
4. Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, guest meals, or internet charges.
5. Treatment by any immediate family member or member of the Insured's household.
6. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless Medically Necessary for the treatment of the Covered Injury.
7. Expenses incurred for eye examinations, contact lenses or the fitting, repair or replacement of these items unless Medically Necessary for the treatment of the Covered Injury.
8. A hernia of any kind unless the direct result of a Covered Injury.
9. Routine physical examinations and related medical services, elective treatment or surgery or experimental or investigative treatments or procedures.
10. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
11. Expenses which the Insured is not legally obligated to pay.
12. Expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of a Covered Injury, as prescribed by a Physician.
13. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the Covered Injury has caused further impairment of the underlying bodily condition.
14. Home Health Care services provided by an immediate family member or member of the Insured's household.
15. Home Health Care services provided to an Insured who is eligible for Medicare.

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

The following locations also carry a Catastrophic Sports Accident Insurance for athletes injured while participating in supervised practice or play of the schools covered sports: **CMCC, KVCC, SMCC, WCCC and YCCC**. The maximum Medical Expense Benefit is \$5,000,000, the deductible is \$25,000, 10 Year Benefit Period, 2 Year incurrable period, \$10,000 AD&D.

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by Zurich North America. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on the master policy document. 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 Zurich 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*

**(CMCC, EMCC, KVCC,
NMCC, SMCC, WCCC, YCCC)**

323 State Street, Augusta Maine 04330

2025-2026

Policy Number: MCB 5941888