

GEORGIAN COURT UNIVERSITY
Student Accident Insurance Plan Summary
2023 - 2024
Policy #: MCB-5563935

Program & Claims Administrator

BMI Benefits, LLC.
Matawan, NJ 07747



Program Broker



Claim Procedures

Always keep a copy of all claim related documents. Written proof of loss should be submitted within 90 days from the date of service.

- 1) If at college, report immediately to Student Development Center so that proper treatment can be prescribed or approved.
- 2) If away from college, consult a Doctor and follow the Doctor's advice. Notify Student Development Center within thirty (30) days after the covered accident or as soon as possible.
- 3) Submit all itemized bills and primary insurance E.O.Bs to BMI Benefits for processing of outstanding balances due to a covered accident.

SUBMIT TO:

BMI Benefits, LLC.
PO Box 511
Matawan, NJ 07747
PH: 800.445.3126
FAX: 732.583.9610
EM: BMI@bobmcloskey.com

Georgian Court University is pleased to provide a student accident insurance plan for the 2023-2024 school year. All registered students of the Policyholder are covered for Accident Medical Benefits and Accidental Death Benefits as described in this brochure. The Plan provides 24-hour coverage. It covers medical expenses resulting from bodily injury caused by a Covered Accident occurring while the insurance is in effect. See "Benefits," "Definitions" and "Exclusions" for further details. The effective date of coverage for all enrolled students is August 1, 2023 to August 1, 2024.

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 Maximum Benefit, as indicated below. Eligible medical expenses must be incurred within the 104-week Benefit Period; with the first eligible expense incurred within 180 days of the date of the accident.

Schedule of Benefits

Accident Medical Maximum	\$10,000 per injury
Deductible	\$0 per injury
Benefit Period	104 weeks from the date of accident
Coinsurance	100% of Usual & Customary Charges
Dental Benefit	Up to 100% of Accident Medical Maximum; Sound & Natural Teeth Only
Accidental Death & Dismemberment Benefit (AD&D)	\$5,000 Principal Sum
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

Covered Expenses Include

- Inpatient Hospital Services
- Intensive Care Room and Board
- Hospital Miscellaneous Treatment
- Outpatient Pre-admission Testing
- Outpatient Hospital Emergency Room
- Surgical Benefits
- Doctors' Visits
- X-Ray and Laboratory Tests
- Nursing Services
- Physiotherapy
- Ambulance
- Medical Equipment Rental Charges
- Medical Services and Supplies
- Home Health Care
- Heart and Circulatory Benefit
- Expanded Medical
- Pre-existing Conditions
- HMO/PPO Provision,
- Outpatient Prescription Drug Benefit
- Dental Services



General 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.

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 external 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) living in the Covered Person's household; or (3) a parent, sibling, spouse or child of the Covered Person.

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.

General Exclusions

A loss will not be a Covered Loss if it is caused by, contributed to, or results 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; 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. participation in the commission or attempted commission of any felony.
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. being intoxicated.
 - a. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured's intoxication.
8. being under the influence of any narcotic, unless administered or consumed on the advice of a Physician.
9. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
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.

In addition to the General Exclusions stated in the Policy, We will not cover expenses under this additional benefit for:

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. Routine physical examinations and related medical services, elective treatment or surgery, experimental or investigative treatments or procedures.
9. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
10. Expenses which the Insured is not legally obligated to pay.
11. 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.
12. 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.

This information is a brief description of certain benefits and features of the Blanket Accident Medical Insurance underwritten by Zurich American Insurance Corporation. It is not a contract and does not extend or alter the coverage afforded by the Policy. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on the applicable policy form. 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 issues will be subject to the laws of the jurisdiction in which it is issued.



Zurich American Insurance Company
1299 Zurich Way
Schaumburg, Illinois 60196