

## Intercollegiate Sports Accident Insurance Program

Muhlenberg College is pleased to provide a student athletic accident insurance plan for the 2016-2017 school year.

All registered student athletes of the Policyholder are 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 effective date of coverage is August 1, 2016 and coverage terminates July 31, 2017.

### 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 Benefit Period; with the first eligible expense incurred within 180 days of the date of the accident. Deductible - \$0.

### Maximum Benefit

\$90,000 per injury

Benefit Period: 2 Years from the date of the accident

Includes: HMO/PPO, Expanded Medical, Pre-Existing and Heart & Circulatory Coverage.

### Covered Accident Medical Services Include:

1) Hospital room and board expenses: the daily room rate when a Covered Person is Hospital Confined. 2) Ancillary Hospital Expenses. 3) Daily Intensive Care Unit Expenses 4) Registered nurse services 5) Medical Emergency Care (room and supplies) 6) Outpatient surgery expenses 7) Outpatient surgical room and supply expense 8) Outpatient diagnostic x-ray, laboratory procedures and test expenses 9) Physician non-surgical/examination expenses 10) Second surgical opinion 11) Physician surgical expenses 12) Assistant surgeon expenses 13) Anesthesiologist expenses 14) Outpatient laboratory test expense 15) Physiotherapy expenses 16) Post-surgical physical medicine expenses and office visits 17) X-ray expenses 18) Diagnostic Imaging expenses 19) Dental expenses for the repair of each injured tooth that is a whole, sound and natural tooth at the time of the Covered Accident 20) Outpatient registered nurse services 21) Ambulance expenses 22) Rehabilitative braces or appliances 23) Prescription Drugs 24) Medical equipment rental for wheelchair 25) Medical Services and Supplies for Blood 26) Eyeglasses when damage occurs in a Covered Accident that requires medical

treatment. 27) Artificial limbs, eyes and larynx for initial acquisition and fitting, not for repair or replacement of artificial limbs, eyes or larynx.

### 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.

### Accidental Death and Dismemberment (AD&D) Benefits

We will pay benefits for Eligible Expenses if the insured suffers an Eligible Expense resulting directly and independently of all other causes from a Covered Accident within 365 days of the Covered Accident.

### AD&D Principal Sum: \$10,000 Schedule of Covered Losses

Loss of Life:	100% of the Principal Sum
Two or More Members:	100% of the Principal Sum
One Member:	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

### Important Definitions

**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 Injury** means bodily injury caused by an accident that:

1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

**Eligible Expenses** means the lesser of 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 and Customary Charge(s)** - means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) is

a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

**Medically Necessary** - means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

### Exclusions

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. **Sickness, disease or bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.**
4. Voluntarily taking any drug of narcotic unless the drug or narcotic is prescribed by a Physician.
5. Covered Expenses for Which the Covered Person would not be responsible in the absence of this Policy.
6. Injuries paid under workers' compensation, employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
7. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
8. Services of active duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
9. **Services of treatment rendered by a Physician, nurse or any other person who is an Immediate Family member of the covered person.**
10. Treatment of hernia, Osgood-Schlatters disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, unless caused by a Covered Accident.
11. Damage to or loss of dentures or bridges or damage to orthodontic equipment, except as specifically provided in this Policy.
12. Eyeglasses, contact lenses, hearing aids.
13. Travel or flight in or on any aircraft not intended of licensed for Transportation of passengers.

### Additional Exclusions

1. Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.

2. Commission of, or attempt to commit, a felony, an assault or other illegal activity.
3. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.
4. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
5. Injury of death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law or the commission or attempt to commit an assault or a felony.
6. Blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
7. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
8. Any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are deemed by US to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
9. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them or repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
10. Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
11. Treatment or service provided by a private duty nurse.
12. Replacement of artificial limbs, eyes and larynx.
13. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy/

#### IMPORTANT NOTICE:

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by CV Starr. 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.

#### 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. To obtain a claim form, contact the sports medicine department. If you have any questions, contact BMI Benefits: (800) 445-3126. In the event of an accident, the insured should:

1. If at college, report immediately to athletic training so that proper treatment can be prescribed or approved.
2. If away from College, consult a Doctor and follow the Doctor's advice. Notify Athletic Training within thirty (30) days after the date of the Covered Accident or as soon thereafter as is reasonably possible.
3. Staple all your EOBs and 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**

#### 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.

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## Intercollegiate Sports

## Accident Insurance Plan

Designed for the students-athletes of

## Muhlenberg College

**2016- 2017**

Policy #: BAP 473571

Underwritten by:  
 STARR Indemnity & Liability  
 Dallas, Texas

Administrative Office: 399 Park Avenue, 8<sup>th</sup> Floor, New York, NY  
 10022