

## Student Accident Insurance Program

The Corporation of the Catholic Archbishop of Seattle is pleased to provide a student accident insurance plan for the 2018-2019 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 effective from July 1, 2018 to July 1, 2019.

### 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 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 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, 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.

## Accident Medical Expense Benefits

### Hazards Insured Against

**Class 1:** All enrolled students in a Catholic School within the Archdiocese of Seattle. Also includes coverage for Volunteer Workers participating in parochial school activities.

All enrolled students of the school district participating in school sponsored and supervised activities including interscholastic sports, the CYO programs, CCD programs, Environmental Education, and Camps for Enrolled and Non-Enrolled students and family campers.

### Schedule of Benefits

#### Benefit Maximum for all Accidents

Medical:	\$25,000
Deductible:	\$0
Loss Period:	90 days (after the Covered Accident)
Benefit Period:	2 Years
Benefit Percentage:	100% of Usual & Customary Charges
Terms of Payment:	Full Excess
Dental Benefit:	100% of Accident Medical Benefit

#### Accidental Death and Dismemberment Benefits

(due to accident injury):.....\$10,000

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.....	100%
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.

### Covered Expenses

<b>Inpatient Hospital Services</b>	
Room and Board	100% URC
Intensive Care Unit	100% URC
Hospital Miscellaneous	100% URC
Emergency Room	100% URC
<b>Physician Services</b>	
Surgery	100% URC
Physician Surgical Facilities	100% URC
Anesthesia	100% URC
In-Hospital Visits	100% URC
Office Visits	100% URC
<b>X-Ray and Laboratory Treatment</b>	100% URC
<b>Ambulance Services</b>	100% URC
<b>Dental Treatment for Injuries Only</b>	100% URC
<b>Physiotherapy</b>	100% URC
<b>Outpatient Prescription Drug Benefit</b>	100% URC
<b>HMO/PPO Benefits</b>	100% URC
<b>Heart &amp; Circ Benefits</b>	100% URC
<b>Expanded Medical Coverage</b>	100% URC
<b>Pre-Existing Conditions</b>	100% URC

### Exclusions

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

1. Normal Health Checkups
2. 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;

3. 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
4. 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.
5. 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 ultra light; hang-gliding, parachuting or bungi-cord jumping;
6. 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;
7. 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);
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. 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;
10. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
11. Expenses to the extent that they are paid or payable under valid and collectible group insurance or medical prepayment plan;
12. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
13. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request
14. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
15. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
16. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
17. Rest cures or custodial care;
18. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
19. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
20. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
21. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound;

#### 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.

#### 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 The Archdiocese of Seattle for a claim form. Direct questions to Gayle at BMI Benefits at (800) 445-3126 or [Gayle@bobmccloskey.com](mailto:Gayle@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

**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.

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



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OF SEATTLE

# Student Accident Insurance Plan

**July 1, 2018**

Designed for

The Corporation of the  
Catholic Archbishop of  
Seattle

Policy #: US 1047223

Underwritten by:  
United State Fire Insurance Company  
5 Christopher Way Eatontown, NJ 07724

**FAIRMONT SPECIALTY**  
A member of the Cram & Forster Enterprise