



# STUDENT ACCIDENT INSURANCE PROGRAM

## UNIVERSITY OF MOUNT UNION

**IMPORTANT:** Coverage under the Policy is accident only and does not constitute comprehensive health insurance coverage (a/k/a/ "major medical insurance"). It therefore does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act. This brochure provides only a brief summary of the coverage available under policy series C11695DBG-OH. The Program provides insurance for covered accidents incurred while Insureds are participating in Covered Activities as defined.

Policy Number: SRG 0009157734

Effective Dates: August 1, 2022 to August 1, 2023



Insurance underwritten by:  
**National Union Fire Insurance Company of Pittsburgh, Pa.**  
("the Company")

# Student Accident Insurance Program

University of Mount Union is pleased to provide a student accident insurance program for the 2022-2023 school year. It provides benefits for eligible losses resulting from bodily Injury caused by a covered accident occurring while the insurance is in effect.

The following is a brief description of the coverage provided under the Policy issued to the University of Mount Union for enrolled students as described below for the 2022-2023 policy year. All of the provisions governing insurance are contained in the Policy issued to and on file with University of Mount Union (“the Policyholder”).

## Eligibility

**Class I:** All enrolled students of the Policyholder.

**Class II:** All intercollegiate student athletes, student managers, student trainers, student coaches and guest recruits of the Policyholder.

## Covered Activities

**Class I:** 24 hour accident protection, excluding intercollegiate sport accidents.

**Class II:** While participating in the scheduled, sponsored and approved intercollegiate sports activities of the Policyholder. This coverage includes while traveling directly and uninterruptedly to and from such activities. Coverage for guest recruits is while participating in on-campus evaluations, including participating in play, practice, drills and other similar activities as governed by the NCAA.

**Men:** Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Soccer, Tennis, Track and Field, Lacrosse, Swim/Dive, VB, Wrestling

**Women:** Basketball, Cheerleading, Cross Country, Lacrosse, Soccer, Softball, Tennis, Track and Field, Volleyball, Dance Team, Golf, Swim/Dive

Travel is included.

## Benefits

### Accidental Death Benefit

If Injury results in death of the Insured within 365 days of the date of the accident causing the Injury, the Company will pay 100% of the Accidental Death \$10,000 Maximum Amount for Class I and Class II.

### Accidental Dismemberment Benefit

If Injury to an Insured results in any one of the Losses specified below, directly and independently of all other causes, within 365 days of the date of the accident causing the Injury, the Company will pay the percentage of the Accidental Dismemberment \$10,000 Maximum Amount specified for that Loss for Class I and Class II.

For Loss Of	Percentage
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

### **Heart and/or Circulatory Benefit**

(This benefit is not payable in addition to the Accidental Death Benefit.) If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay the Accidental Death Benefit \$10,000 Maximum Amount for Class I and Class II provided that: such condition is medically treated while the Policy is in force with respect to such Insured and within 72 hours after such participation.

### **Accident Medical Expense Benefit**

If an Insured suffers an Injury that, within 180 days of the date of the accident that caused the Injury, requires him or her to be treated by a physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury up to a maximum of \$1,000 for Class I, and will pay up to a maximum of \$90,000 for Class II. Benefits are payable up to the maximum amount per Insured for all Injuries caused by the same accident. Benefits are payable for charges incurred within 104 weeks after the date of the accident causing the Injury. Benefits are payable on an Excess Provision basis.

**Covered Accident Medical Service(s)** means any of the following services: 1) services of a physician; 2) private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN); 3) laboratory tests; 4) radiological procedures; 5) anesthetics and the administration of anesthetics; 6) blood, blood products and artificial blood products, and the transfusion thereof; 7) physical therapy; 8) occupational therapy; 9) rental of durable medical equipment; 10) artificial limbs, artificial eyes or other prosthetic appliances; 11) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription; 12) use of an ambulatory medical center; 13) hospital's most common charge for semi-private room and board (or room and board in an intensive care unit); hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or 14) ambulance service to or from a hospital.

Accident Medical Expense benefits are payable for the Usual and Customary Charges for Covered Accident Medical Services including any expense for or resulting from malfunctions of the heart, embolism, heat related problems including but not limited to heat exhaustion, heat prostration, and heat stroke, overuse or repetitive motion injuries/symptoms including but not limited to bursitis, tendonitis, shin splints, stress fractures, strains, or twists, while participating in a Covered Activity. The benefits payable under this Benefit are also subject to the Accident Medical Maximum Amount. No expenses paid under this Benefit will be payable under any other Benefit in the Policy.



### **Excess Provision**

Benefits are payable up to the applicable maximum for covered Accident Medical Expense (AME) services that are not recoverable from another plan providing AME benefits. If the Insured is not covered by another plan providing AME benefits, the Excess Provision shall not apply.

### **Limitation on Multiple Benefits**

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

### **Aggregate Limit**

The maximum amount payable under the Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following benefits provided by the Policy: Accidental Death and Accidental Dismemberment. The maximum amount payable for all such losses for all Insureds under all those benefits combined will not exceed \$500,000.

## Reduction Schedule

The Maximum Amounts used to determine the amount payable for a loss under the Accidental Death and Dismemberment Benefits will be reduced, according to the following schedule, if an Insured is age 70 or older on the date of the accident. Premium for an Insured age 70 or older is based on 100% of the coverage that would be in effect if the Insured were under age 70.

Age on Date of Accident	Percentage of Under-Age-70 Maximum Amount
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

## Insured's Effective and Termination Dates

An Insured's coverage under the Policy begins on the latest of: 1) the Policy Effective Date; 2) the date for which the first premium for the Insured's coverage is paid; or 3) the date the person becomes a member of an eligible class of persons as described in the Eligibility section. An Insured's coverage under the Policy ends on the earliest of: 1) the date the Policy is terminated; 2) the end of the period for which premiums have been paid; or 3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Eligibility section.

## Definitions

**Injury** means bodily injury: 1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; 2) which occurs while such person is participating in a Covered Activity; and 3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

**Insured** means a person: 1) who is a member of an eligible class of persons as described in the Eligibility section; 2) for whom premium has been paid; and 3) while covered under the Policy.

**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.

**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) does not include charges that would not have been made if no insurance existed.

## Exclusions

No coverage shall be provided under the 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 or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a crime.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
5. declared or undeclared war, or any act of declared or undeclared war.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: (a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; (b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or (c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
8. the Insured being under the influence of intoxicants.
9. the Insured being under the influence of drugs unless taken under the advice of and as specified by a physician.
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
11. 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, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for covered accident medical services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the maximum amount.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight.
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing.
5. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).
6. any charge for medical care for which the Insured is not legally obligated to pay.
7. care, treatment or services provided by an Insured or by an immediate family member.
8. routine physical exam and related medical services.
9. treatment for temporomandibular dysfunction.
10. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures.
11. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the Hospital, except durable medical equipment.
12. elective treatment or surgery.
13. experimental or investigational treatment or procedures.

14. care, treatment or services provided by persons retained or employed by the Policyholder or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder or for which a charge is not made.
15. educational or vocational testing or training.
16. treatment of Osgood-Schlatter's disease.
17. detached retina unless due to an Injury.
18. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food.
19. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body.
20. hernia except as a result of participation in a Covered Activity.



## Program & Claims Administrator

BMI Benefits, LLC.  
Matawan, NJ 07747

## Claim Procedures

Always keep a copy of all claim related documents. Written notice of claim must be submitted within 90 days after an Insured's loss, or as soon thereafter as reasonably possible. Written proof of loss must be submitted within 90 days from the date of loss.

- 1) Contact Student Health Services to obtain an accident claim form. Complete the claim form in its entirety and submit to BMI Benefits, within 90 days from the date of accident
- 2) Submit any itemized bills, along with corresponding primary insurance Explanation of Benefits (EOB) to BMI for claim review and consideration for payment.

## SUBMIT TO:

BMI Benefits, LLC.  
PO Box 511  
Matawan, NJ 07747  
PH: 800.445.3126  
FAX: 732.583.9610  
EM: [bmi@bobmccloskey.com](mailto:bmi@bobmccloskey.com)

**For more information, contact your AIG Accident & Health representative or please visit our website at [www.aig.com/specialty](http://www.aig.com/specialty).**

***Terms capitalized in this document are defined terms in this brochure or in the Policy.***

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG-OH. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the Policy on file with the Policyholder. If there are any conflicts between this brochure and the Policy, the Policy shall govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. The coverage described in this brochure is only available in Ohio in conjunction with the referenced Policy.

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This brochure is valid only in Ohio.

