



**UNIVERSITY OF MOUNT UNION
Athletic Insurance Plan Summary
2019 - 2020**



Program & Claims Administrator

BMI Benefits, LLC.
Matawan, NJ 07747



Program Broker

Dissinger Reed
Overland Park, KS 66210

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) 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 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: clerk@bobmccloskey.com

University of Mount Union is pleased to provide a student athletic accident insurance plan for the 2019-2020 school year. All Athletes are covered for Accident Medical Benefits and Accidental Death & Dismemberment Benefits as described in this brochure. 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, 2019 to August 1, 2020.

Athletic 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	\$90,000 per injury
Deductible	\$1,000 per injury
Benefit Period	104 weeks from the date of accident
Coinsurance	100% of Usual & Customary Charges
Dental Benefit	100% of Accident Medical Maximum; Sound & Natural Teeth Only
Accidental Death & Dismemberment Benefit (AD&D)	\$10,000 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 & 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
- Heart and Circulatory Benefit
- Expanded Medical
- Pre-existing Conditions
- HMO/PPO Denial
- Outpatient Prescription Drug Benefit
- Dental Services



COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the policy.

1. Intentionally self-inflicted injury, suicide, auto-erotic asphyxiation or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by the Policy;
5. The Insured Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Loss occurred;
6. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
7. Release, whether or not Accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
8. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
9. Travel or activity outside the United States;
10. Flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline;
11. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
12. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents whether the loss results directly or indirectly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
13. A cardiovascular event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity;
14. Travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;
15. Participation in any organized motorized race or contest of speed or stunt show;
16. Occupational injuries;
17. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. Employed or retained by the Policyholder;
2. A Resident of the Same Household;
3. An Immediate Family Member including Domestic Partner of either the Insured Person or the Insured Person's Spouse;
4. The Insured Person.

IMPORTANT NOTICE: This information is a brief description of the important benefits and features of the Accident Medical Insurance Plan underwritten by Starstone National Insurance Company. It is not intended to serve as the prevailing insurance contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth within the policy form, and said policy form will prevail in the event of any discrepancies. Any policy issued is subject to the laws of the jurisdiction in which it is issued.

The referenced policy is Fully Insured and Underwritten by Starstone National Insurance Company
Starstone National Insurance Company, Harborside 5, 185 Hudson Street, Suite 2600 Jersey City NJ 07311
Policy Form Series: SSN-BA-POL-OH-08-17



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