**Student Accident Insurance Program**

The Corporation of the Catholic Archbishop of Seattle is pleased to provide a student accident insurance plan for the 2017-2018 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, 2017 to July 1, 2018.

### 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**

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$25,000</td>
</tr>
<tr>
<td>Dental</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Physician Surgical</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Facilities</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>In-Hospital Visits</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>In-Hospital Visits</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Outpatient Prescription</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Dental Treatment</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>100% of Usual &amp; Customary Charges</td>
</tr>
</tbody>
</table>

**Deductible:** $0

**Loss Period:** 90 days (after the Covered Accident)

**Benefit Period:** 2 Years

**Benefit Percentage:**

- 100% of Usual & Customary Charges for Medical, Dental, Physician Surgical Facilities, In-Hospital Visits, Ambulance Services, Physician Services, and Other Services.
- 100% of Usual & Customary Charges for Emergency Room, Anesthesia, In-Hospital Visits, Ambulance Services, Physician Services, and Other Services.

**Terms of Payment:**

- Full Excess
- 100% of Accident Medical Benefit

**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: $500,000

**Applies to Accidental Death & Dismemberment Benefits only**

### Schedule of Covered Losses

**Loss of Benefit**

<table>
<thead>
<tr>
<th>Life</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or More Members</td>
<td>100%</td>
</tr>
<tr>
<td>One Member</td>
<td>100%</td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand</td>
<td>50%</td>
</tr>
<tr>
<td>Four fingers of the Same Hand</td>
<td>25%</td>
</tr>
</tbody>
</table>

(Percentage of Principal Sum)

**Medically Necessary**

- 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 not administered in the advice of a doctor; or;
  - f. Driving while Intoxicated.

### Exclusions

1. 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;
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. 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.

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.