

## **ADDITIONAL EXCLUSIONS**

Benefits will not be paid for:

- 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 Certificate, and rendered within 6 months of the Accident;
- 3) Services or treatment rendered by a doctor, nurse or any other person who is: (a) Employed or retained by the Certificateholder; or (b) Who is 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 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;
- 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. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); 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) Practice or play in any intercollegiate sports activity, including travel to and from the activity and practice, unless specifically provided for in this Certificate;
- 12) Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
- 13) Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
- 14) Elective treatment or surgery, health treatment, or examination where no Injury is involved;
- 15) 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;
- 16) Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
- 17) Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- 18) Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
- 19) Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;

- 20) Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
- 21) The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
- 22) Rest cures or custodial care;
- 23) The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
- 24) Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
- 25) Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
- 26) Prescription medicines unless specifically provided for under this Certificate.
- 27) Any bacterial infection that was not caused by an accidental cut or wound.

## **DEFINITIONS**

**"Accident"** means a sudden, unforeseeable external event which:

- 1) Causes Injury to one or more Covered Persons; and
- 2) Occurs while coverage is in effect for the Covered Person.

**"Benefit Period"** means the period of time from the date of Injury, as shown in the Schedule of Benefits.

**"Covered Person"** means a person eligible for coverage for whom application has been accepted and proper premium payment has been made, and who is therefore insured under this Policy.

**"Deductible"** means the amount of Eligible Expenses which must be paid by the Covered Person before benefits are payable under this Policy. It applies separately to each Covered Person.

**"Eligible Expenses"** means 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 this Policy is in force.

**"He", "his" and "him"** includes "she", "her" and "hers."

**"Health Care Plan"** means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

- 1) Group or blanket insurance, whether on an insured or self funded basis;
- 2) Hospital or medical service organizations on a group basis;
- 3) Health Maintenance Organizations on a group basis.
- 4) Group labor management plans;
- 5) Employee benefit organization plan;
- 6) Professional association plans on a group basis; or
- 7) Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

**"Hospital"** means an institution which:

- 1) Is operated pursuant to law;
- 2) Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- 3) Is under the supervision of a staff of doctors;
- 4) Provides 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
- 5) Has medical, diagnostic and treatment facilities, with major surgical facilities; (a) On its premises; or (b) Available to it on a prearranged basis; and
- 6) Charges for its services.

- 7) Is a duly licensed Rehabilitation Facility
- 8) Includes state tax-supported institutions

**"Hospital"** does not include:

- 1) A clinic or facility for: (a) Convalescent, custodial, educational or nursing care; (b) The aged, drug addicts or alcoholics; or (c) Rehabilitation; or
- 2) A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless: (a) The services are rendered on an emergency basis; and (b) A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

**"Hospital Stay"** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

**"Injury"** means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**"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.

**"Nurse"** means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

**"Physician"** means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.

**"Supervised or Sponsored Activity"** means a Policyholder or School authorized function:

- 1) In which the Covered Person participates;
- 2) Which is organized by or under its auspices;
- 3) which is within the scope of customary activities for such entity and is shown on the schedule.

**"Usual, Reasonable and Customary"** 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.

## **CLAIM PROCEDURE**

In the event of Injury, the student should:

- 1) Obtain a claim form from the school within 30 days of the date of loss or as soon as reasonably possible. Proof of loss must be furnished to the Company within 90 days from the date of the Accident. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
- 2) Complete the claim form; attach all medical bills; primary carrier's Explanation of Benefits (EOB) and mail to the Servicing Agent listed below. You must complete one claim form per Injury.

Servicing Agent:

**Doug Sutton Insurance Services**

P.O. Box 20104

Raleigh, NC 27619

Telephone Number (919) 836-9993

North Carolina Toll Free (800) 788-7771

Claims Administered By:

**Relation Insurance Services**

PO Box 25936

Overland Park, KS 66225

Telephone Number (877) 246-6997

Plans Are Underwritten By The:

**United States Fire Insurance Company**

Crum & Forster Are Registered Trademarks of United States

Fire Insurance Company. The Crum & Forster Group Of

Companies Is Rated A (Excellent) By AM Best Company 2014.

**Please keep this Brochure as a summary of the insurance. The Policy (Form BA-50000P-USF-NC) issued to and on file at the College contains all of the benefits, provisions, limitations, exclusions and qualifications of your insurance. The Policy will prevail in the event of any discrepancy between this brochure and the Policy.**

# **2020–2021 STUDENT ACCIDENT INSURANCE PLAN**

Designed for the  
Students of

## **North Carolina Community and Technical Colleges**

Policy # US947899

August 14, 2020 to  
August 14, 2021

## **STUDENT ACCIDENT INSURANCE COVERAGE**

For the Students of  
North Carolina Community and Technical Colleges

This insurance Program provides coverage to all registered and enrolled students for covered Injuries sustained while the Insured Student is:

- 1) Participating in activities sponsored and supervised by the school except for play and/or practice of Intercollegiate Sports;
- 2) Traveling during such activities as a member of a group in transportation furnished or arranged by the school; or
- 3) Traveling directly to or from the Insured's home premises and the site of such activities.

## **EFFECTIVE/TERMINATION DATES**

Each eligible student will become insured on the policy date or 12:01 a.m. on the day following the date notice from the school to the Company is postmarked or the date specified by the school, whichever is later. Coverage terminates on the first of the following dates. The date any premium for the Insured is due and unpaid, the date the Insured ceases to be within a class of persons eligible for coverage under the policy, or the date the policy is terminated.

## **EXCESS PROVISION**

Important: The Excess Provision does not apply if the Covered Person does not have other medical insurance or if the other insurance does not cover the loss. Even if a student has other insurance, the Policy may cover unpaid balances and deductibles, and pay those eligible expenses not covered by other insurance.

Benefits will be considered on the unpaid balances after the other insurance has paid. No benefits are payable for any expense incurred as the result of a covered Injury which is paid or payable by other valid and collectible insurance or under an automobile insurance policy.

The application of the Coordination of Benefits or Non-Duplication of Benefits provision.

## **OUTPATIENT PRESCRIPTION DRUG BENEFIT**

We will pay the Eligible Expenses, subject to the Deductible Amount and Coinsurance Percentage shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Doctor on an outpatient basis.

Prescription Drug means a drug which:

- 1) Under Federal law may only be dispensed by written prescription; and
- 2) Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the out patient use by the Covered Person:

- 1) On or after the Covered Person's Effective Date; and
- 2) By a licensed pharmacy provider.

Benefits are payable up to the Maximum Benefit Amount shown on the Schedule of Benefits.

## **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

If, within one-year from the date of an Accident covered by this Policy, Injury from such Accident, results in the death of the Covered Person or Loss listed below, we will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, we will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

Benefits for loss of life will be paid to the Insured's beneficiary (the Insured's estate if no beneficiary is named.) Other benefits unpaid at the time of the Insured's death will be paid at the Company's option, to the Insured's beneficiary or the Insured's estate.

| <u>Loss</u>   | <u>Percentage of Principal Sum</u> |
|---|------------------------------------|
| Loss of Life  | \$10,000                           |
| Loss of Both Hands, Both Feet, or Entire Sight of Both Eyes                   | \$10,000                           |
| Loss of One Hand and One Foot or One Hand and Entire Sight of One Eye         | \$10,000                           |
| Loss of Speech and Hearing (Both Ears)  | \$10,000                           |
| Quadriplegia (Total Paralysis of Both Upper and Lower Limbs)                  | \$10,000                           |
| Paraplegia (Total Paralysis of Both Lower Limbs)                              | \$ 5,000                           |
| Loss of One Hand, One Foot, or Entire Sight of One Eye                        | \$ 5,000                           |
| Loss of Speech  | \$ 5,000                           |
| Loss of Hearing (Both Ears)   | \$ 5,000                           |
| Hemiplegia (Total Paralysis of Upper and Lower Limbs on one side of the body) | \$ 5,000                           |
| Loss of Thumb and Index Finger of the Same Hand                               | \$ 2,500                           |

## **SCHEDULE OF BENEFITS**

|   |                                  |
|---|----------------------------------|
| Benefit Period  | 52 weeks from the date of Injury |
| Deductible Amount   | \$0                              |
| Coinsurance Percentage  | 100%                             |
| Maximum Benefit Amount  | \$25,000.00                      |
| <b>Covered Medical Expenses:</b>  |                                  |
| <i>*URC means Usual, Reasonable &amp; Customary Charges</i>                         |                                  |
| Hospital Room & Board Daily Maximum Benefit Amount                                  | URC per Day                      |
| Intensive Care Room & Board Daily Maximum Benefit                                   | URC per Day                      |
| Hospital Miscellaneous  | URC per Day                      |
| Outpatient Pre-Admission Testing  | URC                              |
| Outpatient Hospital Emergency Room Treatment  | URC                              |
| Surgery Benefits (Primary and Assistant Surgeon, Anesthesia, and Surgical Facility) | URC                              |
| Doctor's Visits (In-Hospital and Office Visits)                                     | URC per Visit                    |
| Physiotherapy (In-Hospital and Outpatient)  | URC                              |
| Registered Nurse's Services   | URC                              |
| Emergency Room  | URC                              |
| Ambulance   | URC                              |
| X-Ray & Laboratory  | URC                              |
| Medical Equipment Rental Charges  | URC                              |
| Medical Services and Supplies (Blood, Blood Transfusions, Oxygen)                   | URC                              |
| Prescription Drugs (Outpatient)   | URC                              |
| Dental Treatment (made necessary by Injury to natural teeth)                        | URC                              |

## **BENEFIT – MEDICAL EXPENSE**

We will pay the expense incurred, not to exceed the Usual and Customary Charges in the geographical area.

Only expenses received within 52 weeks from the date of the accident are covered. The benefits to the Accidental Medical Expense Benefit section above will be paid only for such expense which is not recoverable from any other insurance policy or service contract. Benefits payable for injuries to sound natural teeth are included to the medical maximum. Benefits for any one accident shall not exceed in the aggregate, the \$25,000 maximum Medical Benefit. We will pay, Eligible Expenses for a Covered Person's Injury, subject to the Deductible Amount and Coinsurance Percentage, if any, shown in the Schedule of Benefits.

Eligible Expenses are those incurred for:

- 1) Hospital Room and Board – charges for the most common semi private daily room rate for each day of the Hospital Stay, up to the Maximum Daily Benefit Amount shown in the Schedule of Benefits for Hospital Room and Board.

- 2) Intensive Care Room and Board - charges for each day of Intensive Care Unit confinement, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for the Intensive Care Room and Board benefit. This payment is in lieu of payment for the Hospital Room and Board charges for those days.
- 3) Hospital Miscellaneous - charges during a Hospital Stay, up to the Maximum Daily Benefit Amount shown in the Schedule of Benefits for the Hospital Miscellaneous benefit. Miscellaneous charges do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.
- 4) Outpatient Hospital Expenses - charges by a Hospital for: (a) Pre admission testing (confinement must occur within 7 days of the testing); or (b) Emergency room treatment, up to the Maximum Benefit Amount per emergency shown in the Schedule of Benefits for the Outpatient Emergency Room Treatment benefit.
- 5) Surgical Benefits - charges for: (a) A Doctor, for primary performance of a surgical procedure, up to the Maximum Benefit Amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. However, we will pay up to 1.57 times the surgical procedure charge when more than one surgical procedure through different operating fields are performed during the same surgical session. (b) A Doctor, for: (i) assistant surgeon duties; (ii) a second surgical opinion; or (iii) consultation, up to the maximum Benefit shown in the Schedule of Benefits for an Assistant Surgeon, Second Surgical Opinion, and Consultation. (c) Anesthesia and its administration, up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Anesthesia benefit. (d) Use of surgical facilities, up to the Maximum Benefit Amount per operating session, as shown in the Schedule of Benefits for the Surgical Facility benefit.
- 6) Doctor's Visits - charges by a Doctor for other than pre or post operative care: (a) For in Hospital visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Doctor's Visit – In-Hospital. (b) For office visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Doctor's Office Visits. Total visits per Injury will not exceed the combined Maximum shown in the Schedule of Benefits for All In-Hospital and Office Doctor's Visits.
- 7) X-Ray and Laboratory - charges for X ray and laboratory tests, up to the Maximum Benefit Amount shown in the Schedule of Benefits for the X-ray & Laboratory benefit.
- 8) Nursing Services - Charges for nursing services (other than routine Hospital care) by or under the supervision of a licensed graduate registered nurse, up to the Maximum Benefit Amount shown on the Schedule of Benefits for the Nursing benefit.
- 9) Physiotherapy - Charges for physiotherapy: (a) While Hospital confined, up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Hospital Inpatient Physiotherapy benefit; (b) As an outpatient, up to the Maximum Benefit Amount shown on the Schedule of Benefits for the Outpatient Physiotherapy benefit. Physiotherapy includes: (a) Heat treatment; (b) Diathermy; (c) Microtherm; (d) Ultrasonic; (e) Adjustment; (f) Manipulation; (g) Massage therapy and (h) Acupuncture. Total treatment per Injury will not exceed the Maximum Benefit Amounts for Physiotherapy shown in the Schedule of Benefits.

- 10) Ambulance - from the place where the Injury occurred to
- 11) Medical Equipment Rental - charges for medical equipment for: (a) A wheelchair; (b) An iron lung; or (c) Other medical equipment for which prior approval by us has been given; up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Medical Equipment Rental benefit.
- 12) Medical Services and Supplies - Charges for medical services and supplies for: (a) Oxygen and its administration; (b) Blood and blood transfusions; up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Medical Service & Supply benefit.
- 13) Dental Treatment - Charges for dental treatment for Injury to a tooth which was sound and natural at the time of Injury, up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Dental Treatment benefit.

The amounts payable under this Medical Expense benefit could be greatly reduced if the Covered Person does not comply with the requirements in the Limitations section of this Policy.

## **EXCLUSIONS**

Benefits will not be paid for a Covered Person's loss which:

- 1) Is caused by or results from the Covered Person's own: (a) Intentionally self inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.); (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 or 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 on the advice of a doctor; or (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
- 2) Is caused by or results from:(a) Declared or undeclared war or act of war; (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.); (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. (e) Nuclear reaction or the release of nuclear energy if care or treatment is first sought more than 180-days after the loss is first sustained. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and: (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (ii) The Covered Person was within a 25 mile radius of the site of the release either: 1) At the time of the release; or 2) Within 24 hours of the start of the release.