



STUDENT ACCIDENT INSURANCE PLAN 2018-2019

University of Louisiana at Lafayette | Policy Number: COL L004020074001

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STUDENT ACCIDENT INSURANCE PLAN

The following is a brief description of the University of Louisiana at Lafayette Student Accident Insurance Plan for the 2018-2019 policy year. The effective date of coverage for all enrolled students is August 18, 2018 to August 18, 2019.

ELIGIBILITY

CLASS 1: All registered domestic undergraduate and graduate students of the Policyholder.

CLASS 2: All registered participants of Boarding Programs and Day Camps supervised and sponsored by the Policyholder.

COVERED ACTIVITIES

CLASS 1: Insured students are covered while participating in or attending regularly-scheduled classroom instruction, a study period or special instruction period supervised by a member of the Policyholder's faculty, a supervised and sponsored policy activity (excluding Interscholastic Sports), including travel, and 24 hours a day while enrolled as a student of the Policyholder.

CLASS 2: Registered participants are covered while taking part in a Boarding Program or Day Camp supervised and sponsored by the Policyholder.

BENEFIT DESCRIPTIONS

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal sum: \$3,000

If Injury to the Covered Person results in any of the Covered Losses shown below, within 365 days of the date of the accident that caused the Injury, the Company will pay the percentage of the Principal Sum shown below for that loss. If multiple losses occur, only one Benefit, the largest, will be paid for all Covered Losses due to the same Covered Accident.

SCHEDULE OF COVERED LOSSES LOSS	% OF PRINCIPAL SUM 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%

“Member” means Loss of Hand or Foot, Loss of Arm or Leg, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of Arm or Leg” means complete severance through or above the elbow or knee joint.

“Loss of sight” means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. “Loss of speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of hearing” means permanent total deafness in both ears such that it cannot be corrected by any aid or device. “Loss of thumb and index finger of the same hand” means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

AGGREGATE LIMIT OF LIABILITY

The maximum amount the Company will pay on behalf of all Covered Persons for all covered Accidental Death and Dismemberment losses resulting from the same Accident will not exceed the Aggregate Limit of Liability as described in the Schedule of Benefits.

If the total amount payable for all Covered Losses in any one Accident exceeds the Aggregate Limit of Liability, each Covered Person’s Covered Loss will be paid at the same ratio that the Aggregate Limit of Liability has to the total amount of all Covered Losses. The Company shall not be liable for amounts in excess of the Aggregate Limit of Liability.



ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

Total benefit maximum for all Accident Medical: \$10,000

If a Covered Person suffers a Covered Loss that requires him or her to be treated by a Physician within the Loss Period, the Company will pay up to the Accident Medical and Dental Expense Benefits maximum amount for Covered Medical Expenses incurred by the Covered Person that result directly, and from no other cause, from all Injuries caused by the covered accident. These benefits are subject to the Deductibles, Coinsurance Factors, Benefit Periods, Benefit Maximums and other terms and limits outlined in the New Business Proposal.

Accident Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
3. for Covered Medical Expenses incurred within 52 weeks after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

COVERED MEDICAL EXPENSES INCLUDE:

1. Hospital room and board expenses: the daily room rate when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2. Ancillary Hospital expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
3. Daily Intensive Care Unit/Cardiac Care Unit Expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the Intensive Care Unit/Cardiac Care Unit and nursing services other than private duty nursing services.
4. Registered Nurse Services Expenses for private duty nursing while a Covered Person is Hospital Confined, when services are ordered by a Physician.
5. Medical Emergency Care (room and supplies) expenses incurred within 72 hours of a Covered Accident and including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies.
6. Outpatient surgery expenses, including Ambulatory Surgical Center.
7. Outpatient surgical room and supply expenses for use of the surgical facility.
8. Outpatient diagnostic x-rays, laboratory procedures and test expenses.
9. Physician non-surgical treatment/examination expenses (excluding medicines) including the Physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Physician.
10. Second surgical opinion expenses.
11. Physician surgical expenses. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
12. Assistant Surgeon expenses when Medically Necessary.
13. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
14. Outpatient laboratory test expenses.
15. Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic, adjustments, manipulation, massage or any form of physical therapy.
16. Post-surgical physical medicine expenses and office visits connected with such treatment when prescribed by a Physician.
17. X-ray expenses (including reading charges) not including dental x-rays.
18. Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.
19. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole sound and a natural tooth at the time of the Covered Accident.

20. Dental expenses related to the installation of crowns, caps, bridges, and dentures; oral surgery and endodontics and repair or replacement of caps and crowns that existed prior to the Covered Accident.
21. Outpatient registered nurse services if ordered by a Physician.
22. Ambulance expenses for transportation from the Accident site to the Hospital.
23. Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
24. Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.
25. Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
26. Medical services and supplies for blood and blood transfusions; oxygen and its administration.
27. Artificial limbs, eyes and larynx for initial acquisition and fitting. We will not pay for repair or replacement of artificial limbs, eyes or larynx.
28. Charges for services performed via transmitted electronic imaging or telemedicine by a Physician conducting or participating in the transmission at the originating facility or terminus who is physically present with the Covered Person who is the subject of such electronic imaging transmission and contemporaneously communicating and interacting with the Physician at the receiving terminus of the transmission. Benefits for the services of the Physician at the originating facility or terminus will be paid at the Coinsurance Factor shown in the Schedule of Benefits for doctor's office visits, but in no event will We pay more than 75% of the Usual and Customary Charge which that Physician receives for an intermediate office visit.

TERMS OF PAYMENT FOR ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

FULL EXCESS: Covered Medical Expenses incurred by a Covered Person, subject to any cost containment limits set out in the Policy, will be paid on an excess basis after any other valid and collectible insurance payments.

Failure by a Covered Person to follow the terms and conditions and/or failure to utilize the network providers and facilities of his or her primary coverage will result in a benefit reduction of Covered Medical Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by the Covered Person's primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.



EXCLUSIONS

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an accidental bodily Injury, unless otherwise covered under the policy by Additional Benefits:

1. Suicide, self–destruction, attempted self–destruction or intentional self–inflicted Injury while sane or insane.
 2. War or any act of war, declared or undeclared.
 3. Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
 4. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
 5. Disease or disorder of the body or mind.
 6. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person’s job.
 7. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
 8. Intoxication or being under the influence of any drug or narcotic.
 9. Violation or in violation or attempt to violate any duly–enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
 10. Conditions that are not caused by a Covered Accident.
 11. Covered Expenses for which the Covered Person would not be responsible in the absence of the Policy.
 12. Injuries paid under Workers’ Compensation, Employer’s liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
 13. Participation in any motorized race or speed contest.
 14. Aggravation or re–injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person’s Physician.
 15. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
 16. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling assault or battery.
 17. Injury caused by, contributed to or resulting from the Covered Person’s use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person’s Physician.
 18. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person.
 19. Treatment of a hernia whether or not caused by a Covered Accident.
 20. Treatment of Osgood–Schlatter’s disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
 21. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
 22. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
 23. Mental or nervous disorders, except as specifically provided in the policy.
 24. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.
 25. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in the Policy.
 26. Loss resulting from participation in any activity not specifically covered by the Policy.
 27. Any treatment, service or supply not specifically covered by the Policy.
 28. Eyeglasses, contact lenses, hearing aids.
 29. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in the Policy.
 30. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
- Except as a fare paying passenger on a regularly scheduled commercial airline.

DEFINITIONS

ACCIDENT means a sudden, unexpected event that results in Injury to the Covered Person.

AMBULATORY SURGICAL CENTER means an establishment with an organized medical staff of physicians, with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures, with continuous physician services and registered professional nursing services whenever a patient is in the facility, and which does not provide services or other accommodations for patients to stay overnight, and which offers the following services whenever a patient is in the center: (a) drug services as needed for medical operations and procedures performed; (b) provisions for physical and emotional well-being of patients; (c) provision for emergency services; (d) organized administrative structure; and (e) administrative, statistical and medical records. Surgery performed in an Ambulatory Surgical Center shall be covered on the same basis as if performed as an inpatient in a Hospital.

BENEFIT PERIOD means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

COVERED ACCIDENT means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss for which benefits are payable.

COVERED EXPENSES means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

COVERED LOSS or COVERED LOSSES means an accidental death, dismemberment or other Injury covered under the Policy and indicated on the Schedule of Covered Losses.

COVERED PERSON means an eligible person who is within the covered class(es) listed in the Policy, who is a U.S. citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States, and for whom the required premium is paid when due.

DEDUCTIBLE means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense for each Accident, before Accident Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

EMERGENCY MEDICAL SERVICES means those medical services necessary to screen, evaluate, and stabilize a Medical Emergency.

EXTENDED CARE FACILITY means an institution operating pursuant to applicable laws, that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and registered nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.

HOME HEALTH CARE means nursing care, treatment and Daily Living Services provided in the Covered Person's home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency and nursing service; and
3. Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

"Daily Living Services" are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person's care and health.



HOSPITAL means an institution that:

1. operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2. provides 24-hour nursing service by registered nurses on duty or call;
3. has a staff of one or more licensed Physicians available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either
 - a. on its premises; or
 - b. in facilities available to it, on a pre-arranged basis;
5. is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
6. is not a place for drug addicts, alcoholics or the aged.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1. the Joint Commission of Accreditation of Hospitals; or
2. the American Osteopathic Association; or
3. the Commission on the Accreditation of Rehabilitative Facilities.

HOSPITAL CONFINED/HOSPITAL STAY means a confinement of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

IMMEDIATE FAMILY means the Covered Person's parent, grandparent, spouse, Child(ren) (includes legally adopted or step Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws.

INJURY means bodily Injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose Injury is the basis of the claim which results, directly and independently of all other causes, in a Covered Loss.

MEDICAL EMERGENCY means a condition caused by an Injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health

and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

MEDICALLY NECESSARY means a treatment, service or supply that is:

1. required to treat an Injury;
2. prescribed or ordered by a Physician or furnished by a Hospital;
3. performed in the least costly setting required by the condition;
4. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

PHYSICIAN means a person who is a qualified practitioner of the healing arts, including a chiropractor and a dental practitioner. As such, He or She must be acting within the scope of his/her license 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.

USUAL AND CUSTOMARY CHARGES means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

WE, OUR, US means Berkley Life and Health Insurance Company underwriting this insurance.

YOU, YOUR, YOURS, HE or SHE means the Covered Person who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

CLAIMS PROCEDURES

Always keep a copy of all documents submitted for claims.

Written proof of loss and itemized bill(s) must be furnished with your claim within 90 days after the date of the loss. Failure to do so may result in denial of benefits.

Claims must be filed either via e-mail, fax, or mail. Direct questions to BMI Benefits at (800) 445-3126.

In the event of an accident, the Covered Person should:

1. If at college, report immediately to the Student Health Services so that proper treatment can be prescribed or approved.
2. If away from College, consult a Doctor and follow the Doctor's advice. Notify Student Health Services within thirty (30) days after the date of the Covered Accident or as soon thereafter as it is reasonably possible.
3. Staple all your itemized medical and hospital bills 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

IMPORTANT INFORMATION

This brochure provides a brief description of coverage provided under policy form series AH51051, underwritten by Berkley Life and Health Insurance Company (domiciled in Iowa - California Certificate of Authority #08527) and/or StarNet Insurance Company (domiciled in Delaware - California Certificate of Authority #6978) 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage terms, conditions, limitations and exclusions may vary or may not be available in all states. Please see the policy for complete details or contact us at SpecialRiskSolutions@BerkleyAH.com. Coverage does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance.

The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.

