



## ACCIDENT INSURANCE JUST FOR COLLEGES



If an accident occurs as part of your college activities, this excess **Accident Insurance** plan provides coverage to your students for medical expenses associated with accidental injuries, with deductibles as low as \$0.

### CUSTOMIZE WHO'S INCLUDED

- Registered and enrolled students, or just your student-athletes, including student managers, student coaches, and student athletic trainers.

### CUSTOMIZE COVERED ACTIVITIES

- **Classes** and other school-supervised activities
- **Intercollegiate sports games**, practice sessions, and tryouts, and travel to and from these activities; can include intercollegiate team cheer unit competitions (restrictions apply)
- **Intramural and/or club sports** activities

### WHAT'S COVERED

- Hospital bills, including room and board
- Emergency room and outpatient treatment; ambulance expenses
- Medical or surgical treatment by a licensed doctor
- Prescription drugs and medicines
- Care for dental injuries

Coverage applies on an excess basis, after all other applicable health care plans are exhausted. If no other health care plan or policy exists, coverage will be payable like primary coverage. This policy also includes *Accidental Death* and *Dismemberment* benefits.

### OPTIONAL ADD-ONS

- Expanded medical benefit for covered sports conditions
- Heart and circulatory benefits
- HMO/PPO denial benefits
- Re-aggravation of pre-existing injuries
- Guest recruits and chaperones
- Catastrophic policy, with coverage limits of up to \$5 million

For full coverage description, please visit  
[www.brotherhoodmutual.com/insurance/accident-insurance](http://www.brotherhoodmutual.com/insurance/accident-insurance)

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© Brotherhood Mutual Insurance Company. All rights reserved. Covered expenses must be incurred within the time period specified in the policy forms. This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation (QBE) and made available in coordination with Brotherhood Mutual Insurance Company and Brotherhood Mutual Insurance Services, LLC. It is not a contract and does not provide insurance coverage of any kind, nor does it modify the terms of any Brotherhood Mutual policy. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth on policy form, BAM-03-1000 et seq. Any policy QBE offers to issue will be subject to the laws of the jurisdiction in which it is issued. QBE may (1) not be able to offer this coverage in all states and (2) elect at its sole discretion not to offer or quote any specific benefit amount or risk. Please contact your agent or local administrator for the availability of coverage in your state.

### **Accidental Death and Dismemberment Benefits**

If a covered injury results in any of the losses specified below within one year from the date of the accident, this policy will pay benefits for the losses listed below in addition to the medical expense benefits. If the same accident causes more than one of these losses, the policy will pay the largest amount that applies:

- Loss of life
- Loss of any combination of two: hands, feet, eyesight, speech, and hearing
- Loss of one hand, one foot, or sight in one eye, speech, or hearing
- Loss of thumb and index finger of same hand

**Note:** Loss of a hand or foot means complete severance through, or above, the wrist or ankle joint. Loss of sight means the total, permanent loss of sight or the eye. The loss of sight must be irrecoverable by natural, surgical, or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metatarsophalangeal joints (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body.

### **Additional Optional Benefits**

**Expanded medical benefit for covered sports conditions:** When participation in a covered sports activity results in the aggravation of any of the sports conditions listed below, coverage will be provided as long as participation in the activity was allowed by the treating physician: bursitis, sprains, hernia, muscle tear, tendinitis, and repetitive motion injuries.

**Heart and circulatory benefits:** Extends coverage to include heart or circulatory conditions that first appear during or within 24 hours of a covered activity. If the condition was previously treated or diagnosed as needing treatment, this benefit will not be payable. Applies to both accidental medical and accidental death benefits.

**HMO/PPO denial benefits:** Provides coverage when medical expenses are denied or reduced by an HMO or PPO plan because treatment is received through an out-of-network provider or outside the service area.

**Re-aggravation of pre-existing injuries:** Allows benefits when participation in a covered sports activity results in re-aggravation of a previously treated condition, whether or not the treating physician had released the athlete for participation.

**Mandatory Student Accident and Self-Insured Retention plan options are also available:** For more information about either of these options, please contact your agent.

### **Catastrophic Policy Add-on**

Catastrophic benefits are only payable if the policy deductible is satisfied within two years of the date of the accident. Once the deductible is satisfied, benefits are payable for the usual and customary charges for eligible medical expenses in excess of those paid by any other health care plan—up to the maximum benefit amount and benefit period applicable to the plan selected. Home health care benefits are limited to \$30,000 per year.

The Catastrophic Policy Add-on is only available with the College Accident Base Plan offered by the Company.

### **Exclusions and Limitations**

Coverage is not provided for any accident which is caused by, or results from, any of the following:

- Intentionally self-inflicted injury, suicide, or any attempted threat while sane or insane
- Commission, or attempt to commit, a felony or an assault; commission of, or active participation in, a riot or insurrection
- Bungee cord jumping, parachuting, skydiving, parasailing, hang gliding, snowboarding, skateboarding, motorcycle racing, or racing rocket-powered, jet-propelled, or nuclear-powered vehicles
- Declared or undeclared war or act of war
- Flight in, boarding, or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline
- Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; participation in any motorized race or contest of speed
- An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learner's permit and the covered person is participating in a driver's education program
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food
- Travel or activity outside the United States, unless advance written approval is provided
- The covered person being legally intoxicated as determined by the laws of the jurisdiction in which the covered accident occurred
- 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
- Injuries compensable under workers' compensation laws or any similar law
- An accident which occurs while the covered person is driving a private passenger automobile while intoxicated
- Benefits will not be paid for any hospital stay that is not considered appropriate treatment for the condition and locality
- Overnight supervised and sponsored activities with a duration of more than 10 days, and related travel, are not covered unless advance written approval is provided
- Services or treatment rendered by any person who is employed or retained by the policyholder, living in the covered person's household; or provided by a parent, sibling, spouse, or child of either covered person or the covered person's spouse

*The Accidental Death and Dismemberment aggregate limit of liability is specified in the policy.*

### **Accident Medical Expense Benefit Limitations and Excluded Expenses**

- Cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury
- Any elective or routine treatment, surgery, health treatment, or examination
- Blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood
- Examination or prescription for initial eyeglasses, contact lenses, or hearing aids
- Treatment in any veteran's administration, federal, or state facility, unless there is a legal obligation to pay
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay
- Rest cures or custodial care
- Repair or replacement of existing dentures, partial dentures, braces, or bridgework
- Personal services such as television, telephone, or transportation
- Expenses payable by any automobile insurance policy without regard to fault
- Services or treatment provided by an infirmary operated by the policyholder
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.) that are a normal, foreseeable result of participation in the covered activity
- Treatment or service provided by a private duty nurse
- Treatment of hernia of any kind
- Treatment of injury resulting from a condition that a covered person knew existed on the date of the accident, unless the person received a written medical release from a physician

Any covered expenses payable under the *Accident Medical Expense* benefit will be reduced by 50 percent if the covered person has HMO or PPO coverage and elects not to use that coverage.

Exclusions and limitations vary by state.

### **Terms of Coverage**

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 plan maximum.

Coverage is provided to participants in policyholder sponsored and supervised activities.

**Effective date:** Coverage becomes effective on the date requested, provided the premium and the application are received and accepted by QBE Insurance Corporation.

Coverage is paid for by the policyholder; 100 percent participation is required.

### **General Definitions**

**covered accident**—a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all the following conditions:

1. occurs while the covered person is insured under the policy
2. is not contributed to by disease, sickness, or mental or bodily infirmity, and
3. is not otherwise excluded under the terms of this policy

**health care plan**—any contract, policy, or other arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits, or repatriation of remains; a health care plan includes group, blanket, franchise, family, or individual policies; subscriber contracts; uninsured agreements or arrangements; coverage provided through Health Maintenance Organizations, Preferred Provider Organizations, and other prepayment, group, practice, and individual practice plans; medical benefits under automobile "fault" and "no-fault" type contracts; medical benefits provided by any governmental plan or coverage or other benefit law, except a state-sponsored Medicaid plan or a plan or law providing benefits only in excess of any private or non-governmental plan; other valid and collectible medical or health care benefits or services

**usual and customary**—all benefit payments will be based on the normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area for like services by a provider with similar training or experience; or for a supply that is identical or substantially equivalent; where appropriate, usual and customary charge will be based on a relative value schedule appropriate to the area and type of service provided

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions are set forth on policy form, BAM-03-000 et seq. Any policy QBE offers to issue will be subject to the laws of the jurisdiction in which it is issued. QBE may, 1) not be able to offer this coverage in all states, and, 2) elect at its sole discretion not to offer or quote any specific benefit amount or risk. Please contact your agent or local administrator for the availability of coverage in your state.