

EXCLUSIONS

The policy does not pay benefits for any loss or Injury that is caused by or results from:

1. suicide or attempted suicide.
2. Intentionally self-inflicted Injury.
3. war or any act of war, whether declared or not.
4. Sickness; disease; bodily or mental infirmity; bacterial or viral infection; or medical 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.
5. commission of, or attempt to commit: a felony; an assault; or other illegal activity.
6. active participation in a riot, or insurrection.
7. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
8. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
9. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education Program.
10. medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence; including malpractice.
11. Injury or Sickness covered by: Workers' Compensation; Employer's Liability Laws; or benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
12. travel in any aircraft: owned; leased; or controlled by the Policyholder; or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
13. the Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.

In addition, the Policy will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. treatment by persons employed or retained by a Policyholder, or by any Immediate Family Member or member of the Covered Person's household.
2. treatment of: sickness; disease; or infections; except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
3. treatment of hernia, unless caused by a covered accident; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by an Injury; or mental disorder or psychological or psychiatric care or treatment; whether or not caused by a Covered Accident.

4. blood; blood plasma; or blood storage; except expenses by a Hospital for processing or administration of blood.
5. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
6. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
7. conditions that are not caused by a Covered Accident.

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.

Claims must be filed either via e-mail, fax, or mail.

Contact your Student Health Center for a claim form. If you are a student-athlete with an intercollegiate sports related injury, see your athletic training staff. 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 or Athletic Training, 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 or Athletic Training 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

This information is a brief description of the important benefits and features of the Mandatory Accident Medical Insurance underwritten by Catlin Insurance Company, Inc. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth within the policy form. Any policy issued is subject to the laws of the jurisdiction in which it is issued.



Mandatory Student Accident Insurance

August 1, 2016

Designed for the Great Plains Athletic
Conference

Fully Insured and Underwritten by
Catlin Insurance Company, Inc.
3340 Peachtree Rd, NE, Suite 2950
Atlanta, GA 30326
Policy Form Series: AHBA 050

MANDATORY STUDENT ACCIDENT INSURANCE PLAN

GPAC is pleased to provide a student accident insurance plan for the 2016-2017 year.

All full-time, registered students are automatically covered for Basic Accident Benefits and Accidental Death Benefits, as described in this brochure. The annual cost of these benefits is mandatory and included in the tuition billing statement.

The plan provides coverage whether or not college is in session, 24 hours a day, seven days a week. The effective dates of coverage for all enrolled students is August 1, 2016 to August 1, 2017.

DEFINITIONS

Covered Person means any insured for whom the required premium is paid

Covered Accident means an Accident that: occurs while coverage is in force for a Covered Person; and results in a Covered Loss or Injury covered by the Policy for which benefits are payable

Covered Expenses; Expenses: means expenses actually incurred by or on behalf of a Covered Person for: treatment; services; and supplies covered by the Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Accident until the date: treatment; services; or supplies are received for them to be a Covered Expense. 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 Injury means any bodily harm that results directly and independently of all other causes from a Covered Accident.

Usual and Customary Charge 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.

Medically Necessary means a treatment, service or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) 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.

DESCRIPTION OF BENEFITS

Hazards Insured Against

Class 1: 24 Hour World Wide Coverage

All Covered Activities which happen while the Policy is in force.

Accident Medical and Dental Expense Benefit Benefits are payable for Covered Injuries which result directly and independently of all other causes, from a Covered Accident, while coverage is in effect, up to the plan maximum. Eligible medical expenses must be incurred within two years of the date of the accident; with the first eligible expense incurred 180 days of the accident. Covered Expenses must be Medically Necessary and are subject to Usual and Customary Charges.

Schedule of Benefits

Benefit Maximum for all Covered Accidents

Medical:	Intercollegiate Sports Related: \$25,000 Non-Intercollegiate Sports Related: \$5,000
Deductible:	\$0
Loss Period:	180 days (first expense incurral period after the Covered Accident)
Benefit Period:	2 years
Benefit Percentage:	100% U&C
Terms of Payment:	Full Excess
Dental Benefit:	100% of Accident Medical Benefit

Accidental Death and Dismemberment Benefits

Class 1 Principal Sum:	\$10,000
Time Period for Loss:	365 days

Aggregate Limit of Liability

Benefit Maximum \$500,000

Applies to Accidental Death & Dismemberment Benefits only

Schedule of Covered Losses

<u>Loss of</u>	<u>Benefit</u>
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%
	(Percentage of Principal Sum)

EXCESS OF OTHER INSURANCE

This insurance is provided to fill-in the gaps that may exist in other insurance programs and to provide coverage where no other insurance exists. When an accident occurs, therefore, the bills for any necessary medical care must first be submitted to any other applicable insurance company, medical service plan, or pre-payment program. Any unpaid balance should be submitted, along with a copy of the other company's explanation of benefits, for processing under this insurance.

ACCIDENT MEDICAL EXPENSE

BENEFITS (The below list is a brief summary of the expense benefits. Review the policy for the complete description of the expense benefits)

Some Covered Medical Expenses, from a Covered Accident, include:

- Hospital room and board expenses
- Ancillary hospital expenses
- Daily intensive care unit expenses
- Medical emergency care (room and supplies) expenses
- Outpatient surgical room and supply expenses for use of the surgical facility
- Outpatient: diagnostic x-rays; laboratory procedures; and tests
- Doctor non-surgical treatment/examination expenses (excluding medicines)
- Doctors surgical expenses
- Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis
- Physiotherapy /physical medicine/ chiropractic/ acupuncture expenses on an inpatient or outpatient basis.
- 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; and emergency alleviation of dental pain
- Ambulance expenses for transportation from the emergency site to the Hospital
- Rehabilitative braces or appliances prescribed by a Doctor
- Prescription drug expenses including: dressings, drugs, and medicines prescribed by a Doctor and administered on an outpatient basis
- Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person
- Eyeglasses; contact lenses; and hearing aids; when damage occurs in a Covered Accident that requires medical treatment
- Expenses due to re-aggravation or re-injury of a Pre-Existing Condition.
- Expanded Medical Benefit of Sports Conditions – treatment of: bursitis, sprains, hernias, strains, muscle tears, tendonitis, and repetitive motion injuries if these conditions are aggravated by participation in a Covered Activity.
- Expenses for treatment of heat exhaustion, heart attack, stroke, and burst aneurysm if the condition occurs during a Covered Accident.
- HMO/PPO Denial – We will pay when benefits are denied or reduced by an HMO or PPO plan because services provided to treat the Covered Injury (ies) were: (1) rendered by a Non-Preferred Provider; or (2) received outside of the network's service area. If benefits are reduced rather than denied by an HMO or PPO for the reasons described above, We will pay an amount equal to the charges incurred less the amount paid by the HMO or PPO.