

College Health Office

Location

Student Services Building-Room 110

Tel 845-431-8075 Fax 845-431-8504

Health Office Hours

Monday through Friday 8:30 a.m. - 4:30 p.m.

A registered nurse and part-time physician are available to assist you. The College Health Office can help you with referrals to physicians, specialists and community agencies.

General Suggestion

Become acquainted with the location and services of the College Health Office.

If a specific appointment is made for you at the Health Office, please keep it or notify the College Health Office.

If you need emergency treatment when the College Health Office is closed, call a private physician or report directly to any hospital emergency room. Please report emergency to the College Health Office at your earliest convenience.

Coverage

All enrolled students are covered 24 hours a day for Accident Medical Expense benefits and Accidental Death and Dismemberment benefits. This plan does not include coverage for any intercollegiate sports or any related intercollegiate sports activities, including practice

Accident Medical Expense Benefits

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 Maximum Benefit, as indicated below. Eligible medical expenses must be incurred within the 52 week Benefit Period; with the first eligible expense incurred within 180 days of the date of the accident. Deductible - \$0.

Schedule of Benefits:

Maximum Benefit: \$10,000 per Injury

Benefit Period: 52 weeks from the date of the accident

Deductible: \$0

Covered Expenses are subject to **Usual and Customary Charges**.

Some Covered Expenses Include: 1) Inpatient Hospital Services; 2) Intensive Care Room and Board, 3) Hospital Miscellaneous Treatment, 4) Outpatient Pre-admission Testing, 5) Outpatient Hospital Emergency Room, 6) Surgical Benefits, 7) Doctors Visits, 8) X-Ray and Laboratory Tests, 9) Nursing Services, 10) Physiotherapy, 11) Ambulance, 12) Medical Equipment Rental Charges, and 13) Medical Services and Supplies, 14) Home Health Care, 15) Heart and Circulatory Benefit, 16) Expanded Medical, 17) Pre-existing Conditions, 18) HMO/PPO Provision, and 19) Outpatient Prescription Drug Benefit.

Accidental Death and Dismemberment (AD&D) Benefits

We will pay benefits for Eligible Expenses if the insured suffers an Eligible Expenses resulting directly and independently of all other causes from a Covered Accident within 365 days of the Covered Accident.

AD&D

Principal Sum: \$5,000

Schedule of Covered Losses

| | |
|--|---------------------------|
| Loss of Life: | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet: | 100% of the Principal Sum |
| Loss of Sight of Both Eyes: | 100% of the Principal Sum |
| Loss of One Hand or Foot and Sight in One Eye: | 100% of the Principal Sum |
| Loss of Speech and Hearing: | 100% of the Principal Sum |
| Loss of One Hand or Foot: | 50% of the Principal Sum |
| Loss of Sight in One Eye: | 50% of the Principal Sum |

Aggregate Limit of Indemnity: \$500,000

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.

EXCLUSIONS

This 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 this 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. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. 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;
5. Participation in a riot or insurrection.
6. Disease or disorder of the mind including mental or nervous disorders.
7. Loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of the Covered Person's Physician.
8. Commission or attempt to commit a felony.
9. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
10. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
11. 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.
12. Aviation, except as a far paying passenger on a scheduled or chartered flight operated by a scheduled airline.
13. Rest cures or custodial care.
14. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

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.

Claim Procedures

Always keep a copy of all documents submitted for claims. You may obtain a copy of the policy by contacting (845) 567-1000.

Contact the college health office for a claim form. Claims must be filed within ninety (90) days of the date of accident and can be submitted via e-mail, fax or mail. Contact Heather at BMI Benefits at 1-800-445-3126 or heather@bobmccloskey.com with any questions.

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

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

BMI Benefits

P.O. Box 511 Matawan, NJ 07747
Toll free: (800) 445-3126
Fax: (732) 583-9610

For additional information or claims assistance, please contact:

Marshall Sterling Insurance
103 Executive Drive, Suite 101
New Windsor, NY 12553-6839
(845) 567-1000

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 sixty (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.

Student Accident Insurance Program 2017-2018

*Designed especially for the
Students of*

**Dutchess
Community College**

Policy Number: US 952570

*Keep this brochure as a record of your
insurance coverage.*

Underwritten by:
United State Fire Insurance Company
5 Christopher Way Eatontown, NJ 07724