



2012-13 Athletic Accident Insurance Plan

Please keep this summary of coverage for future reference.

A Blanket Accident Non-Renewable Term Policy
for student athletes attending:

Albion College



Coverage Number: US063006

Full Excess Medical Coverage



12-13 Albion – ICS 092712



SCOPE OF COVERAGE

This brochure is a brief description of the benefits provided through your institution for eligible full-time intercollegiate student athletes. The plan term is for the 2012-2013 academic year and will cover student athletes from the first to the last date a student athlete is required to be on campus for participation in a **covered event**.

FULL EXCESS MEDICAL

This plan will pay **eligible expenses** up to the limits of this plan that are in excess of any other **health care plan**, regardless of any coordination of benefits provision contained in such **health care plan**.

SUBROGATION

When benefits are paid to or for a **covered person** under the terms of this plan, we will be subrogated the rights of the **covered person**, unless otherwise prohibited by law, against any third parties that acknowledge responsibility or are found legally liable by a Court of competent jurisdiction for the **injury** that necessitated the hospitalization or the medical or surgical treatment for which the benefits were paid. Such subrogation rights will be exercised to the limit of the benefits we have paid for such hospitalization and treatment, and we shall pay the fees and costs associated with such recovery.

The **covered person** agrees to transfer their rights to us. We will exercise such rights on their behalf. The **covered person** further agrees to furnish us with all relevant information and documents pertaining to the subrogation.

DEFINITIONS

Accident means a sudden, unforeseeable external event which causes injury and occurs while coverage is in effect for the **covered person**.

Athletic Related Condition (ARC) means a condition resulting from practice or play of a **covered event** such as heat exhaustion, repetitive motion injuries, strains, tennis elbow, tendonitis, bursitis and muscle tears. Such condition must manifest itself while this plan is in force.

Covered Event means a regularly scheduled game, competition or practice session under the direct and immediate supervision by the **covered person's** institution.

Covered Person means an eligible full-time student participating in a **covered event**.

Deductible means the amount of **eligible expenses** paid by you before benefits are payable under the plan. The **deductible** amount is shown in the Schedule of Benefits.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. **Doctor** does not include:

- The **Covered Person** (you);
- The **Covered Person's** spouse, dependent, parent, brother or sister; or
- A person living with the **Covered Person**.

Eligible Expenses means charges:

- Not in excess of the **usual, reasonable and customary** charge;
- Incurred by the **covered person**;
- Services and supplies which are **medically necessary**; and
- **For a loss** incurred while this plan is in force.

Hospital means an institution:

- Operated pursuant to law;
- Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- Under the supervision of a staff of **doctors**;
- Providing 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.);
- With medical, diagnostic and treatment facilities, and with major surgical facilities on its premises; or available on a pre-arranged basis; and
- Charging for its services.

Hospital does *not* include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics (except as stated below); or
- Rehabilitation.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an **accident**. All **injuries** to the same person sustained in one **accident**, including all related conditions and recurring symptoms of **injuries** will be considered one **injury**.

Medically Necessary means those services or supplies provided or prescribed by a **hospital** or **doctor**:

- Essential for the symptoms and diagnosis or treatment of the **injury**;
- Provided for the diagnosis, or the direct care and treatment of the **injury**;
- In accordance with the standards of good medical practice;

- Not primarily for your convenience or that of your **doctor**; and
- That are the most appropriate supply of level of service that can safely be provided.

Natural Teeth means **natural teeth** or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat-treatment in any form; manipulation or massage administered by a **doctor**.

Usual, reasonable and customary (UR&C) means:

- Charges and fees for medical services or supplies that are the lesser of: the usual charge by the provider for the service or supply given; or the average charges for the service or supply in the area where service or supply is received; and
- Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

SCHEDULE OF BENEFITS

Student athletes are covered from the first to the last date they are required to be on campus for participation in a **covered event**. Benefits for **eligible expenses** are provided after the deductible has been satisfied. **Eligible expenses** must be incurred within 104 weeks from the date of loss to be considered for benefits.

Accident Medical Expense Limit:	\$25,000
Athletic Related Conditions Limit:	\$ 5,000
Deductible:	\$0

The Accident Medical Expense Limit is increased to \$90,000 under another plan through QBE Insurance for NCAA participating institutions.

MEDICAL EXPENSE BENEFITS

HOSPITAL ROOM & BOARD:	<i>Semi-Private Rate</i>
HOSPITAL MISCELLANEOUS:	UR&C
OUTPATIENT PRE-ADMISSION TESTING:	UR&C
OUTPATIENT HOSPITAL EMERGENCY ROOM BENEFIT:	UR&C
SURGEON'S FEE:	UR&C
<i>When more than one surgical procedure is performed at the same time, through the same incision, the highest payment will be for the surgery which costs the most. We will pay a maximum of 50% for a second surgical procedure and 30% for the third surgical procedure.</i>	
ASSISTANT SURGEON / ANESTHESIOLOGIST:	30% of surgeon's allowable fee
SURGICAL FACILITY:	UR&C
DOCTOR VISITS:	UR&C

X-RAY & LABORATORY:	UR&C
PRESCRIPTION DRUGS:	UR&C
AMBULANCE BENEFIT AMOUNT:	UR&C
PHYSIOTHERAPY BENEFIT:	
• <i>Hospital Inpatient:</i>	UR&C
• <i>Outpatient:</i>	\$300 maximum without a doctor's prescription
DENTAL TREATMENTS FOR INJURY ONLY:	UR&C
ACCIDENTAL DEATH BENEFIT:	\$1,000

Initial medical treatment must be received from a Doctor within 90 days from the date of loss.

Proof of loss must be submitted within 6 months from the date of injury.

Any expense not specifically listed in the preceding sections is not covered.

LIMITATIONS

Benefits payable under this plan will be reduced by 50% under the following circumstances:

For surgical benefits: if the **covered person** has coverage under an HMO, PPO or similar arrangement; and the **covered person** does not use the facilities of the HMO, PPO or similar arrangement for provision of benefits.

For outpatient benefits: if the **covered person** does not attempt to obtain an out-of-network authorization or a referral from their managed care provider to obtain treatment.

The 50% reduction in benefits will not apply to emergency treatment required within 24 hours following an **accident** or emergency medical condition, which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

EXCLUSIONS & LIMITATIONS

Benefits will not be paid for:

1. A loss caused by or results from the **covered person's** own intentionally self-inflicted **injury**, suicide or any attempt thereof; voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a **doctor**;
2. Driving under the influence of a controlled substance unless administered on the advice of a doctor;
3. Driving while intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
4. 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 and rendered within 6 months of the **accident**;
5. Services or treatment rendered by a **doctor**, nurse or any other person who is a member of the **covered person's** immediate family;
6. Charges which the **covered person** would not have to

pay if he did not have insurance; or are in excess of Usual, Reasonable and Customary charges;

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 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 caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a **doctor**;
10. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Plan;
11. Expenses to the extent that they are paid or payable under other valid and collectible Health Care Plan or medical prepayment plan;
12. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
13. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
14. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions thereof unless the result of a covered Injury;
15. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
16. 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;
17. Cosmetic surgery, unless the result of a covered injury under this plan;
18. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
19. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
20. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
21. Hernia of any kind;
22. Any sickness, except infection which occurs directly from an accidental cut or wound;
23. Expenses incurred for an **accident** after the termination date of this Plan;
24. Prescription medicines unless specifically provided for under this plan;
25. Congenital conditions;
26. For international students, expenses incurred within your home country or country of regular domicile;
27. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in intercollegiate sports;
28. Re-aggravation of a prior injury diagnosed, treated or where symptoms were present prior to the effective date of this policy unless released with no restrictions by the attending physician.

CLAIM PROCEDURES

In the event of an **accident**, you should:

- 1) Report your **accident** to the Athletic Trainer immediately.
- 2) File all charges with your primary insurance carrier first.
- 3) If your primary insurance carrier does not pay the entire bill, secure a claim form and instructions from the Athletic Department or at www.eiastudent.org/albion, complete the necessary information on the claim form, attach the itemized insurance bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or the claims administrator below. (Please do not submit duplicate claim forms)
- 4) All subsequent claim information regarding your claim should be identified with your name, the institution name and the initial date of your **accident**.
- 5) All claim information should be submitted to:

NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
Phone: 877.497.4980 Fax: 207.647.4569
E-mail: eia@nahga.com



IMPORTANT!

- Claims forms must be submitted within 6 months from the date of **injury**.
- All **covered expenses** must be submitted within 12 months from date of service or charges will be denied.

If you are unable to download or print this brochure please feel free to contact:

*NAHGA at 877-497-4980 or
EIAA at 888-255-4029*

FAIRMONT SPECIALTY PRIVACY PRACTICES

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information. We do not use or disclose your information for any fundraising, marketing or research activities.

We use and disclose your information to determine your eligibility for plan benefits, to facilitate payment for treatment and services provided to you, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claim inquiry. We may also disclose your information to law or government agencies when required by law.

Under the privacy laws, you have unlimited access to your information. You may limit how we use and disclose your information and get a listing of instances where it was disclosed. You may request that we correct inaccurate information or add missing information.

If you have any questions about your rights, our Privacy Practices or you want to file a complaint, please contact our Privacy Officer at: 1 (800) 926-3441.

Underwritten by:
United States Fire Insurance Company,
By Fairmont Specialty, a Division of Crum & Forster



This summary of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.