A Blanket Accident Non-Renewable Term Plan
for students attending:

Coverage Number:  US950389

Plans are underwritten by United States Fire Insurance Company

This is a brief description of coverage provided under the above group policy number and is subject to the terms, conditions, limitations and exclusions of the certificate. Please see the certificate for details.

Plans are not available in all states and may vary by state.

www.eiiastudent.org/albright

17-18 ALBRIGHT – MA 072017
SCOPE OF COVERAGE
This brochure is a brief description of the benefits provided through Albright College for full-time enrolled undergraduate students from the first date you are required to be on campus through 07/31/18.

Benefits are provided to covered persons who suffer a covered loss which results directly and independently of disease or bodily infirmity from an injury which is suffered in an accident.

FULL EXCESS MEDICAL COVERAGE
If an injury to the covered person results in his incurring eligible expenses for any of the services in the Schedule of Benefits, we will pay the eligible expenses incurred, subject to the deductible amount and coinsurance percentage (if any), that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. This provision does not apply to the first $100 of each loss.

SUBROGATION
When benefits are paid to or for a covered person under the terms of this plan, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or is found legally liable by a Court of competent jurisdiction for the injury that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay 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:
1) Causes injury; and
2) Occurs while coverage is in effect for the covered person.

Covered Person means an eligible student.

Deductible means the amount of eligible expenses which must be paid by the covered person before benefits are payable under this plan.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include:
1) You;
2) Your spouse, dependent, parent, brother or sister; or
3) A person who ordinarily resides with you.

Eligible Expenses means 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. The injury must be incurred while this plan is in force.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:
1) Group or blanket insurance, whether on an insured or self-funded basis;
2) Hospital or medical service organizations on a group basis;
3) Health Maintenance Organizations on a group basis;
4) Group labor management plans;
5) Employee benefit organization plan;
6) Professional association plans on a group basis; or

Hospital means an institution which:
1) Is operated pursuant to law;
2) Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3) Is under the supervision of a staff of doctors;
4) Provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.);
5) Has medical, diagnostic and treatment facilities, with major surgical facilities:
   a) On its premises; or
   b) Available to it on a pre-arranged basis; and
6) Charges for its services.

Hospital does not include:
1) A clinic or facility for:
   a) Convalescent, custodial, educational or nursing care;
   b) The aged, drug addicts or alcoholics; or
   c) Rehabilitation; or
2) A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
   a) The services are rendered on an emergency basis; and
   b) A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

Injury means bodily harm which results, 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 the injuries will be considered one injury.

Medically Necessary or Medical Necessity means the service or supply is;
1) Prescribed by a Doctor for the treatment of the injury; and
2) Appropriate according to conventional medical practice for the injury in the locality in which the service or supply is given;

Natural Teeth means natural teeth or tooth 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:
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.

SCHEDULE OF BENEFITS
When your injury requires medical treatment, we will pay the eligible expenses incurred within 52 weeks after the date of this Accident up to the Accident Medical Expense Limit listed below.

Accident Medical Expense Limit: $5,000
Deductible: $0

MEDICAL EXPENSE BENEFITS

HOSPITAL ROOM & BOARD: Semi-Private Rate
HOSPITAL MISCELLANEOUS: UR&C
OUTPATIENT PRE-ADMISSION TESTING: UR&C
OUTPATIENT HOSPITAL EMERGENCY ROOM BENEFIT: UR&C
SURGEON’S FEE: UR&C
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.

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:
- Hospital Inpatient: UR&C
- Outpatient: $300 maximum without a doctor’s prescription

MEDICAL SERVICES AND SUPPLIES: UR&C

DENTAL TREATMENTS FOR INJURY TO NATURAL TEETH: UR&C

ACCIDENTAL DEATH & DISMEMBERMENT: $1,000

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF $5,000 PER ACCIDENT.

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

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.

EXCLUSIONS
1) Is caused by or results from the Covered Person’s own:
   a) Intentionally self-inflicted injury, suicide or any attempt thereat (In Missouri this applies only while sane);
   b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded);
   c) Commission or attempt to commit a felony;
   d) Participation in a riot or insurrection;
   e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
   f) Driving while intoxicated. “Intoxicated” will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
2) Is caused by or results from:
   a) Declared or undeclared war or act of war;
   b) Aviation, except as specifically provided in this plan;
   c) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

ADDITIONAL EXCLUSIONS
Benefits will not be paid for:

1) Normal health checkups;
2) 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 plan, and rendered within 6 months of the accident;
3) Services or treatment rendered by a doctor, nurse or any other person who is:
   a) Employed or retained by the certificateholder; or
   b) Who is the covered person or a member of his immediate family;
4) Charges which:
   a) The covered person would not have to pay if he did not have insurance; or
   b) Are in excess of Usual, Reasonable and Customary charges.
5) Travel in or upon;
   a) A snowmobile;
   b) Any two or three wheeled motor vehicle;
   c) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
6) 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;
7) That part of medical expense payable by any automobile insurance policy without regard to fault; (Does not apply in
any state where prohibited);

8) Injury that is:
   a) 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
   b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;

9) Any sickness, except infection which occurs directly from an accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;

10) Practice or play in any intercollegiate 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 group insurance 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) Injury sustained while in the service of the armed forces of any country;

15) Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;

16) Treatment in any Veterans Administration of Federal Hospital, except if there is a legal obligation to pay;

17) Treatment of temporomandibular (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;

18) Cosmetic surgery, unless the result of an injury covered by this plan;

19) Any loss which is covered by state or federal worker’s compensation, employers liability, occupational disease law, or similar laws;

20) The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;

21) Rest cures or custodial care;

22) The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;

23) Expenses incurred for an accident after the Benefit Period shown in the Schedule of Benefits;

24) Hernia of any kind; or any bacterial infection that was not caused by an accidental cut or wound;

25) Congenital conditions;

26) For international students, expenses incurred within your home country or country of regular domicile.

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

CLAIM PROCEDURES

1. Report your Accident to Student Health Services.

2. File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must obtain pre-authorization for all services rendered or benefits will be reduced by 50%.

3. If your primary insurance carrier does not pay the entire bill:
   ✓ Secure a claim form and instructions from Student Health Services or at www.eiastudent.org/albright.
   ✓ Complete the front page of the claim form.
   ✓ Submit the itemized insurance bills along with the explanation of benefits from your primary carrier (if you have other insurance).
   ✓ 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: eitia@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 EIIA at 888.255.4029
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Please keep this Brochure as a brief summary of the coverage provided under group policy number GAC-26932, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states.