



**RANDOLPH COLLEGE**  
**Student Accident Insurance Plan Summary**  
**2022 - 2023**  
**Policy #: KHH500214**

**Program & Claims Administrator**

BMI Benefits, LLC.  
 Matawan, NJ 07747



**Program Broker**



555 Fairmount Ave.  
 Baltimore, MD 21286  
 USA

**Claim Procedures**

Always keep a copy of all claim related documents. Written proof of loss must be submitted within 90 days from the date of such loss.

- 1) Contact Student Health Services to obtain an accident claim form. Complete the claim form in its entirety and submit to BMI Benefits, within 90 days from the date of the loss.
- 2) Submit all itemized bills and primary insurance E.O.Bs to BMI Benefits for processing of outstanding balances due to a Covered Accident.

**SUBMIT TO:**  
**BMI Benefits, LLC.**  
**PO Box 511**  
**Matawan, NJ 07747**  
**PH: 800.445.3126**  
**FAX: 732.583.9610**  
**EM: bmi@bobmcloskey.com**

Randolph College is pleased to provide a student accident insurance plan for the 2022-2023 school year. All enrolled students are covered for Accident Medical Expense Benefits and Accidental Death and Dismemberment Benefits subject to the terms, conditions, limitations and exclusions of the Policy. The Policy provides 24-hour coverage for students. The Policy covers certain losses, and certain medical expenses for the treatment of injuries, which are the direct and independent result of a Covered Accident during the policy period. See "Benefits," "Definitions" and "Exclusions" for further details. The effective date of coverage for all enrolled students is August 1, 2022 to August 1, 2023.

**Accident Medical Expense Benefits:**

Benefits are payable for treatment of injuries that result from a Covered Accident, while coverage is in effect, up to the Maximum Benefit summarized below, subject to the terms, conditions, limitations, and exclusions of the Policy. Eligible medical expenses must be incurred within the 104-week Benefit Period; with the first eligible expense incurred within 180 days of the Covered Accident. Benefits are payable for eligible expenses that are in excess of benefits paid by any other health care plan.

<b>Schedule of Benefits</b>	
Accident Medical Expense Maximum	\$5,000
Deductible	\$0
Benefit Period	104 weeks from the date of the Covered Accident
Coinsurance	100% of Usual & Customary Charges
Dental Benefit	Up to 100% of Accident Medical Expense Maximum; Sound & Natural Teeth Only
Accidental Death & Dismemberment Benefit (AD&D)	\$10,000 Principal Sum
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 & 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

## Covered Expenses Include

- Inpatient Hospital Services
- Intensive Care Room and Board
- Hospital Miscellaneous Treatment
- Outpatient Pre-admission Testing
- Outpatient Hospital Emergency Room
- Surgical Benefits
- Doctors' Visits
- X-Ray and Laboratory Tests
- Nursing Services
- Physiotherapy
- Ambulance
- Medical Equipment Rental Charges
- Medical Services and Supplies
- Home Health Care
- Heart and Circulatory Benefit
- Expanded Medical
- Re-Aggravation
- HMO/PPO Provision
- Outpatient Prescription Drug Benefit
- Dental Services



## General Definitions

The terms listed below have the following meanings. Please note that the Policy contains other defined terms in addition to the definitions set forth below.

**Appropriate Treatment** means care, services or supplies, provided by or at the direction of a Physician that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury and are provided during the course of treatment of an injury sustained in a Covered Accident. Appropriate Treatment must be provided no less frequently than monthly unless the Covered Person's Physician specifies in writing to Us that such treatment of injuries sustained in a Covered Accident can be provided at less frequent intervals.

**Benefit Percentage** means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the *Schedule of Benefits*.

**Company or We, Us, Our,** means QBE Insurance Corporation domiciled in Pennsylvania.

**Covered Accident** means a sudden, unforeseeable external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions: 1) occurs while the Covered Person is insured under this 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.

**Covered Expense** means the lesser of the Usual and Customary Charge and the maximum benefit shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Accidental Medical Expense Benefits* section of the policy. Covered Expenses must be Incurred by a Covered Person for Appropriate Treatment for injuries sustained in a Covered Accident.

**Covered Person** means an Eligible Person, as defined in the *Schedule of Benefits*, whom for required premium has been paid when due and for whom coverage under this Policy remains in force.

**Deductible** means the amount of Covered Expenses that each Covered Person must Incur before benefits are paid under this Policy. The Covered Person may use Covered Expenses paid under another Health Care Plan to satisfy the Deductible under this Policy only if so indicated in the *Schedule of Benefits*.

**Physician** means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not: 1) employed or retained by the Policyholder; or 2) living in the Covered Person's household; or (3) a parent, sibling, spouse or child of the Covered Person.

**Usual and Customary Charge** means the normal charge, in the absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area; 1) for a like service by a provider with similar training or experience; or 2) for a supply that is identical or substantially equivalent.

## Common Exclusions

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
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. 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;
11. travel or activity outside the United States or Canada;
12. the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
13. 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;
14. injuries compensable under Workers' Compensation law or any similar law;

We will not pay benefits for:

15. services or treatment rendered by a Physician, Nurse or any other person who is:
  - a. employed or retained by the Policyholder; b. living in the Covered Person's household; c. who is a parent, sibling, spouse or child of the Covered Person;
16. any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition and locality.
17. A Covered Person's Covered Loss if: a. he was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and b. he was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

**Excluded Expenses** - None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to: a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident; b. reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine treatment, surgery, health treatment or examinations.
4. Examination or prescriptions for, or purchase of, eyeglasses, contact lenses or hearing aids.
5. Treatment in any Veterans' Administration, Federal or state facility unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone, or transportation.
10. Services or treatment provided by an infirmary operated by the Policyholder.
11. Treatment or service provided by a private duty nurse.

**This information is a brief description of certain benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation. It is not a contract and does not extend or alter the coverage afforded by the Policy. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on the applicable policy form. To the extent there is any discrepancy between the descriptions in this brochure and the terms, conditions, limitations and exclusions of the Policy, the Policy shall prevail. Any policy QBE issues will be subject to the laws of the jurisdiction in which it is issued.**