

# NJCAA CATASTROPHIC ACCIDENT MEDICAL INSURANCE PROGRAM BROCHURE

2020 - 2021



PROGRAM MANAGER &  
CLAIM ADMINISTRATOR:



UNDERWRITTEN BY:



Leaders In Student & Sports Insurance Administration Since 1975

As the Exclusive Insurance Partner of the National Junior College Athletic Association, Bob McCloskey Insurance (BMI) is proud to partner with the NJCAA and Liberty Mutual Insurance Company to tailor a Catastrophic Accident Medical Insurance Program for NJCAA institutions.

An unexpected accident, specifically a catastrophic-type accident, can have severe financial and emotional impacts on your student-athletes and their family. This type of event may also have severe financial implications for your Institution.

The cost of this coverage is typically very affordable compared to the high levels of coverage obtained. Although the hope is that you will never have to use this insurance, it will benefit the injured athlete as well as the institution on many levels in the event of a catastrophic-type accident.

The BMI team recognizes the unique needs that two-year colleges have, and our ability to assess each and to provide insurance solutions for your athletic program is one of our many strengths that differentiate us from our competitors. Basic and Catastrophic Accident Insurance for Intercollegiate, Club & Intramural Sports has been a core product at BMI for many decades.

With over 40 years of experience in the collegiate sports accident insurance space, BMI continues to advocate for colleges and their student-athletes, whether intercollegiate, club or intramural. Contact us today and let us help you to ensure that your institution is properly covered.



## NJCAA CATASTROPHIC ACCIDENT MEDICAL INSURANCE INTERCOLLEGIATE, CLUB & INTRAMURAL SPORTS

### COVERED PERSONS & ACTIVITIES

**Covered Persons:** **Class 1:** All Student-athletes, Student-coaches, Student-managers, Student-trainers and Guest-recruits of the Policyholder's Intercollegiate Sports Program. **Class 2:** All Student-athletes, Student-coaches, Student-managers, Student-trainers of the Policyholder's Club Sports Program. **Class 3:** All Students of the Policyholder's Intramural Sports Program.

**Covered Activities:** While participating in organized and supervised play and practice for an Intercollegiate, Club or Intramural team of which he/she is a registered member, including supervised travel to and from such play and practice. Covered activities for Guest-recruits includes while participating in activities which are on campus and supervised by the Policyholder's athletic department.

## SCHEDULE OF BENEFITS

ACCIDENT EXPENSE BENEFIT MAXIMUM DEDUCTIBLE	\$5,000,000 per <b>Covered Injury</b>
DEDUCTIBLE MUST BE SATISFIED WITHIN	\$25,000, \$35,000 or \$50,000 per <b>Covered Injury</b>
FIRST COVERED EXPENSES MUST BE RECEIVED WITHIN	24 months of the <b>Covered Injury</b>
CATASTROPHIC BENEFIT PERIOD	730 days after the <b>Covered Injury</b> Option #1: The earliest of the <b>Date of Recovery</b> or <b>Lifetime</b> of the Insured Person. Option #2: The earliest of the <b>Date of Recovery</b> or <b>10-years</b> from the date of the <b>Covered Injury</b>
DATE OF RECOVERY BENEFIT	24 months Treatment free or Medically Cleared
BENEFIT PERCENTAGE OF USUAL AND CUSTOMARY	100%, Unless Otherwise Specified Below
POLICY AGGREGATE	\$5,000,000, Applies to all Benefits per <b>Covered Injury</b>

## FULL EXCESS ACCIDENT MEDICAL, DENTAL & REHABILITATIVE BENEFITS

### INPATIENT BENEFITS

SEMI-PRIVATE ROOM	Average Semi-Private Room Rate
INTENSIVE CARE UNIT/CRITICAL CARE UNIT	100% Usual & Customary Charges (U&C)
HOSPITAL MISCELLANEOUS EXPENSES	100% Usual & Customary Charges

### MENTAL & NERVOUS DISORDERS EXPENSE BENEFIT

HOSPITAL EXPENSES AND BENEFIT AMOUNT	100% Usual & Customary Charges
MAXIMUM DAYS OF HOSPITAL CONFINEMENT	Up to 45 days
PHYSICIAN EXPENSES	\$50 per day up to 50 Visits per Calendar Year

### OUTPATIENT BENEFITS

COMBINED HOME HEALTH CARE, CUSTODIAL CARE	100% U&C charges up to \$110,000 per Calendar Year Maximum Benefit
HOME HEALTH CARE BENEFIT	100% U&C charges up to \$110,000 per Calendar Year Maximum Benefit – Must begin within 7 days after the Insured Person has been continually confined for 5 days in Hospital or Extended Care Facility or Rehabilitation Facility
CUSTODIAL CARE BENEFIT	100% U&C charges up to \$100,000 per Calendar Year
EXTENDED CARE FACILITY BENEFIT	100% U&C charges up to \$365,000 per Calendar Year Must begin within 7 days after the Insured Person has been continually Hospital Confined for 7 days
CHIROPRACTIC TREATMENT BENEFIT	100% U&C charges up to a \$1,000 per Calendar Year
OUTPATIENT PHYSIOTHERAPY BENEFIT	100% U&C charges up to a \$50,000 per Calendar Year.
ARTIFICIAL LIMBS	100% of Usual & Customary Charges up to \$100,000 During the First Two (2) years after the Covered Injury. 100% of Usual & Customary Charges up to \$100,000 for Each Consecutive Ten (10) Year Period Immediately Thereafter. (\$200,000 if Amputation of the Leg is Above the Knee). Lifetime Maximum Amount: \$750,000

# SCHEDULE OF BENEFITS CONTINUED

## ANCILLARY BENEFITS

<b>EXPANDED MEDICAL BENEFIT</b>	Included, 100% of Usual & Customary Charges
<b>HMO/PPO DENIAL BENEFIT</b>	Included, 100% of Usual & Customary Charges
<b>PRE-EXISTING CONDITION BENEFIT/RE-INJURY BENEFIT</b>	Included, 100% of Usual & Customary Charges
<b>HEART &amp; CIRCULATORY BENEFIT</b>	Included, 100% of Usual & Customary Charges

## SPECIAL ACCOMMODATION EXPENSE BENEFIT

### SPECIAL ACCOMMODATION BENEFIT MAXIMUM

\$125,000 FOR THE FIRST 10 YEARS AFTER THE COVERED INJURY, AND \$50,000 FOR EACH 10-YEAR PERIOD THEREAFTER

## QUALIFIED EDUCATIONAL EXPENSE BENEFIT

### QUALIFIED EDUCATIONAL EXPENSE

MUST BE INCURRED WITHIN 5 YEARS AFTER THE COVERED INJURY. QUALIFIED EDUCATIONAL EXPENSE MAXIMUM BENEFIT AMOUNT: \$60,000; BENEFIT PERIOD: 20 YEARS

## FAMILY EXPENSE BENEFIT

<b>REHABILITATIVE TRAINING FOR AN IMMEDIATE FAMILY MEMBER</b>	\$2,500 Maximum - Training Must Occur Within 24 Months After the Covered Injury
<b>TRAVEL FOR IMMEDIATE FAMILY MEMBERS</b>	\$2,000 Maximum - Travel Expense Must be Incurred Within 24 Months After the Covered Injury
<b>FAMILY LOST EARNINGS</b>	Loss Percentage: 75% Maximum Weekly Amount: \$500 per Week Maximum Number of Weeks: 13 Weeks Lost Earnings Period: 24-Month Period After the Covered Injury
<b>MAXIMUM TOTAL FAMILY EXPENSE BENEFIT</b>	\$50,000 per Covered Injury

## DISABILITY BENEFIT

**DISABILITY MUST BEGIN WITHIN 730 DAYS OF THE COVERED INJURY**  
**MONTHLY BENEFIT AMOUNT IS \$1,560    BENEFIT PERIOD: LIFETIME**

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

<b>ACCIDENTAL DEATH BENEFIT &amp; DISMEMBERMENT BENEFIT</b>	Principal Sum: \$25,000
<b>LOSS MUST OCCUR WITHIN</b>	365 days of the Covered Loss
<b>LOSS OF USE BENEFIT</b>	See AD&D Schedule
<b>HEART &amp; CIRCULATORY CONDITION DEATH BENEFIT</b>	\$25,000

U&C = Usual and Customary Charges: 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. BMI utilizes a U&C schedule from a nationally recognized U&C medical vendor.

Coverage under this program available in all states except MN, NH, MO, NY & WA. If you are located in one of these states, please contact BMI as we have other Catastrophic Policy options available to your school.

## CONDITIONS OF COVERAGE

### Sports Coverage

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Injury that occurs while he is participating in one of the following Sponsored Sports Covered Activities:

1. regularly scheduled practice or training;
2. regularly scheduled competition or exhibition game;
3. a scheduled tryout, workout session or team meeting;
4. a Sponsored Sports Covered Activity; or
5. Covered Sports Travel.

Covered Sports Travel includes travel, only within the United States and directly and without interruption:

1. between home and the premises of the Sports Organization;
2. between home and another meeting place designated by the Sports Organization;
3. between home and another site designated by the Sports Organization, where a Sponsored Sports Covered Activity Is scheduled;
4. between the premises of the Sports Organization or other meeting place it designates, and another site where a Sponsored Sports Covered Activity is scheduled.

### Definitions, for purposes of this Condition of Coverage:

**Covered Sports Travel** means transportation on a Common Carrier, School bus or vehicle or Private Passenger Automobile driven by an adult with a valid drivers' license whom the Sports Organization has specifically designated to transport Insured Persons to a Sponsored Sports Covered Activity.

**Sports Organization** means a School, college or university, team, league, amateur sports team, sport clubs, sport camps or, other organization, as named in the Schedule of Benefits, that organizes, sponsors, supervises schedules or otherwise provides Sponsored Sports Covered Activities.

**Sponsored Sports Covered Activity** means a Covered Activity that:

1. takes place: a. on a Sports Organization's premises during scheduled hours; b. at another site at which the Sponsored Sports Covered Activity is scheduled; and
2. is sponsored, organized, or otherwise provided by the Sports Organization; and
3. is supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority for that Sponsored Sports Covered Activity by the Sports Organization.

### Exclusions

1. This coverage will not be in effect during any sports activity unless it is sponsored, organized, supervised, scheduled or otherwise provided by the Sports Organization named in the Schedule of Benefits;
2. This coverage will not be in effect during travel to any Sponsored Sports Covered Activity that takes place outside the contiguous United States unless the Company has agreed in advance to provide it. BMI must be notified in advance by a school of any schedule trips abroad.
3. This coverage will not be in effect during the Insured Person's Personal Deviation.

Other exclusions that apply to this Condition of Coverage are in the Common Exclusions Section

## DESCRIPTION OF BENEFITS

### Accidental Death and Dismemberment:

The Accidental Death and Dismemberment benefit pays a fixed dollar amount to a covered insured for an occurrence of any of the covered dismemberments listed in the schedule within the program description.

Loss Benefit	Amount
Loss of Life	100% of Principal Sum
Loss of Two or More Hands or Feet	100% of Principal Sum
Loss of Use of Two or More Hands or Feet	100% of Principal Sum
Loss of Sight of Both Eyes	100% of Principal Sum
Loss of Speech and Hearing (in Both Ears)	100% of Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of Principal Sum
Loss of Speech	50% of Principal Sum
Loss of Hearing (in Both Ears)	50% of Principal Sum
Loss of One Hand or Foot	50% of Principal Sum
Loss of Use of One Hand or Foot	50% of Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of Principal Sum

**Loss of a Hand or Foot:** means complete Severance through or above the wrist or ankle joint.

**Loss of Hearing:** means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical, or artificial means.

**Loss of Sight:** means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical, or artificial means.

**Loss of Speech:** means total and permanent loss of audible communication which is irrecoverable by natural, surgical, or artificial means.

**Loss of a Thumb and Index Finger of the Same Hand:** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

**Severance:** means complete separation and dismemberment of the part from the body.

**Loss of Use of a Hand or Foot:** means total loss of all ability to move the hand or foot, within 365 days of a Covered Injury, that continues for 12 months and is expected to continue for the remainder of the Insured Person's lifetime.

### Accident Medical Expense Benefit:

Excess Accident Medical Plan (Catastrophic Program)

Benefits are payable if an Insured Person incurs covered medical expenses due to a Covered Injury. Typically, this plan pays the covered medical expenses after all other plans have paid the covered expenses after the Covered Accident.

**Lost Earnings** means: 1) the difference between the Spouse's, parent's or guardian's average gross weekly earnings for the 52-week period immediately prior to the Covered Injury that led to the Total Disability and the average weekly earnings during the time that the Spouse, parent or guardian is caring for the Insured Person; multiplied by 2) the Loss Percentage shown in the Schedule of Benefits.

**Total Disability or Totally Disabled** means either 1. inability of the Insured Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training, or experience; or 2. inability of the Insured Person who is not currently employed to perform 2 of the 6 Activities of Daily Living including Eating, Transferring, Dressing, Toileting, Bathing, and Continence, without human supervision or assistance.

## COMMON EXCLUSIONS

Exclusions may vary from state to state. Benefits will not be paid for any 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 policy:

1. Intentionally self-inflicted injury, suicide or auto-erotic asphyxiation or any attempt 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. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by the Policy. For purposes of this exclusion, war does not include an act of terrorism;
5. The Insured Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Loss occurred or the laws of the Home Country;
6. 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;
7. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
8. Flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline;
9. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment Thereof, including exposure, whether accidental, to viral, bacterial or chemical agents whether the loss results directly or non-directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
10. Travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;
11. Participation in any motorized race or contest of speed or stunt show;
12. Occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
13. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury;
14. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learner permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
15. Participation in any sports activity not specifically authorized, sponsored and supervised by the Policyholder whether it takes place on Policyholder premises or during a Covered Activity, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles (or any other activity to be excluded).

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. a Resident of the Same Household;
3. an Immediate Family Member including Domestic Partner of either the Insured Person or the Insured Person's Spouse;
4. the Insured Person.

## EXCLUDED ACCIDENT MEDICAL EXPENSES

Exclusions may vary from state to state. The following will not be considered Covered Expenses unless coverage is specifically provided.

1. Routine physical and care of any kind;
2. Routine dental care and treatment;
3. Cosmetic or plastic surgery, except as the result of a Covered Injury;
4. Routine nursery or routine child care;
5. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and/or hearing aids unless Necessary Treatment of a Covered Injury;
6. Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Necessary Treatment and reasonable by a Physician, or expenses which are non-medical in nature;
7. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
8. Expenses incurred during holiday travel, or travel for the purposes of seeking medical care or treatment;
9. Charges for Covered Medical Expenses for which the Insured Person would not be responsible in the absence of this Policy;
10. Any expense paid or payable by any Other Insurance;
11. Injury or Sickness for which benefits are payable under any worker's compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law;
12. Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood;
13. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
14. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
15. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
16. Rest cures or custodial care;
17. Repair or replacement of existing dentures, partial dentures, braces or bridgework;
18. Personal services such as television and telephone or transportation;
19. Expenses payable by any automobile insurance policy without regard to fault;
20. Services or treatment provided by an infirmary operated by the Policyholder;
21. Treatment or service provided by a private duty nurse;
22. Repair or replacement of existing artificial limbs, eyes and larynx;
23. Treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Activity, unless the Company has received a written medical release from his Physician;

This summary of coverage is subject to the provisions of the Master Policy, underwritten by Liberty Insurance Underwriters, Inc. Coverage under this program available in all states except MN, NH, MO, NY & WA. If you are located in one of these states, please contact BMI as we have other Catastrophic Policy options available to your school. Some of the benefits listed in the schedule of benefits might not be available in every state. Please request a specimen policy for further review

Liberty Insurance Underwriters Inc., a Liberty Mutual company, issues Blanket Accident Insurance on policy form series LIUI AH BACC (12-13) and state variations identified by state code. Blanket accident insurance provides benefits if a covered injury is sustained in a covered accident, and it is not a substitute for major medical insurance. Product design and availability vary by state. Features and benefits may vary based on state approval. The policy form contains definitions of each of the injuries covered by the policy and the periods during which the injury must be diagnosed or services provided. This is a limited benefit policy. Payment of benefits is in the form of a cash payment. Payment is based upon sustaining a covered injury in a covered accident and is subject to policy terms and conditions, including benefit waiting and incurred periods, deductibles, limitations, and exclusions, including exclusions for sickness and disease, receipt of, or payment for, services by other insurance, and for injuries sustained during certain specific activities. Home office: Boston, MA Service center: Dover, N.H. Equal Housing Insurer.  
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**Bob McCloskey Insurance**  
BMI BENEFITS - FULL TPA SERVICES

## CONTACT BMI TO DISCUSS YOUR COVERAGE NEEDS

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