



2021 - 2022

Voluntary Student Accident Insurance

Coverage for your peace of mind

Protect your child against medical and dental injuries, whether at home or on summer break.

With our Voluntary Student Accident Insurance coverage, we help make it possible for schools to fulfill their commitment to the health and well-being of their students.

*Insurance underwritten by:
QBE Insurance Corporation*

*Program Manager & Claim Administrator:
[Bob McCloskey Insurance & BMI Benefits, LLC](#)*

Your school has purchased Student Accident Insurance that covers supervised and sponsored school activities. This brochure provides you with the opportunity to extend the accident insurance coverage purchased by your school, as explained below.

Optional 24-hour accident coverage

Under your school's Student Accident Insurance, coverage is provided for covered injuries incurred during the hours and days when school is in session and while attending or participating in school sponsored and supervised activities on or off school premises.

This optional 24-hour accident coverage extends coverage to enrolled students during the weekends and vacation periods, including the entire summer. Students are protected while at home or away, any place, anytime, anywhere in the United States, Canada or Mexico. No coverage is provided while participating in 1) interscholastic sports or 2) school sponsored and supervised activities that are already covered under the Student Accident Insurance program purchased by the school.

The cost for this additional coverage is \$116.00.

Coverage period

Coverage under the optional 24-hour accident coverage starts on the date of premium receipt but not before the start of the school year. If the student remains enrolled in school, the optional 24-hour accident coverage ends when school reopens for the following school year. Coverage is available throughout the school year at the premium included on the enrollment form. (No pro rata premiums available.)



Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES





Accident medical expense benefit

When a covered accident results in 1) treatment by a legally qualified physician or 2) hospital confinement, and treatment begins within 60 days from the date of the covered accident, this plan will pay up to \$25,000 for covered expenses that are not payable by the insured's primary health insurance plan. Only eligible medical expenses incurred by the insured within 52 weeks from the date of the accident are covered. Benefits for any one covered accident will not exceed the maximum benefits shown.

\$50,000 maximum extended dental benefit

Dental benefits are automatically extended to provide payment of covered expenses to a maximum of \$50,000. This additional benefit provides payment for the U&C expenses incurred within 24 months from the date of

injury for treatment, repair, and replacement of each injured natural tooth, including examination, diagnosis, x-ray, restorative treatment, endodontics and oral surgery, plus for the replacement of caps, crowns, dentures and orthodontic appliances. Dental services will only be covered under this benefit and not under the accident medical expense benefit. In addition, when the dentist certifies that treatment must be deferred until after the two-year benefit period, deferred benefits will be paid to a maximum of \$1,000. The student must be treated by a legally qualified dentist who is not a member of the student's immediate family. If there is more than one way to treat a dental problem, covered benefits will be paid for the least expensive procedure provided if it meets acceptable dental standards. All claims for deferred dental benefits must be submitted no later than 60 days after the end of the two-year benefit period.



How to file a claim

- 1** | Obtain a claim form from your school office or BMI Benefits, and answer all questions in detail on the front of the claim form, including the student's name, school name or district, and the date of the accident.
- 2** | Make sure the claim form is signed and submitted to BMI within 90 days from the date of accident.
- 3** | If you have other insurance, submit your claims to your primary carrier. When you receive the explanation of benefits (EOB) notice from your primary carrier, send it to BMI Benefits.
- 4** | Attach all itemized bills and EOBs to the completed claim form and mail to BMI at the address provided on the claim form.
- 5** | Bills and EOBs that cannot be attached to the initial form must be submitted within 90 days of the date of service.

Call the Claim Administrator, BMI Benefits, with any claim questions.



Maximum benefits - per covered person per covered accident

Accident medical expense benefit

Maximum benefit	\$25,000
Deductible.....	\$0
Benefit period	1 year

Covered expenses per covered accident

Hospital room and board (average semi-private room rate)	Up to 80% U&C
Hospital intensive care for up to seven days	Up to 80% U&C
Inpatient hospital miscellaneous expenses.....	Up to 80% U&C
Outpatient hospital miscellaneous.....	Up to 80% U&C
Ambulatory medical center.....	Up to 80% U&C, maximum of \$1,500
Emergency room treatment.....	Up to 80% U&C, maximum of \$1,500
Surgery (including pre-and post-operative care)	Up to 80% U&C
Assistant surgeon &/or anesthesiologist.....	35% of surgery benefits
Consultants or second opinion	Up to 80% U&C
Physician's inpatient and office visits (other than physical therapy).....	Up to 80% U&C
Physician's outpatient treatment in connection with physical therapy	Up to 80% U&C, maximum of \$35 per visit for up to 5 visits
Nursing services	Up to 80% U&C
Prescriptions drugs.....	Up to 80% U&C
Outpatient X-ray, CAT scan, MRI and laboratory tests	Up to 80% U&C
Ambulance services	Up to 80% U&C, maximum of \$500
Durable medical equipment (including orthopedic braces & appliances)	Up to 80% U&C
Replacement of eyeglasses, hearing aids, contact lenses if medical treatment is also received for the covered injury.....	Up to 80% U&C
Dental treatment to sound, natural teeth due to covered injury	Up to 80% U&C, maximum of \$250

Accidental death and dismemberment benefit

Loss must occur within 365 days of the covered accident. If more than one loss results from any accident, only the largest amount will be paid.

Loss of life	\$15,000
Both hands or both feet, or the sight of both eyes	\$30,000
One hand and the sight of both eyes.....	\$30,000
One foot and the sight of both eyes	\$30,000
One hand or one foot, or the sight of one eye	\$15,000

Loss of hand or foot means the complete severance through or above the wrist or ankle joint. Severance means the complete separation and dismemberment of the part from the body. Loss of sight means the total, permanent loss of sight in one eye. Loss of sight must be irrecoverable by natural, surgical or artificial means.

Definitions

Covered accident means a sudden, unforeseeable 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 the policy; 2) is not contributed to by disease, sickness, or mental or bodily infirmity; and 3) is not otherwise excluded under the policy.

Usual and customary (U&C) 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.

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: 1) suicide, intentionally self-inflicted injury, or any attempt thereof while sane or insane; 2) treatment of hernia of any kind; 3) travel in or on any on-road or off-road vehicle that does not require motor vehicle licensing; 4) commission or attempt to commit a felony or an assault, or commission of or active participation in a riot or insurrection; 5) declared or undeclared war or act of war; 6) services or treatment provided by persons who do not normally charge for services, unless there is a legal obligation to pay; 7) flight in, boarding or alighting from an aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline; 8) bungee-cord jumping, parachuting, skydiving, parasailing or hang-gliding; 9) an accident if the insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the insured holds a valid learner's permit and the insured is receiving instruction from a driver's education instructor; 10) services or treatment rendered by any person who is employed or retained by the policyholder or living in the insured's household: a parent, sibling, spouse or child either of the insured or the insured's spouse or the insured; 11) cosmetic surgery, except for reconstruction surgery needed as the result of a covered injury; 12) injuries compensable under workers' compensation law or any

similar law; 13) sickness, disease, bodily or mental illness, 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; 14) the insured being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred or 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; 15) any hospital stay or days of a hospital stay that are not appropriate treatment for the condition and locality; 16) treatment of injury resulting from a condition that the insured knew existed on the date of a covered accident, unless the company has received a written medical release from his physician; 17) blood, blood plasma or blood storage; 18) any elective or routine treatment, surgery, health treatment or examinations; 19) rest cures or custodial care; 20) expenses payable by any automobile insurance policy 21) treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the covered activity; 22) travel or activity outside of the United States, Canada or Mexico; 23) injury sustained as a result of practice or play in interscholastic sports or injuries covered under the student accident insurance program purchased by the school. A full list of the exclusions and limitations are in the policy.

Retain this description for your records.

IMPORTANT NOTICE - This information is a brief description of certain benefits and features of this voluntary insurance. It is not a contract and does not extend or alter the coverage afforded by the actual policy. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth in the policy. 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. The policy will be subject to the laws of the jurisdiction in which it is issued. You may review a copy of the policy upon request.

Program Manager and Claim Administrator:

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