

NJCAA CATASTROPHIC ACCIDENT MEDICAL INSURANCE PROGRAM BROCHURE

2026 - 2027



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

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 |
| PHYSICIAN EXPENSES | \$50 per day up to 50 Visits per Calendar Year |

OUTPATIENT BENEFITS

| | |
|--|--|
| COMBINED HOME HEALTH CARE, CUSTODIAL CARE | 100% of Usual & Customary Expenses |
| HOME HEALTH CARE BENEFIT | 100% of Usual & Customary Expenses |
| CUSTODIAL CARE BENEFIT | 100% U&C Expenses up to \$500,000/Covered Acc. |
| EXTENDED CARE FACILITY BENEFIT | 100% of Usual & Customary Expenses |
| OUTPATIENT PHYSIOTHERAPY BENEFIT | 100% of Usual & Customary Expenses |
| ARTIFICIAL LIMBS | 100% of Usual & Customary Expenses |

ANCILLARY BENEFITS

| | |
|---|--|
| EXPANDED MEDICAL BENEFIT | Included, 100% of Usual & Customary Expenses |
| HMO/PPO DENIAL BENEFIT | Included, 100% of Usual & Customary Expenses |
| PRE-EXISTING CONDITION BENEFIT/RE-INJURY BENEFIT | Included, 100% of Usual & Customary Expenses |
| HEART & CIRCULATORY BENEFIT | Included, 100% of Usual & Customary Expenses |
| HOME TUTORING BENEFIT | Up to 6 Months of Incurred Costs, \$10,000 Maximum |
| REHABILITATION BENEFIT | \$50,000 Maximum Benefit |
| POST-TRAUMATIC STRESS DISORDER BENEFIT | \$500 per Session, up to 20 Sessions |

HOME ALTERATION & VEHICLE MODIFICATION BENEFIT

UP TO \$50,000 MAXIMUM

SCHEDULE OF BENEFITS CONTINUED

PARENT REIMBURSEMENT BENEFIT

PARENT REIMBURSEMENT BENEFIT

Maximum Weekly Amount: \$500 per Week

Maximum Number of Weeks: 16 Weeks

PATIENT TOTAL DISABILITY BENEFIT

PERMANENT TOTAL DISABILITY BENEFIT

DISABILITY MUST BEGIN WITHIN 730 DAYS OF THE INJURY

MONTHLY BENEFIT AMOUNT IS \$3,500 BENEFIT PERIOD: 10 YEARS

CATASTROPHIC CASH BENEFIT

PARALYSIS, COMA OR BRAIN DEATH WITHIN 365 DAYS OF A COVERED ACCIDENT COVERED INJURY

\$550,000 BENEFIT | INITIAL LUMP SUM: \$100,000 | MONTHLY BENEFIT: \$3,750 | BENEFIT PERIOD: 10 YEARS

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

ACCIDENTAL DEATH BENEFIT & DISMEMBERMENT BENEFIT

Principal Sum: \$50,000

LOSS MUST OCCUR WITHIN

365 days of the Covered Loss

LOSS OF USE BENEFIT

See AD&D Schedule

CARDIAC INJURY EXTENSION

\$25,000

AGGREGATE LIMIT OF LIABILITY

\$5,000,000

U&C = Usual and Customary Expenses - Usual and Customary Expense(s) means an amount(s) that: (1) does not exceed the usual cost for similar treatment, services or supplies in the locality in which it is incurred; or for a Hospital room and board charge other than for stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board or the fee set by the workers' compensation insurance fee schedule, if applicable; and (2) does not include charges that would not have been made if no insurance existed and (3) does not exceed the cost of a generic drug, if available. We will only pay up to 75% of a non-generic drug if a generic drug is available. BMI utilizes a U&C schedule from a nationally recognized U&C medical vendor.

DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH BENEFIT

If an **Insured** suffers a loss of life as a result of a **Covered Injury**, **We** will pay the applicable amount shown in the Schedule. The death must occur within 365 days of the **Covered Injury**.

ACCIDENTAL DISMEMBERMENT BENEFIT

If a **Covered Injury** to an **Insured** results in any of the following **Covered Losses**, **We** will pay the percentage shown below. The **Covered Loss** must occur within 365 days of the **Covered Accident**.

The benefit amount is based on the maximum amount shown in the Schedule for the person suffering the **Covered Loss**.

| Covered Loss of: | Percentage of Maximum Amount |
|--|-------------------------------------|
| • Both Hands or Both Feet | 100% |
| • One Hand and One Foot | 100% |
| • One Hand or One Foot plus the loss of Sight of One Eye | 100% |
| • Sight of Both Eyes | 100% |
| • Speech and Hearing | 100% |
| • Speech or Hearing | 50% |
| • One Hand; One Foot; or Sight of One Eye | 50% |
| • Thumb and Index Finger of the same Hand | 25% |
| • Hearing in One Ear | 25% |
| • Loss of Use of Four Limbs | 100% |
| • Loss of Use of Three Limbs | 100% |
| • Loss of Use of Two Limbs | 100% |
| • Loss of Use of One | 50% |

For purposes of this Benefit, DEFINITIONS is amended to include the following:

Covered Loss means:

1. For a foot or hand, actual severance through or above the ankle or wrist joint;
2. For thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits;
3. Total and permanent loss of sight;
4. Total and permanent loss of speech; or
5. Total and permanent loss of hearing.

Covered Loss of Use means total paralysis of a **Limb** or **Limbs**, which has continued for 12 consecutive months and is determined by **Our** competent medical authority to be permanent, complete and irreversible.

Covered Loss of Use must continue for 12 consecutive months and be determined by **Our** competent medical authority.

GENERAL EXCLUSIONS

A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods.
5. participation in the commission or attempted commission of a any felony.
6. being intoxicated.
 - a. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured's intoxication.
7. being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
8. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
9. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law, only to the extent that losses are the liability of the Insured, the employer, or the workers compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act
10. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.

AME EXCLUSIONS

In addition to the General Exclusions listed above, we will not cover expenses under the AME benefit

for:

1. Violating or attempting to violate the law; including taking part in any illegal occupation.
2. Fighting or brawling except in self-defense.
3. Bacterial infections, sickness or disease of any kind such as strep throat or tonsillitis, sunburn, frostbite, allergic reactions, except those that occur as a result of accidental ingestion or pus forming infections which occur through an accidental cut or wound;
4. Vegetation poisoning such as poison ivy or poison sumac, or ptomaine poisoning.
5. Reinjury of the same body part within 6 months of the Covered Accident unless previously cleared by a Physician to practice or play.
6. Cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of the Covered Injury.
7. Any medical expenses related to pregnancy unless Medically Necessary for the treatment of the Covered Injury.

8. Covered Injury for which the Insured is paid benefits under any Workers Compensation Act or similar law, only to the extent that losses are the liability of the Insured, the employer or the workers compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
9. Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, guest meals, or internet charges.
10. Treatment by any immediate family member or member of the Insured's household.
11. Expenses incurred for dental care, treatment including dental implants, repair or replacement of sound natural teeth unless Medically Necessary for the treatment of the Covered Injury.
12. Expenses incurred for eye examinations, contact lenses or the fitting, repair or replacement of these items unless Medically Necessary for the treatment of the Covered Injury.
13. Routine physical examinations and related medical services, elective treatment or surgery or experimental or investigative treatments or procedures.
14. Expenses which the Insured is not legally obligated to pay.
15. Expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of a Covered Injury, as prescribed by a Physician.
16. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the Covered Injury has caused further impairment of the underlying bodily condition.

EXCESS INTEGRATED The benefit amount for this benefit is payable in excess of any In Force Policy and its applicable deductible. In the event and only in the event of the reduction or exhaustion of the limit of insurance of the In Force Policy solely as the result of actual payment of benefits covered thereunder, this Policy shall pay excess of the reduced limit of insurance of the In Force Policy and its applicable deductible. This Policy shall only pay pursuant to the terms and conditions of this Policy and no other policy. We will pay Our share of the Usual and Customary amount, reduced by the payment of any other insurance plan. This Policy will recognize payment by any other insurance plan as reducing or satisfying the deductible amount of this Policy. In no event will We pay more than the maximum amount stated in this rider. If no In Force Policy exists, this Policy will pay benefits on a primary basis subject to the deductible and coinsurance amounts stated on the Schedule.

This brochure is provided as a summary of coverage and is not intended to substitute for or duplicate policy provisions. It is subject to the provisions of the policy of insurance to be issued by Zurich American Insurance Company. You will need to contact us for exact policy language, as well as for any limitations and restrictions that may be applicable. The policy is the only contract between the Policyholder and it's members and us. It contains the actual terms, conditions and limits of the coverage to be provided. If there is any conflict between this document and the policy, the policy will govern in all cases.



Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES

CONTACT BMI TO DISCUSS YOUR COVERAGE NEEDS

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