



UNIVERSITY OF LOUISIANA, LAFAYETTE
Student Accident Insurance Plan Summary
2023 - 2024
Policy # MCB 5564018

Program & Claims Administrator

BMI Benefits, LLC.
 Matawan, NJ 07747



Program Broker



Claim Procedures

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

- 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 accident
- 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@bobmccloskey.com

The University of Louisiana, Lafayette is pleased to provide a student accident insurance plan for the 2023-2024 school year.

Class 1: All Undergraduate & Graduate students, Class 2: Boarding Programs & Day Camp participants are covered for Accident Medical Benefits and Accidental Death Benefits as described in this brochure. The annual cost of these benefits is mandatory and included in the tuition billing statement. The Plan provides 24-hour coverage. It covers medical expenses resulting from bodily injury caused by a Covered Accident occurring while the insurance is in effect. See "Benefits," "Definitions" and "Exclusions" for further details. The effective date of coverage for all enrolled students is August 18, 2023 to August 18, 2024.

Accident Medical Expense Benefits:

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the Maximum Benefit, as indicated below. Eligible medical expenses must be incurred within the 52-week Benefit Period; with the first eligible expense incurred within 180 days of the date of the accident.

Schedule of Benefits	
Accident Medical Maximum	\$10,000 per injury
Deductible	\$0 per injury
Benefit Period	52 weeks from the date of accident
Coinsurance	100% of Usual & Customary Charges
Dental Benefit	Up to 100% of Accident Medical Maximum; Sound & Natural Teeth Only
Accidental Death & Dismemberment Benefit (AD&D)	\$3,000 Principal Sum
Loss of Life	100% of the Principal Sum
Loss of Both Hands or Both Feet	100% of the Principal Sum
Loss of One Hand and One Foot	100% of the Principal Sum
Loss of One Hand or Foot and Sight In One Eye	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of Speech and Hearing	100% of the Principal Sum
Loss of Speech or Hearing	50% of the Principal Sum

Loss of One Hand; One Foot; or Sight of One Eye	50% of the Principal Sum
Thumb and Index Finger of the same Hand	25% of the Principal Sum
Hearing in One Ear	25% of the Principal Sum
PLEGIA OF	
Quadriplegia (total paralysis of all four Limbs)	100% of the Principal Sum
Triplegia (total paralysis of three Limbs)	75% of the Principal Sum
Paraplegia (total paralysis of both lower Limbs)	66.67% of the Principal Sum
Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	50% of the Principal Sum
Uniplegia (total paralysis of one Limb)	25% 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
- Pre-existing Conditions
- HMO/PPO Provision,
- Outpatient Prescription Drug Benefit
- Dental Services



General Definitions

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the Policy term. Active means a member as defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc. Aggregate Limit of Liability means the total Accidental Death Benefit, Accidental Dismemberment Benefit, Exposure and Disappearance Benefit and Cardiac Injury Extension, We will pay for a Covered Accident set forth in the Schedule. For purposes of the Aggregate Limit of Liability provision, a Covered Accident will arise out of a single event and include a resulting Covered Loss. If the

total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each Insured, We will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid. Certificate means this Blanket Accident Insurance Certificate. Contributory means the Insured is required to pay all or a portion of the premium. Whether the benefits are Contributory or Non-Contributory is stated in the Schedule. Covered Accident means an Accident that results in a Covered Loss. Covered Activity(ies) means those activities set out in the COVERED ACTIVITIES section of the Schedule. Covered Injury means bodily injury directly caused by Accidental means which is independent of all other causes, results from a Covered Accident, occurs while the Insured is insured under the Policy and participating in a Covered Activity, and results in a Covered Loss. Covered Loss means a loss which meets the requisites of one or more benefits or additional benefits, results from a Covered Injury, and for which benefits are payable under the Policy. Domestic Partner means as defined in the Policyholder's medical plan as on file and approved by Us. To qualify as a Domestic Partner, the following requirements must be met: 1. the Insured and the Domestic Partner must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other's welfare; 2. the Insured and the Domestic Partner must have lived together in such a relationship for a period of not less than six consecutive months at the same residence address; 3. the Insured and the Domestic Partner must both be at least 18 years of age; 4. neither the Insured nor the Domestic Partner are legally married; 5. the Insured and the Domestic Partner are not Related by blood or adoption; and 6. the Insured and the Domestic Partner are each other's sole Domestic Partner and intend to remain so indefinitely. The existence of the relationship between the Domestic Partner and the Insured must be evidenced by: 1. the Domestic Partner being named as the primary beneficiary in the event of the Insured's death under the Insured's retirement plan or 401(k) plan, if the Insured maintains such a plan; 2. at least one of the following: a. designation of the Domestic Partner as a primary beneficiary under the Insured's will; or b. designation of the Domestic Partner as a primary beneficiary for the Insured's life insurance; 3. at least one of the following: a. joint ownership of real estate (whether by mortgage, lease or deed); b. joint ownership of a motor vehicle; or c. joint ownership of a bank account; and 4. a completed, active certification of Domestic Partner status form on file with the Policyholder. To be active, the Insured will not have completed a Termination of Domestic Partner status form with respect to the Domestic Partner who is to be covered under the Policy. Foreign National means a person who is a citizen of a country or other jurisdiction other than the United States of America and who is not a resident of the United States of America. Insured means any person who is eligible for coverage under the Policy as provided in the ELIGIBILITY AND CLASSIFICATION OF INSUREDS section of the Schedule, and who completes the enrollment material, if required. Limb means an arm or a leg. Non-Contributory means the Insured is not required to contribute toward the premium. Whether the benefits are Contributory or Non-Contributory is stated in the Schedule. Physician means a person who is: 1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that We recognize or are required by law to recognize; 2. licensed to practice in the jurisdiction where care is being given; 3. practicing within the scope of that license; 4. not related to You by blood or marriage; and 5. a duly licensed chiropractor. Plan means the coverages and/or benefits selected in the Schedule. Policy means the Blanket Accident Insurance Policy issued to the Policyholder. Policyholder means the entity named as such in the Schedule. Spouse means Your legally married Spouse. We, Us, and Our means Zurich American Insurance Company or Our authorized representative. You or Your means the Insured to whom a Certificate is issued.

GENERAL EXCLUSIONS A loss will not be a Covered Loss if it is caused by, contributed to, or results from: 1. suicide or any attempt at 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. 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. 4. participation in the commission or attempted commission of any felony. 5. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity. 6. being intoxicated while operating a motor vehicle. a. You 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 Your intoxication. 7. being under the influence of narcotics unless administered on the advice of a Physician. 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

You are entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law. 10. Your 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.

EXCLUSIONS: In addition to the General Exclusions stated in the Policy, We will not cover expenses under this additional benefit for: 1. Cosmetic, plastic, or restorative surgery unless Medically Necessary for the treatment of the Covered Injury. 2. Any medical expenses related to pregnancy unless Medically Necessary for the treatment of the Covered Injury. 3. Covered Injury for which the Insured is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutorily mandated coverage. 4. Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, guest meals, or internet charges. 5. Treatment by any immediate family member or member of the Insured's household. 6. Expenses incurred for dental care, treatment, repair, or replacement of sound natural teeth unless Medically Necessary for the treatment of the Covered Injury. 7. 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. 8. Routine physical examinations and related medical services, elective treatment, or surgery or experimental or investigative treatments or procedures. 9. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders. 10. Expenses which the Insured is not legally obligated to pay. 11. 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. 12. 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.

U-BMC-180-C LA (01/20)

This information is a brief description of certain benefits and features of the Blanket Accident Medical Insurance underwritten by Zurich American Insurance Company. 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 Zurich issues will be subject to the laws of the jurisdiction in which it is issued.

ZURICH AMERICAN INSURANCE COMPANY
1299 Zurich Way
Schaumburg, Illinois 60196