North Idaho College

2019-2020 Student Insurance - Accident Plan

Coverage

This policy provides coverage (subject to deductible) for all registered Students who incur a loss from bodily injuries:

• While taking part in a covered activity described below, sponsored and supervised by the policyholder; or
• Traveling straight to or from the activity as a member of a group under the policyholder’s supervision.

Covered Persons

• Registered and Enrolled Students
• Children of enrolled students while the children are at a policyholder provided care facility
• All NIC students enrolled in credit classes on the main campus and/or any other NIC authorized site offering credit classes are eligible to be covered under the Master Policy. This fee is included in tuition. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If we discover the eligibility requirements are not met, our only obligation is to refund any premium paid for that person.
• Official Visitors

Covered Activity

The Covered Person must be:
(1) on the premises of the Policyholder:
   (a) during its normal hours;
   (b) during scheduled functions; and
   (c) during other periods if he/she is attending or participating in a Supervised and Sponsored Activity.
(2) not on Policyholder premises and attending or participating in a Supervised and Sponsored Activity;
(3) traveling directly, without interruption:
   (a) between his home and the Policyholder’s premises for participation in a Supervised and Sponsored Activity.
   (b) between the site of the Supervised and Sponsored Activity and his home or the Policyholder’s premises, if the Supervised and Sponsored Activity is located within or outside the town where the Policyholder’s premises are located.
   (c) in a vehicle which is:
      (i) designated or furnished by the Policyholder;
      (ii) operated by a properly licensed, adult driver; or
      (iii) under the direct supervision of the Policyholder.

Supervised or Sponsored Activity means a North Idaho College authorized function:
(1) in which the Covered Person participates;
(2) which is organized by or under its auspices; and
(3) which is within the scope of customary activities for such entity.

Description of Benefits

When, as the result of injury incurred while insured under the Master Policy, the Student receives covered necessary medical treatment, service or supplies, the Company will pay the eligible Usual & Customary expenses actually incurred within 52 consecutive weeks following the date of injury.

The Maximum Accident Medical Expense benefit is $20,000. There is a $25 deductible per each covered Injury or Accident.

Non-Duplication of Benefits

The Company will not duplicate benefits that are covered by any other valid and collectible medical, health or accident insurance or prepayment plan. The Company’s liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total benefits payable by other valid and collectible insurance on an expense incurred or provision of service basis.

BENEFITS PAYABLE UNDER THE MASTER POLICY WILL BE EXCESS AND SECONDARY TO SUCH OTHER COVERAGE.

NOTE: ALL MEDICAL EXPENSES ARE PAYABLE IN EXCESS OF ANY OTHER VALID AND COLLECTIBLE HEALTHCARE PLANS.

How to Report an Accident

Immediately report an accident to the instructor, supervisor of the activity, or school official. All accidents must be reported to a school authority within 72 hours.

An Accident Report is necessary to substantiate insurance claim. Accident reporting forms are available on North Idaho College’s website within the Student Accident Insurance information webpage or in the office of the Vice President for Student Services.

Time is of the essence! DO NOT DELAY REPORTING.

IMPORTANT NOTICE

This is just a brief description of your benefits. For a full summary of the plan benefits, exclusions and limitations including refund requests, how to file a claim, mandated benefits and other important information, please contact Bob McCloskey Insurance at (800) 445-3126.
Schedule of Benefits

The Company will pay the Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Coinsurance Factors, Co-payments, Benefit Periods, Benefit Maximums and other terms or limits shown in the Master Policy.

Accident Medical Expense Benefits are only payable for Usual and Customary Charges incurred after the Deductible has been met; for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;

Hospital Room and Board Expenses
Intensive Care Unit/Cardiac Care Unit Expenses
Ancillary Hospital Expenses
Medical Emergency Care
Outpatient Surgery Expenses
Outpatient diagnostic x-rays, laboratory procedures
Physician non-surgical treatment/examination expenses
Second surgical opinion expenses
Physiotherapy Expenses
Diagnostic Imaging Expenses including MRI and CAT scans
Dental expenses for repair of an injured tooth that is whole, sound and natural at the time of injury
Ambulance Expenses
Prescription drug expenses
Medical Equipment Rental

Accidental Death or Dismemberment

If within one year from the date of an Accident covered by the Master Policy, Injury from such Accident results in loss listed below, the Company will pay the benefit listed. However, if the insured sustains more than one loss, the Company will only pay one amount, the largest to which entitled.

Accidental Death Benefits: $3,500
Accidental Dismemberment: $3,500

Exclusions and Limitations

Benefits will not be paid for a Covered Person’s loss which is caused by or results from:

Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
War or any act of war, declared or undeclared.
Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
Disease or disorder of the body or mind.
Intoxication or being under the influence of any drug or narcotic.
Violation or in violation or attempt to violate any duly enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.

Participation in any motorized race or speed contest.
Injury caused by, contributed to or resulting from the Covered Person’s use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person’s Physician.
Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
Loss resulting from participation in any activity not specifically covered by this Policy.

Definitions

The Company is Berkley Life and Health Insurance Company.

Usual, Reasonable & Customary is the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

How to File a Claim

First medical treatment must be rendered within 120 days from the accident date in order for benefit to be considered.

If you have health insurance, it is your responsibility to contact your physicians and insurance at once. If you are covered under a plan requiring an authorization or use of certain facilities/providers, you must attempt to obtain authorization or to use those facilities or providers. Benefits under this plan may be reduced if the requirements of your insurance carrier are not followed.

Written notice of claim must be given within 30 days or as soon as reasonably possible after covered loss begins. Claim forms are available from the Vice President of Student Services Office, Suite 200, ESU. Fully complete and sign claim form. Send to:

BMI LLC
P O Box 511
Matawan, NJ 07747
Fax (732) 583-9610

All bills must first be submitted to any group hospital and/or medical plan for you may be eligible and that plan’s final Explanation of Benefits must accompany the itemized bill. All itemized bills and any insurer’s Explanation of Benefits are to be sent to the address above.

NOTE: Statements for which benefits are to be paid must be submitted within 90 days from the date treatment was provided.

For information after a claim is filed, contact the Claims Administrator at (800) 445-3126.
### Important Contacts

| LOCAL SERVICING AGENT: | Attn: Scott Burkhardt  
Helbling Benefits  
License No. AL064446  
P. O. Box 1799, Coeur d'Alene, ID 83816  
**(208) 660-5045**  
smburkhardt@gmail.com |
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| CLAIMS ADMINISTRATOR:  | BMI LLC  
P O Box 511  
Matawan, NJ 07747  
**(800) 445-3126**  
Fax (732) 583-9610 |
| PLAN BROKERED BY:      | USI Student Insurance  
**(888) 695-5553**  
Email: studentaccident@usi.com  
https://studentinsurance.usi.com |

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**USI INSURANCE SERVICES PRIVACY INFORMATION**

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at [http://www.usi.com/privacy](http://www.usi.com/privacy).