



RANGER COLLEGE
Student Accident Insurance Plan Summary
2019 - 2020
Policy # US00091273AC19A



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: clerk@bobmccloskey.com

Ranger College is pleased to provide a student accident insurance plan for the 2019-2020 school year. All enrolled students are covered for Accident Medical Benefits and Accidental Death Benefits as described in this brochure. 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 1, 2019 to August 1, 2020.

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 104-week Benefit Period; with the first eligible expense incurred within 180 days of the date of the accident.

Schedule of Benefits	
Accident Medical Maximum Non-Intercollegiate Sports	\$5,000 per injury (24 Hour Coverage)
Accident Medical Maximum Intercollegiate Sports	\$25,000 per injury
Deductible	\$0 per injury
Benefit Period	104 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)	\$10,000 Principal Sum
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or Foot and Sight In One Eye	100% of the Principal Sum
Loss of Speech & Hearing	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum

DEFINITIONS

Accident means a: sudden; unexpected; and unintended event.

Age means the age of the Covered Person on his or her most recent birthday.

Beneficiary, in the case of death of the Covered Person, means a person named by the Covered Person to receive benefits provided by this Policy.

Benefit means cash payable or services offered to the Covered Person or the Beneficiary as detailed in the Schedule of Benefits, limited by the terms and provisions of this Policy.

Certificate is the evidence of the Covered Person's coverage under this Policy. Coverage is subject to the Policy provisions. The Certificate is not the Policy.

Coverage means the specific types of losses covered by this Policy.

Covered Accident means an Accident that: occurs while coverage is in force for a Covered Person; and results in a Covered Loss or Injury covered by the Policy for which benefits are payable.

Covered Activity means any activity: that the Policyholder requires the Covered Person to attend; or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.

Covered Expenses; Expenses means expenses actually incurred by or on behalf of a Covered Person for: treatment; services; and supplies covered by the Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Accident until the date: treatment; services; or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such: treatment; service; or supply, that gave rise to the expense or the charge, was rendered or obtained.

Covered Injury means any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Loss (es) means an: accidental death; dismemberment; or other Injury covered under the Policy.

Covered Person means any Insured for whom the required premium is paid.

Deductible means the dollar amount of Covered Expenses that must be incurred as an out of pocket expense by each Covered Person on a per Accident basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

Disability means the inability to do any work for which the Covered Person is or may be qualified by reason of education, experience or training.

Dismemberment means the loss by physical separation of a limb from the body.

Doctor means a licensed health care provider: acting within the scope of his or her license; and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality.

It will not include a: Covered Person; the Covered Person's Immediate Family Member; or a member of the Covered Person's household.

Emergency Care means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- (1) placing the patient's health in serious jeopardy
- (2) serious impairment to bodily functions; or
- (3) serious dysfunction of any bodily organ or part.

Hazard means the circumstances necessary for an event to be considered a Covered Loss under this Policy.

Home Country means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.

Hospital means an institution that: 1) operates as a Hospital pursuant to law for the: care; treatment; and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed

Doctors available at all times; 4) provides organized facilities for: diagnosis; treatment; and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a: nursing care facility; rest home; convalescent home; or similar establishment; or any separate: ward; wing; or section of a Hospital used as such; and 6) is not a place solely for: drug addicts; alcoholics; or the aged; or any separate ward of the Hospital.

Hospital Confined means a stay of 24 or more consecutive hours as a registered resident bed patient in a Hospital.

Immediate Family Member means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son or daughter-in-law; and brother- or sister-in-law.

Injury means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

Insurance means providing protection against some of the economic consequences of a Covered Loss.

Insured means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers 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).

Maximum Benefit means the most we will pay for each Benefit states in the Schedule of Benefits.

Medical Emergency means a condition caused by an Injury that manifests itself, while covered under this Policy, by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

Medically Necessary means a treatment, service or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

Member means hand or foot, sight, speech, and hearing.

Policy means a legal contract between the Policyholder and Us which describes the terms and conditions of insurance subject to its provisions, limitations and exclusions.

Policyholder means the company or organization that elects to provide this Policy to their employees, members or participants.

Pre-existing Condition means a: disease; or physical condition for which the Covered Person received medical advice or treatment in the 12 month period before the Covered Person's coverage became effective under the Policy.

Premium means the amount of money: determined by Us; based on the Hazards and Benefits chosen by the Policyholder; and agreed by the Policyholder as the consideration of which we agree to guarantee payment.

Reconstructive Surgery for Craniofacial Abnormalities means surgery to improve the function of, or to attempt to create a normal appearance of, an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections, or disease.

Schedule of Benefits is an outline of the: Hazards; Coverages; and Benefits provided by this Policy.

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

Sickness means a disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All: related conditions; and recurrent symptoms of the same or similar condition; will be considered one Sickness.

Trip means travel by: air; land; or sea away from the Covered Person's primary residence

Usual and Customary Charge 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.

We; Our; Us means Catlin Insurance Company Incorporated or its authorized agent.

ACCIDENT MEDICAL EXPENSE BENEFITS

Covered Medical Expenses

1. Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anaesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.
3. Daily intensive care unit expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the intensive care unit; and nursing services other than private duty nursing services.
4. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Doctor's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.
5. Outpatient surgical room and supply expenses for use of the surgical facility.
6. Outpatient: diagnostic x-rays; laboratory procedures; and tests.
7. Doctor non-surgical treatment/examination expenses (excluding medicines) including: the Doctor's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.
8. Doctor's surgical expenses. If an Injury or Sickness requires multiple surgical procedures through the same incision, we will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same

operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

9. Assistant surgeon expenses when Medically Necessary

10. Anaesthesiologists expenses for pre-operative screening and administration of anaesthesia during a surgical procedure whether on an inpatient or outpatient basis.

11. Physiotherapy physical medicine/chiropractic/acupuncture expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including: diathermy; ultrasonic; whirlpool; or heat treatments; adjustments; manipulation; massage; or any form of physical therapy.

12. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident; and emergency alleviation of dental pain.

13. Ambulance expenses for transportation from the emergency site to the Hospital.

14. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.

15. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor and administered on an outpatient basis.

16. Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover: computers; motor vehicles; or modifications to a motor vehicle; ramps and installation costs; eyeglasses; and hearing aids.

17. Eyeglasses; contact lenses; and aids; when damage occurs in a Covered Accident that requires medical treatment.

18. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.

19. Reconstructive surgery for craniofacial abnormalities.

20. Physical Therapy

21. MRI/Cat scan and all other diagnostic imaging services.

22. Expanded Medical Benefit of Sports Conditions – treatment of: bursitis, sprains, hernias, strains, muscle tears, tendonitis, and repetitive motion injuries if these conditions are aggravated by participation in a Covered Activity.

23. Expenses for treatment of heat exhaustion, heart attack, stroke, and burst aneurysm if the condition occurs during a Covered Accident.

24. HMO/PPO Denial – We will pay when benefits are denied or reduced by an HMO or PPO plan because services provided to treat the Covered Injury (ies) were: (1) rendered by a Non-Preferred Provider; or (2) received outside of the network's service area. If benefits are reduced rather than denied by an HMO or PPO for the reasons described above, We will pay an amount equal to the charges incurred less the amount paid by the HMO or PPO.

EXCLUSIONS

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. suicide or attempted suicide.
2. Intentionally self-inflicted Injury.
3. war or any act of war, whether declared or not.
4. Sickness; disease; bodily or mental infirmity; 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.
5. piloting or serving as a crewmember.
6. commission of, or attempt to commit: a felony; an assault; or other illegal activity.
7. active participation in a riot, or insurrection.
8. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
9. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
10. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education Program.
11. medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence; including malpractice.
12. travel in any aircraft: owned; leased; or controlled by the Policyholder; or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
13. the Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. treatment by persons employed or retained by a Policyholder, or by any Immediate Family Member or member of the Covered Person's household.
2. treatment of: sickness; disease; or infections; except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
3. treatment of hernia; Osgood-Schlatters Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by an Injury; or mental disorder or psychological or psychiatric care or treatment; whether or not caused by a Covered Accident.
4. Pregnancy; childbirth; miscarriage; abortion; or any complications of childbirth; miscarriage; abortion. This does not apply if treatment is required as a result of a Covered Accident.
5. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
6. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
7. conditions that are not caused by a Covered Accident.
8. participation in any activity or hazard not specifically covered by the Policy.

IMPORTANT NOTICE: This information is a brief description of the important benefits and features of the Accident Medical Insurance Plan underwritten by Catlin Insurance Company, Inc. It is not intended to serve as the prevailing insurance contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth within the policy form, and said policy form will prevail in the event of any discrepancies. Any policy issued is subject to the laws of the jurisdiction in which it is issued.

The referenced policy is Fully Insured and Underwritten by Catlin Insurance Company, Inc.
2800 Post Oak Blvd., Suite 4050 Houston, TX 77056 Policy Form Series AHBA ST050 (TX) 0213