



## **Wheaton College Accident Only Insurance Plan**

**This plan is designed to provide additional coverage for athletic related injuries  
and students not insured under the Wheaton College  
Accident and Sickness Insurance Plan**

**2023 – 2024**

Policy Number US1929048  
Norton, Massachusetts

Dear Student or Parent:

Wheaton College offers a separate Accident Only Insurance Plan for those students who waive the Student Health Insurance Plan or for student athletes who want to have additional coverage.

This Accident Only Insurance Plan provides Accident protection up to an aggregate maximum payment of \$100,000 per Accident per policy year. It will also cover necessary medical services related to Accidents that may occur while students are away from campus during the academic year and during the summer months.

Student athletes are required to maintain insurance with a least a \$100,000 benefit maximum. They are encouraged to purchase this plan to help cover the cost for athletic related injuries and to supplement coverage they have as dependents under their parent's plan. For those student athletes who enroll in the Accident Only Insurance Plan and who become injured while participating in varsity intercollegiate sports, the coinsurance payments and Deductibles will be waived. The waiver of coinsurance and Deductibles is not extended to students participating in recreational activities and/or intramural or club sports which are student organizations operating under the sponsorship of the Student Government Association.

### **STUDENT ACCIDENT ONLY INSURANCE PLAN**

This brochure is a brief description of the Accident Only Insurance Plan made available to students through Wheaton College. This plan is underwritten by United States Fire Insurance Company and serviced by Gallagher Student Health & Special Risk. Claims are paid by BMI Benefits.

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## ONLINE STUDENT ENROLLMENT PROCESS

Students must use the online enrollment process to inform the College of their insurance selection. Students that want to enroll in the Accident Only Insurance plan should go to <https://go.gallagherstudent.com/Universities/Wheaton%20College/Home> and follow these directions:

1. Under "Profile", enter your email address and click LOG IN
2. **First Time Users:** An email from Gallagher Student Health will be sent to your student email with a temporary password. Click on the link provided in the email and insert the temporary password. (If you did not receive a temporary password, you can choose the 'Forgot your password?' option on the login page).
3. Select the Accident Only option under 'Coverage Option'.
4. Upon submitting the form you will receive a confirmation number and email. Please keep for your records.

The enrollment deadline is July 31, 2023 for students enrolling in the fall and January 11, 2024 for students newly enrolled for the spring semester.

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## BENEFIT PERIOD

The insurance under Wheaton College's Accident Only Insurance Plan is effective 12:01 AM August 6, 2023 to 12:01 AM August 6, 2024. The spring term is effective 12:01 a.m. January 15, 2024 to 12:01 AM August 6, 2024. An eligible student's coverage becomes effective on the date of injury for the policy term for which the student enrolled. There is a 52 week benefit period from the date of injury for medical claims.

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## PLAN COST

If you chose to enroll in the optional Accident Only Insurance Plan, your student account will be billed the annual premium of \$249.00 and \$167.00 for spring semester coverage. \*Rates include an administrative fee.

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## DEFINITIONS

**Accident** means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

**Covered Charge or Expense** as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expense; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits.

**Deductible** means the amount of Expenses for covered services and supplies which must be incurred by the Insured Person before specified benefits become payable.

**Doctor** as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; (c) a podiatrist or optometrist performing covered services a podiatrist or optometrist rendered within the scope of his or her license; (d) a nurse midwife when such services are within the lawful scope of practice for a certified nurse midwife; (e) a certified registered nurse anesthetist or nurse practitioner designated as such by the board of registration in nursing, if: (i) the service rendered is within the scope of the certified registered nurse anesthetist's license or the nurse practitioner's authorization to practice

by the board of registration in nursing; and (ii) the policy or contract currently provides benefits for identical services rendered by a provider of health care licensed by the commonwealth; (f) a chiropractor when performing covered services rendered within the scope of his or her license; or (g) a dentist when performing covered services rendered within the scope of his or her license.

**Injury** means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one injury.

**Insured Person** means an Insured Student

**Insured Student** means a student of the Policyholder who is eligible and insured for coverage under the Policy.

**Loss** means medical expense covered by this Policy as a result of Injury as defined in this Policy.

**Medical Emergency** means a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of an Insured Person or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part, or, with respect to a pregnant woman, as further defined in 1867(e)(1)(B) of the Social Security Act.

**Medically Necessary** means that a service, drug or supply is needed for the diagnosis or treatment of an Injury in accordance with generally accepted standards of medical practice in the United States at the time the Service, Drug or supply is provided as determined by whether: (a) it is the most appropriate available supply or level of service for the Insured Person in question considering potential benefits and harms to the individual; (b) it is known to be effective, based on scientific evidence, professional standards and expert opinion, in improving health outcomes; or (c) for services and interventions not in widespread use, is based on scientific evidence. A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

**Per Condition Aggregate Maximum** means for each Insured Person, the total amount of benefits payable for each Injury under the Student Health Insurance Policy or Policies issued to this Policyholder before this Policy.

**Pre-existing Condition** is a Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a Doctor during the six (6) consecutive months prior to the Effective Date of the Insured Person's coverage under this Policy.

**Reasonable and Customary Expense** means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

**We, Us and Our** means the Combined Insurance Company of America.

**You, Your or Yours** means the Insured Student.

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## **ACCIDENT EXPENSE BENEFITS**

The Company will pay 100% of Usual and Customary (U&C) Charges up to \$2,500 and then 80% of U&C Charges up to a maximum benefit for any one Accident up to \$100,000 per policy year for covered Expenses incurred as a result of an Injury sustained while coverage for the Insured Person is in force. Treatment must commence within 60 days of the date of Accident and Expense must actually be incurred within the policy term.

Covered Expenses include x-ray, laboratory tests, surgery, doctor's visits, nursing care, Hospital care and treatment, prescription drugs and other necessary treatment. The Expense for dental treatment of Injury to sound natural teeth is limited to a maximum of \$1,500 per Accident. **These benefits are subject to all other terms, conditions and limitations of the plan.**

## **EXCLUSIONS & LIMITATIONS**

The plan does not cover nor provide benefits for:

1. Expenses incurred for dental treatment including Temporomandibular Joint Dysfunction (TMJ), except for treatment resulting from Injury to natural teeth;
2. Services normally provided without charge by the Policyholder's health service, infirmary, Hospital, or Your employees.
3. Routine physical examinations, preventive care, elective surgery and elective treatment; services solely to improve appearance, for personal hygiene; services specifically for dietary control, custodial, or sanitarium or rest care.
4. Cosmetic Surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children.
5. Skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except While riding as a passenger on a regularly scheduled flight of a commercial airline.
6. Injury resulting from any declared or undeclared war.
7. Injury due to participation in a riot; commission of or attempt to commit a felony.
8. Injury sustained while in the Armed Forces of any country. When an Insured enters such Armed Forces, we will refund the unearned pro-rata premium to the Insured. Injury covered by any workers' compensation or occupational disease law.
9. Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges.
10. Pre-existing Conditions (any Sickness, Injury, or related condition for which medical advice, diagnosis, care or treatment was recommended or received by a Doctor during the six (6) consecutive months prior to the Effective Date of the Insured Person's coverage under this Policy) in excess of \$1,500.
11. Injury sustained by reason of a motor vehicle Accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
12. Expense covered by any other valid and collectible medical, health or Accident insurance.
13. Braces, appliances and supplies except as specifically provided in the policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit US from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the Policy remain unchanged.

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## **EXTENSION OF BENEFITS**

If an Insured Person is confined to a Hospital on the day his or her insurance terminates, Expenses incurred after such termination date and during the continuance of that Hospital confinement shall be payable in accordance with this plan, but only while they are incurred during the 90 day period following such termination of insurance. The total payments per Insured Person will not exceed the maximum benefit allowed.

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## **EXCESS PROVISION**

No benefit under this Policy is payable for any Expense incurred for Injury which is paid or payable by: (1) other valid and collectible medical, health or Accident insurance; or (2) under an automobile insurance policy.

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## **CLAIM PROCEDURES**

1. If at Wheaton College, either call Norton Medical Center for an appointment or seek treatment at the nearest medical facility and follow the prescribed treatment advice.
2. Notify the Claims Administrator, BMI benefits, within 30 days after the Accident.
3. A claim form is required, however an itemized medical bill, HCFA 1500 or UB-92 should also be used to submit Expenses. The Insured student's name, and identification number need to be included.
4. The form(s) should be mailed within 90 days from the date of the Accident. Retain a copy for Your records and mail a copy to the Claims Administrator, BMI benefits at the address provided.
5. Direct all questions regarding claims procedures, status of a submitted claim or payment of a claim, or benefit eligibility to the Claims Administrator.

**BMI Benefits**  
PO Box 511  
Matawan, NJ 07747  
(800) 445-3126  
Email: [jamesf@bobmccloskey.com](mailto:jamesf@bobmccloskey.com)

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**Questions? Need More Information?**

General information on Benefits, How to Enroll, or Service Issues, please contact:

**Gallagher Student Health & Special Risk**

500 Victory Road

Quincy, MA 02171

(800) 406-4979 or (617) 769-6065

Email: [WheatonStudent@gallagherstudent.com](mailto:WheatonStudent@gallagherstudent.com) or visit: [www.gallagherstudent.com/WheatonMA](http://www.gallagherstudent.com/WheatonMA)

For information on specific claims or to check the status of a claim, please contact:

**BMI Benefits**

PO Box 511

Matawan, NJ 07747

(800) 445-3126

Email: [jamesf@bobmccloskey.com](mailto:jamesf@bobmccloskey.com)

To review claims online go to [www.bobmccloskey.com](http://www.bobmccloskey.com)

CLAIM INFORMATION RECEIVED REGARDING MEDICAL TREATMENT IS STRICTLY  
CONFIDENTIAL

This policy is Underwritten by:  
United States Fire Insurance Company

Policy Number: US1929048