



# STUDENT ACCIDENT INSURANCE PLAN

## Bowdoin College 2019 - 2020

**IMPORTANT:** This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.



Insurance underwritten by:  
**National Union Fire Insurance Company of Pittsburgh, Pa.**  
with its principal place of business in New York, NY ("the Company")

Policy Number 0009155066

# Student Accident Insurance Plan

The following is a brief description of the Bowdoin College Student Accident Insurance Plan (“the Plan”) available for eligible students to enroll in for the 2019–2020 policy year. All of the provisions governing the insurance are contained in the Policy issued to and on file with Bowdoin College (“the Policyholder”).

## Eligibility

All full-time undergraduate students of the Policyholder are eligible to enroll in the Plan.

## Covered Activities

For all insured students, this accident insurance provides coverage 24-hours per day, while at or away from school.

## Term of Coverage

The Policy on file with the Policyholder becomes effective on August 1, 2019. An Insured’s coverage under the Policy begins on the latest of: 1) the Policy Effective Date; 2) the date for which the first premium for the Insured’s coverage is paid; or 3) the date the person becomes a member of an eligible class of persons as described in the Eligibility section.

A change in an Insured’s coverage under the Policy due to a change in his or her eligible class or Covered Activity becomes effective on the later of: 1) when the change in his or her eligible class or Covered Activity occurs; or 2) if the change requires a change in premium, the date the first changed premium is paid. However, a change in coverage applies only with respect to accidents that occur once the change becomes effective.

An Insured’s coverage under the Policy ends on the earliest of: 1) the date the Policy is terminated; 2) the end of the period for which premiums have been paid; or 3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Eligibility section. Termination of coverage will not affect a claim for a covered loss that occurred while the Insured’s coverage was in force under the Policy.

## Plan Cost

\$400 per student per year

## Definitions

**Hospital** means a facility that: 1) is operated according to law for the care and treatment of injured and sick people; 2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; 3) has 24 hour nursing service by registered nurses (R.N.s); and 4) is supervised by one or more Physicians. A Hospital does not include: 1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; 2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or 3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

**Injury** means bodily injury: 1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person’s coverage under the Policy is in force; 2) which occurs while such person is participating in a Covered Activity; and 3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

**Insured** means a person: 1) who is a member of an eligible class of persons as described in the Eligibility section; 2) for whom premium has been paid; 3) while covered under the Policy; and (4) who has enrolled for coverage under the Policy.

**Medically Necessary** means a Covered Accident Medical Service that: 1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; 2) meets generally accepted standards of medical practice; and 3) is ordered by a Physician and performed under his or her care, supervision or order.

**Physician** means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an immediate family member; or 3) retained by the Policyholder.

**Usual and Customary Charges** means a charge that: 1) is made for a Covered Accident Medical Service; 2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; and 3) does not include charges that would not have been made if no insurance existed.

## Benefits

### Accident Medical Expense Benefit

If the Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires treatment by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the \$25,000 Maximum Amount per Insured for all Injuries caused by the same accident. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury. No expenses paid under this Benefit will be payable under any other Benefit in the Policy.

**Covered Accident Medical Service(s)** means services of a Physician; private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN); laboratory tests; radiological procedures; anesthetics and the administration of anesthetics; blood, blood products and artificial blood products, and the transfusion thereof; physical therapy; occupational therapy; rental of Durable Medical Equipment; artificial limbs, artificial eyes or other prosthetic appliances; medicines or drugs administered by a Physician or that can be obtained only with a Physician’s written prescription; use of an Ambulatory Medical Center; Hospital’s most common charge for semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); ambulance service to or from a Hospital.

### Expanded Sports Medical Benefit

Accident Medical Expense benefits are payable for the Usual and Customary Charges for Covered Accident Medical Services including any expense for or resulting from malfunctions of the heart, embolism, heat related problems including but not limited to heat exhaustion, heat prostration, and heat stroke, overuse or repetitive motion injuries/symptoms including but not limited to bursitis, tendonitis, shin splints, stress fractures, strains, or twists, while participating in a Covered Activity. The benefits payable under this Benefit are also subject to the Accident Medical Maximum Amount. No expenses paid under this Benefit will be payable under any other Benefit in the Policy.

**Ambulatory Medical Center** means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

**Durable Medical Equipment** refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

In addition to the Exclusions in the Exclusions section, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any 1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury; 2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury; 3) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury; 4) new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury; 5) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense); 6) any charge for medical care for which the Insured is not legally obligated to pay; 7) care, treatment or services provided by an Insured or by an immediate family member; 8) routine physical exam and related medical services; 9) personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, guest meals while confined in a Hospital or for items taken away or home from the Hospital, except for Durable Medical Equipment; 10) elective treatment or surgery; 11) experimental or investigative treatment or procedures; 12) treatment for temporomandibular dysfunction; 13) care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made; 14) mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures; 15) educational or

vocational testing or training; 16) detached retina unless due to an Injury; 17) plastic or cosmetic surgery, except due to a covered Injury; 18) charges that are payable under motor vehicle medical benefits; 19) hernia, except as a result of participation in a Covered Activity; or 20) any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

### Accidental Death and Dismemberment Benefits

The Company will pay the maximum benefit amount to the Insured: (a) if the Insured suffers an Injury that results in death within 365 days of the date of the accident that caused the Injury (b) if the Insured suffers an Injury that results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified in the following table.

For Loss Of	Maximum Benefit Amount
Loss of Life	\$1,000
Both Hands or Both Feet	\$1,000
Sight of Both Eyes	\$1,000
One Hand and One Foot	\$1,000
One Hand and the Sight of One Eye	\$1,000
One Foot and the Sight of One Eye	\$1,000
Speech and Hearing in Both Ears	\$1,000
One Hand or One Foot	\$500
The Sight of One Eye	\$500
Speech or Hearing in Both Ears	\$500
Hearing in One Ear	\$250
Thumb and Index Finger of Same Hand	\$250

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak.

### Exposure and Disappearance Benefit

If by reason of an accident occurring while coverage is in force under the Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy. If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the student was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured has suffered accidental death within the meaning of the Policy.

### Heart and/or Circulatory Benefit

(This benefit is not payable in addition to the Accidental Death Benefit.) If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay the Accidental Death Benefit \$1,000 Maximum Amount provided that: 1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 72 hours after such participation; and 2) such Insured has not, within the last 2 years prior to the date of such participation in the Covered Activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

## Reduction Schedule

The Maximum Amounts used to determine the amount payable for a loss under the Accidental Death and Dismemberment Benefits will be reduced, according to the below schedule, if an Insured is age 70 or older on the date of the accident. Premium for an Insured age 70 or older is based on 100% of the coverage that would be in effect if the Insured were under age 70.

Age on Date of Accident	Percentage of under-age-70 maximum amount
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

## Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a crime.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: (a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; (b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or (c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
9. the Insured being under the influence of intoxicants.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

13. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
14. 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.
15. any loss incurred while outside the United States, its Territories or Canada.

## Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

## Aggregate Limit

The maximum amount payable under the Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following benefits: Accidental Death Benefit and Accidental Dismemberment Benefit. The maximum amount payable for all such losses for all Insureds under all those benefits combined will not exceed \$100,000.

## Excess Provision

Benefits are payable up to the applicable maximum for covered Accident Medical Expense (AME) services that are not recoverable from another plan providing AME benefits. If the Insured is not covered by another plan providing AME benefits, the Excess Provision shall not apply.

## Claim Procedures

Always keep a copy of all documents submitted for claims. Written notice of claim must be given to the Company within 30 days after an Insured's loss, or as soon as reasonably possible. The Company will send claim forms to the claimant upon receipt of a written notice of claim. Written proof of loss must be mailed to the Company at the address below within 90 days after the date of a loss. Failure to give such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, proof must be given as soon as reasonably possible. Please note that a signed claim form is required for all accidents.

An Insured may also file a claim by mail and may secure a claim form by calling NAHGA Claim Services on behalf of AIG toll free at 800-952-4320.

In the event of an Accident, the Insured should:

1. If at the College, report to the Student Health Service Center so that proper treatment can be prescribed.
2. If away from the College, consult a Doctor and follow the Doctor's advice. Notify the Student Health Service Center within ninety (90) days after the date of the covered Accident, or as soon thereafter as is reasonably possible.
3. Submit all itemized medical and hospital bills, along with the claim form to:

**NAHGA Claim Services on behalf of National Union Fire Insurance Company of Pittsburgh, PA**  
88 Main Street  
PO Box 189  
Bridgton, ME 04009  
Toll Free: 800-952-4320  
Fax :207-647-4569  
<http://www.nahgaclaimservices.com>

Remember that each injury is a separate condition and requires a separate claim form.

## How to File an Appeal

Within 30 days of receipt of written notification of a claim denial or reduction in coverage, the Insured may file a written or oral appeal to the Company. Written appeal request must include the reason for the disagreement with the way the claim was processed. If applicable, the request must include any additional information to support the request for an appeal (e.g., medical records, doctor records, etc.).

Please submit all written appeal requests to:

**Sue Santos, Senior Claims Adjuster, AIG – Purple Team**  
**NAHGA Claim Services on behalf of National Union Fire Insurance Company of Pittsburgh, PA**  
88 Main Street  
PO Box 189  
Bridgton, ME 04009  
Toll Free: 800-952-4320  
Fax :207-647-4569  
<http://www.nahgaclaimservices.com>

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For more information or to enroll in the Plan, please contact local agent below or visit:

<https://www.gallagherstudent.com/students/student-home.php?idField=1012>

### Local Agent:

Daniel Buckley  
Arthur J. Gallagher Risk  
Management Services Inc.  
500 Victory Road  
Quincy, MA 02171

This brochure provides only a brief description of the student accident coverage available under policy series C11695DBG-ME. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the Policy. If there is any conflict between this brochure and the Policy, the Policy shall govern in all cases. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

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