

7. 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.
8. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
9. Travel or activity outside of the United States
10. Travel in or on any off road and on road motorized vehicle not requiring licensing.
11. Treatment by persons who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
12. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
13. Injury paid by Worker's Compensation, similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
14. Expense incurred for treatment of temporomandibular; or craniomandibular joint dysfunctional and associated myofascial pain.
15. Covered medical expenses for which the Covered Person would not be responsible for in the absence of this Policy.
16. Blood, blood plasma, or blood storage
17. Cosmetic surgery, except for reconstructive surgery needed as result of injury.
18. Medical; surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap; or negligence; including malpractice.
19. Participation in any motorized vehicular race or speed contest.
20. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to coverage effective date, unless We receive and approve a written medical release from the Covered Person's Physician.
21. Travel in, boarding or alighting from any aircraft Owned; Leased; Controlled; or Chartered by the Policyholder, or any of its subsidiaries or affiliates.
22. Travel or flight in or on any aircraft including boarding or alighting from:
 - a. while riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. while being used for any test or experimental purpose; or
 - c. while piloting; operating; learning to operate; or serving as a member of the crew thereof; or
 - d. while traveling in any such aircraft or device which is owned; chartered; controlled; or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household; or
 - e. being flown by the Covered Person or which the Covered Person is a member of the crew; or
 - f. being used for: sky diving or hang gliding; pipeline or power line inspection; bungee-cord jumping; parasailing; aerial photography or exploration; racing; endurance tests; stunts or acrobatic flying;
 - g. designed for flight above or beyond the earth's atmosphere;
 - h. which is an ultra light; or glider;
 - i. being used for the purpose of skydiving; or parachuting;
 - j. being used by any military authority; except an aircraft used by the Air Mobility Command or its foreign equivalent.

23. Treatment of hernia; Osgood-Schlatters Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological

fractures; congenital weakness; hernia; detached retina unless caused by an Injury; or mental disorder; or psychological or psychiatric care or treatment (except as provided in the Policy); whether or not caused by a Covered Accident.

CLAIMS PROCEDURES

Always keep a copy of all documents submitted for claims.

Written Proof of loss and itemized bill(s) must be furnished with your claim within 90 days after the date of the loss. Failure to do so may result in denial of benefits.

Claims must be filed either via e-mail, fax, or mail.

Contact Grambling State University Health Center for a claim form. Direct questions to Vicki at BMI Benefits at (800) 445-3126 or Vicki@bobmccloskey.com. In the event of an accident, the Covered Person should:

1. If at college, report immediately to the Student Health Services so that proper treatment can be prescribed or approved.
2. If away from College, consult a Doctor and follow the Doctor's advice. Notify Student Health Services within thirty (30) days after the date of the Covered Accident or as soon thereafter as it is reasonably possible.
3. Staple all your itemized medical and hospital bills to the claim form and mail to:

BMI Benefits
P.O. Box 511
Matawan, NJ 07747



Got You
Covered

Toll free: (800) 445-3126

Fax: (732) 583-9610

Insurance coverage is underwritten by Arch Insurance Company (a Missouri corporation, NAIC #11150). Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. Not all insurance coverage's or products are available in all jurisdictions. Coverage is subject to actual policy language.

 Arch
Insurance Group™



Student Accident Plan

2019-2020

Designed for the students of
**Grambling State
 University**

Policy #: 11SPD8325805

Underwritten by Arch Insurance Company
 (a Missouri corporation, NAIC #11150). Executive
 Offices: One Liberty Plaza, New York, NY 10006

STUDENT ACCIDENT INSURANCE PLAN

Grambling State University is pleased to provide a student accident insurance plan for the 2019-2020 school year.

All full-time, registered students are automatically covered for Basic Accident 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 coverage whether or not college is in session, 24 hours a day, seven days a week. The effective dates of coverage for all enrolled students is August 10, 2019 to August 9, 2020. Coverage excludes Intercollegiate Sports.

DEFINITIONS

The male pronoun includes the female whenever used.

For the purposes of this Policy, the capitalized terms used herein are defined as follows:

Accident means a sudden, unexpected event that result in Injury to the Covered Person.

Benefit Period means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

Covered Accident means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss for which benefits are payable.

Covered Loss and Covered Losses means an accidental death, dismemberment or other Injury covered under this Policy and indicated on the Schedule of Covered Losses.

Covered Person means an eligible person who is within the covered class(es) listed in the Policy, who is a U.S citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States, and for whom the required premium is paid when due.

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

Injury means bodily Injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose Injury is the basis of the claim which results, directly and independent of disease or bodily infirmity in a Covered Loss.

Medically Necessary means a treatment, service or supply that is:

1. required to treat an Injury;
2. prescribed or ordered by a Physician or furnished by a Hospital;

3. performed in the least costly setting required by the condition;
4. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

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.

Usual and Customary Charges 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.

DESCRIPTION OF BENEFITS

Hazards Insured Against

Class 1: 24 Hour Coverage

All activities which happen while the Policy is in force

Accident Medical and Dental Expense Benefit 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 plan maximum. Eligible medical expenses must be incurred within one year of the date of the accident; with the first eligible expense incurred 180 days of the accident. Covered Expenses are subject to Usual and Customary Charges.

(Coverage excludes intercollegiate sports)

Schedule of Benefits

Benefit Maximum for all Accidents

Medical:	\$10,000
Deductible:	\$0
Loss Period:	180 days (after the Covered Accident)
Benefit Period:	2 Years
Benefit Percentage:	100% of Usual & Customary Charges
Terms of Payment:	Full Excess
Dental Benefit:	100% of Accident Medical Benefit

Accidental Death and Dismemberment Benefits

Class 1 Principal Sum:	\$10,000
Time Period for Loss:	365 days

Aggregate Limit of Liability

Benefit Maximum	\$500,000
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Applies to Accidental Death & Dismemberment Benefits only

Schedule of Covered Losses

Loss of	Benefit
Life.....	100%
Two or More Members.....	100%
One Member.....	50%
Thumb and Index Finger of the Same Hand.....	25%
Four fingers of the Same Hand.....	25%
	(Percentage of Principal Sum)

Accident Medical Expense Benefits

Some Covered Medical Expenses, from a Covered Accident, include:

1. Hospital room and board expenses
2. Daily Intensive Care Unit/Cardiac Care Unit Expenses
3. Ancillary Hospital expenses; services and supplies including operating room; laboratory tests; anesthesia and medicines (excluding take home drugs) when Hospital confined.
4. Physician office visit; non-surgical treatment or examination expenses
5. Physician surgical expenses.
6. Emergency Room and Supplies expense incurred 72 hours of Covered Accident and including the attending Physicians charges; x-rays, laboratory procedures; use of the emergency room and supplies.
7. Ambulance expenses for transportation from the emergency site to the hospital
8. Outpatient surgery visit.
9. Outpatient surgical room and supply expenses for use in surgical facility. Second surgical opinion expenses.
10. Outpatient diagnostic x-rays; laboratory procedures, and laboratory test expenses. Does not include dental x-rays. Diagnostic imaging expenses, including magnetic resonance imaging (MRI) and CAT scans
11. Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day
12. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis
13. 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 Covered Accident
14. Prescription drug expenses prescribed by a Physician and administered on an outpatient basis
15. Medical equipment rental expenses for wheelchair or other medical equipment with therapeutic value. Not including motor vehicle ramps, eyeglasses or hearing aids.
16. Medical services and supplies for blood and blood transfusion; oxygen and its administration.

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from:

1. Suicide, or attempted suicide, self-destruction or attempted self-destruction while sane or insane.
2. Intentional self-inflicted Injury.
3. War or any act of war or invasion, declared or undeclared.
4. Sickness, disease, bodily or mental infirmity; or any bacterial or viral infection except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Intoxication or being under the influence of any drug or narcotic.
6. Voluntarily taking any drug or narcotic unless prescribed by a physician.