

EXCLUSIONS

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

1. Suicide; self-destruction; attempted self-destruction while sane or insane.
2. Intentional self-inflicted Injury.
3. War or any act of war; declared or undeclared.
4. Sickness; disease; bodily or mental infirmity; or any bacterial or viral infection; or medical or surgical treatment thereof, except for any bacterial infection that results from: an accidental external cut; or wound; or pyogenic infections that result from accidental ingestion of contaminated food 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
7. Violation of or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault; or felony; or other illegal activity..
8. Covered Expenses for which the Covered Person would not be responsible in the absence of the Policy.
9. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
10. Travel or activity outside of the United States
11. Travel in or on any off road and on road motorized vehicle not requiring licensing.

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

1. Treatment by persons employed or retained by the policyholder; or an Immediate Family member of the Covered Person, or member of the Covered Person's household
2. Treatment of sickness; disease; or infections except pyogenic infections or viral or bacterial infections that result from the accidental ingestion of contaminated food substances.
3. Pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions.
4. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment
5. Injury paid by Worker's Compensation; Employer's Liability Laws; or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder
6. Injury or loss contributed to by the use of drugs unless administered by a Doctor.
7. Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit an assault or a felony;
8. Expense incurred for treatment of temporomandibular; or craniomandibular joint dysfunction and associated myofascial pain.

9. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy. Any treatment; service; or supply not specifically covered by the Policy. Blood, blood plasma, or blood storage
10. Cosmetic surgery, except for reconstructive surgery needed as result of injury.

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. The Company must be notified of a loss within 30 days of such loss.

Claims must be filed either via e-mail, fax, or mail. Contact your child's school for a claim form. Direct claims questions to BMI Benefits at (800) 445-3126. In the event of an accident, the Covered Person should:

1. Report to a physician for proper treatment and medical care.
2. Fill out the student accident claim form from the school.
3. Staple all your itemized medical and hospital bills to the claim form and mail to:



Got You Covered

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

Toll free: (800) 445-3126
Fax: (732) 583-9610

Program Manager:

Gallagher Student Health & Special Risk

500 Victory Road Quincy, MA 02171

Phone: 877-345-8928

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 description 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. A master Policy will be issued to the Finance Office of the Archdiocese of Cincinnati and is on file for your review.



Student Accident Program

2017-2018

Designed for the students of
The Archdiocese of
Cincinnati

**Most Reverend Dennis M. Schnurr
and Successors, Roman Catholic
Archbishop of the Archdiocese of
Cincinnati as Trustee of the
Properties Under his Jurisdiction**

Policy #:11KTT8190904

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

IMPORTANT NOTICE: This Plan provides **ACCIDENT** insurance only. It does **NOT** provide basic hospital, basic medical or major medical for sickness coverage.

STUDENT ACCIDENT INSURANCE PLAN

The Archdiocese of Cincinnati is pleased to provide a student accident insurance plan for the 2017-2018 school year. Any enrolled student who attends Archdiocesan pre-kindergarten, kindergarten, elementary or secondary school or any student while participating in CYO activities is eligible for Basic Accident Benefits and Accidental Death Benefits, as described in this brochure.

The effective date of coverage for all enrolled students is July 1, 2017 and terminates July 1, 2018.

DEFINITIONS

The male pronoun includes the female whenever used. For the purposes of the 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 the 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 the 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 independently 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.

EXCESS OF OTHER INSURANCE

This insurance is provided to fill-in the gaps that may exist in other insurance programs and to provide coverage where no other insurance exists. When an accident occurs, therefore, the bills for any necessary medical care must first be submitted to any other applicable insurance company, medical service plan, or pre-payment program. Any unpaid balance should be submitted, along with a copy of the other company's explanation of benefits, for processing under this insurance.

DESCRIPTION OF BENEFITS

COVERAGE COMPULSORY SCHOOL TIME ACCIDENT COVERAGE FOR ALL STUDENTS –

Insurance coverage for covered Injuries during the hours and days when school is in session and while: (a) participating in school sponsored and supervised activities occurring on or off school premises, including participation in CYO activities; or (b) traveling to and from such activities in transportation furnished or arranged by the school. Includes participation in Summer Activities and travel to and from school and excludes participation in High School Interscholastic Sports and Football.

Schedule of Benefits

Benefit Maximum for all Accidents

Medical:	\$25,000
Deductible:	\$0
Loss Period:	90 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:	\$15,000 Accident Death
	\$30,000 Dismemberment
Time Period for Loss:	365 days

Aggregate Limit of Liability

Benefit Maximum	\$500,000
-----------------	-----------

Applies to Accidental Death & Dismemberment Benefits only

Schedule of Covered Losses

Loss of	Benefit
	Percentage of Principal Sum
Life.....	100%
Two or More Members	100%
Speech and Hearing in both ears.....	100%

One Member	50%
Speech or Hearing in both ears.....	50%
Thumb and Index Finger of the Same Hand	25%
Hearing in one Ear.....	25%

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. Rehabilitative braces or appliances prescribed by a Physician.
15. Prescription drug expenses prescribed by a Physician and administered on an outpatient basis
16. Medical equipment rental expenses for wheelchair or other medical equipment with therapeutic value. Not including motor vehicle ramps, eyeglasses or hearing aids.
17. Eyeglasses; contact lenses; and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
18. Heart and circulatory conditions; expenses for treatment of heat exhaustion; heart attack; stroke; burst aneurysm if the condition occurs during a Covered Accident.
19. Expanded medical benefit for sports conditions for treatment of bursitis; sprains; hernia; strains; muscle tears; tendonitis; and repetitive motion injuries if these conditions are aggravated by participation in a Covered Activity.
20. Expenses due to an aggravation or re-injury of a Pre-Existing Condition.