**Student Accident Policy**

**Accident Medical Expenses:**

$5,000 per-Injury limit. We will pay the Medical Expenses incurred by an Insured, upon satisfactory receipt of proof that the Expenses resulted from bodily injury due to a covered Accident, as defined. We will pay 100% of the R&C charges up to a maximum of $5,000.

**Intercollegiate Sports Injury Expense.**
We will pay R&C expenses to a maximum of $5,000 for a covered Injury which results from participating in, practicing for, or traveling to or from an intercollegiate sports event.

**Accidental Dental Expense:** For dental treatment, services, or supplies required for the repair of Sound and Natural teeth due to Injury caused by Accident, we will pay 100% of R&C Charges up to a maximum of $5,000.

**Motor Vehicle Injury Expense:** We will pay up to a maximum of $5,000 for Injury resulting from an Accident which occurs while traveling in or on a land vehicle, as an operator or a passenger.

The summary description of coverage in this brochure is for informational purposes only. In the event of any conflict between this brochure and any other description of the services provided and any insurance policies, the actual insurance policy will control.

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**For additional plan information please contact:**
Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171

Email: sportscare@gallagherstudent.com

Website: www.gallagherstudent.com

Toll Free: 1-877-345-8928
Fax: 617-479-0860

**For claims assistance and submission, please contact:**
BMI Benefits
PO Box 511
Matawan, NJ 07747

Email: clerk@bobmccloskey.com

Website: www.bobmccloskey.com

Toll Free: 1-800-445-3126
Fax: 732-210-6132

**Plan is underwritten by:** Berkley Life & Health Insurance Company
**Claims Administration provided by:** Bob McCloskey Insurance (BMI Benefits LLC)

Students are responsible for proper and timely filing of all claims. The College is not responsible for any losses or unpaid expenses resulting from failure to properly file or document a claim.
This Accident only plan automatically provides coverage to all Middlebury College students. Coverage will not apply to benefits which are payable under any other valid collectible insurance.

**Important Note on Excess Coverage**

Accident Medical Expenses shall only be payable to the extent that Expenses are not payable under any other Qualifying Coverage (including any other group, blanket or franchise insurance plan). In the absence of these types of coverages, this program provides primary coverage for Accident Medical Expenses.

**Definitions:**

**Accident** means an unexpected, external and sudden event, independent of any other cause producing at the time objective symptoms of an Injury. An Accident is not due to, nor contributed to by Sickness or disease of any kind.

**Injury** means bodily harm to an Insured caused by an Accident that is the sole cause of the Loss. All injuries due to the same or related causes are considered to be one Injury.

**Insured or Covered Person** means an eligible Student as defined in the Policy, who has been enrolled, and for whom premium has been paid, for coverage under this Plan.

**Loss** means medical Expense caused by Injury and covered by the Policy.

**Qualifying Coverage** means: any group health insurance plan, insurance arrangement or self-insured plan

**Reasonable and Customary** (R&C) means the usual amount charged by a Provider for a service or supply regardless of insurance coverage, but not more than the amount charged by most providers in the same areas for similar service.

**Sickness** means illness or disease that is the sole cause of the Loss.

**We, Us or Our** means Berkley Life and Health.

**You, Your or Yours** means Covered Persons.

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**Covered Medical Expenses**

- For covered medical expenses;
- For Reasonable and Customary (R&C) Charges;
- For care prescribed as being necessary by a Physician;
- Per Injury per Policy year;
- Where expenses are incurred with 52 weeks from the original date of injury;
- Where treatment is sought within 30 days after the Accident that causes the injury;
- Subject to the aggregate maximum benefit, co-insurance and covered percentages, co-payments, maximum benefits and limits as stated in the Policy; and Subject to the terms and conditions of the Policy and any Exclusions and Recovery Limitations and Other Insurance provisions.

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Make a copy of the claim form and keep it for your records. Send the original to Gallagher Student Health & Special Risk via postal mail, fax or email. As you receive Doctors’ bills and primary insurance Explanation of Benefits (EOB), forward those to Gallagher Student Health & Special Risk as well. Keep copies of all bills for your files.